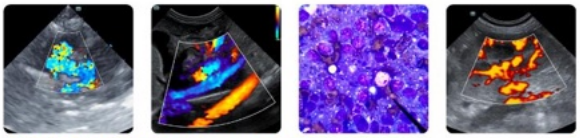

PATIENT

Sadie Mae Freeman

SPECIES

Canine

BREED

Beagle

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

18 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

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PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: --Vomiting/Diarrhea --Lethargy --Weight loss ABNORMAL Labwork Values HCT 36.8%, SDMA 60, BUN >130, Crea (too high to read), Phos >16.1 Current Medications None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is slightly irregular. The bladder is mildly to moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.08 cm in length) with a slightly irregular shape. The cortex is isoechoic relative to the spleen and diffusely thickened with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. The mesentery effacing the serosal surface of the kidney is hyperechoic.

The right kidney is normal in size (4.05 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic to hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.61 cm at cranial pole) (0.57 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.10 cm at cranial pole) (0.47 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

A 2.3 x 2.0 cm hypoechoic to heterogeneous, expansile mass is observed approximately mid-body. In the remainder of the spleen, the margins are curvilinear and the parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

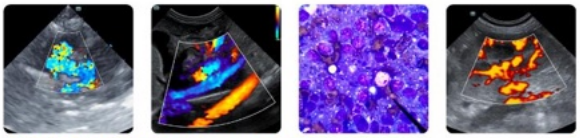
Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is moderately fluid distended and hypomotile. The gastric wall and pylorus are normal in thickness with a



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normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The colonic wall is normal. No obvious obstructive disease is noted.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral nonspecific chronic renal changes with mild left cranial retroperitonitis. Given the patient's clinical history, acute on-chronic renal failure is suspected.
- Splenic mass. Neoplasia (i.e., round cell tumor, sarcoma) is suspected with a lower possibility of a benign focus (i.e., lymphoid hyperplasia or similar).
- Gastric ileus

Secondary Findings:

- Gallbladder debris/sludge, non-mucocele
- Mild left adrenomegaly
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's long term clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the azotemia and sonographic renal changes, consider the following:
  1. Urinalysis with culture and sensitivity
  2. UPC if proteinuria is present in in the absence of infection
  3. Baseline blood pressure measurement
  4. Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if clinical suspicion for disease is high

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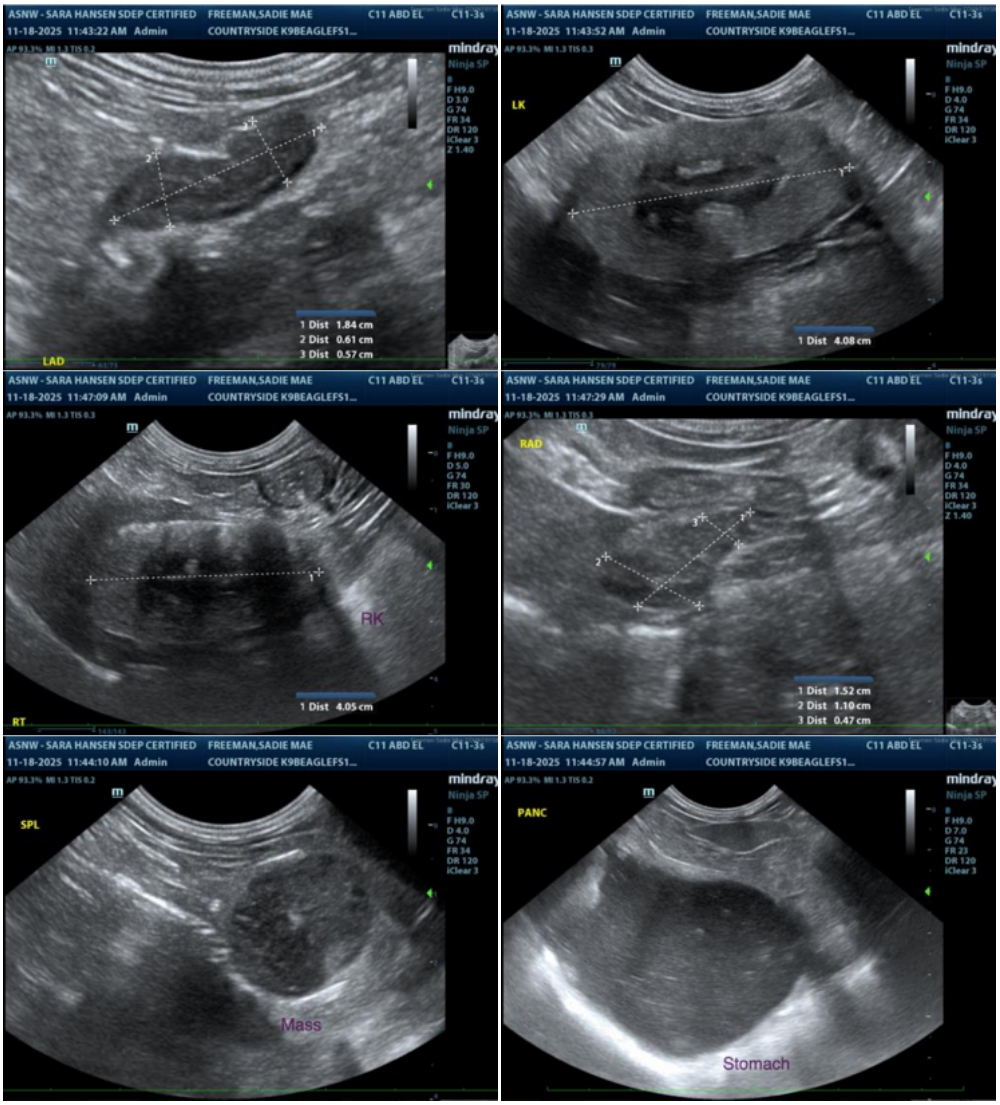
5. IV fluid diuresis and supportive care with close monitoring of the patient's renal values to assess progression of the azotemia. Symptomatic treatment for gastric ileus (i.e., Metoclopramide) should also be considered.

- Regarding the splenic mass, consider the following:
  1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
  2. Fine needle aspiration (assuming normal clotting status and blood pressure). A 25-gauge needle should be used. Depending on cytology results, consultation with a board-certified oncologist and/or surgeon may be indicated.



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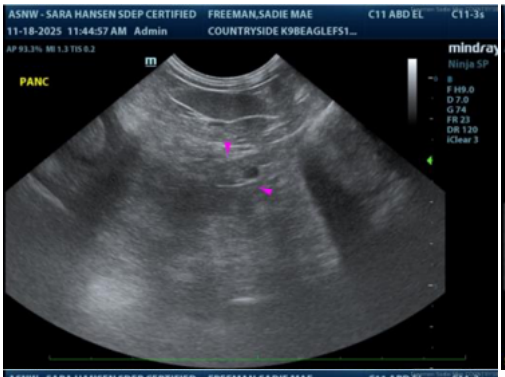

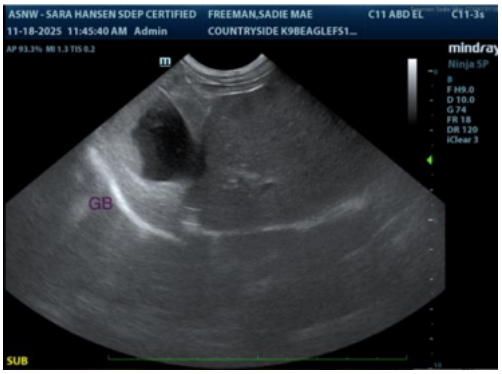

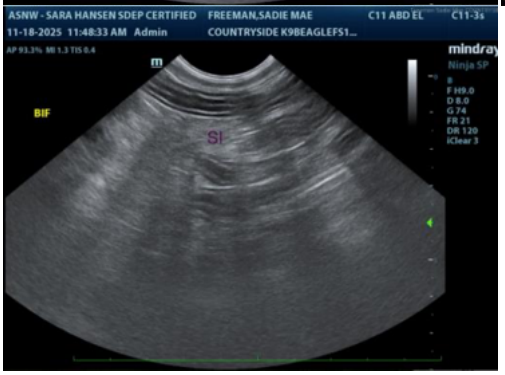

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com