

PATIENT

Breeze Schlax

SPECIES

Canine

BREED

Springer Spaniel

SEX

Female, spayed

AGE

9 yrs.

WEIGHT

35 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Heidi Putnam

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Alis Fogarty

DATE

8/24/21

INVOICE

11953

PRESENTING CLINICAL SIGNS

History: Pt presented for ruptured R CCL and an abnormal shape to the spleen was noted incidentally on radiographs. Labwork also shows an elevated cardio pro BNP; o will be pursuing surgical fix so want to rule out any concurrent issues beforehand. Carprofen, Adequan, gabapentin Radiographic Findings Both the caudal margin of the liver imaged and the spleen tail exhibit irregular nodular margins. Irregular nodular contours to the spleen tail and portion of the liver distinguished. This raises concern for malignant neoplasia, but nodules can be observed with incidental benign processes. Consider abdominal ultrasound exam with cytology sampling as appropriate.
Abnormal PE/Chem/CBC/UA Results: ALT 126, cardio proBNP 2300

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (5.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.73 cm at cranial pole) (0.73 cm at caudal pole) (2.62 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

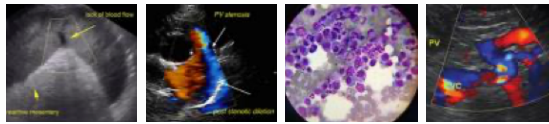
The right adrenal gland is borderline enlarged (2.00 cm at cranial pole) (0.75 cm at caudal pole) (1.69 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.56 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small ill-defined hyperechoic areas/nodules are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen with a nodular appearance. Vascular and biliary tracts are of normal volume with



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no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The lumen of the descending colon contains hard shadowing fecal material. No obstructive disease is noted.

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Pancreas

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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.

Free Abdomen

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic changes are concerning for chronic hepatopathy (i.e., inflammatory/immune mediated disease or fibrosis). Neoplasia is possible but considered less likely.

Secondary Findings:

- The hyperechoic splenic nodules/areas trend toward the benign (i.e., myelolipomas) with a low possibility of emerging neoplasia.
- Bilateral adrenomegaly (mild).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre- and post-prandial serum bile acids are recommended to assess hepatic function.
- Consider hepatic tissue sampling (i.e., fine needle aspirate or biopsy). Surgical biopsies would be ideal, as a definitive diagnosis is more likely to be obtained. If surgical biopsies are pursued, aerobic and anaerobic bile cultures as well as the acquisition of additional hepatic tissue samples for copper quantitation are recommended.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.

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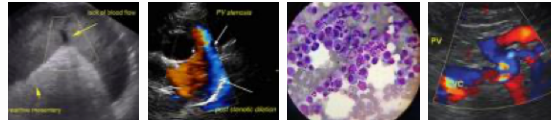
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

andrea.nicastro@sonopath.com