

PATIENT PRESENTING CLINICAL SIGNS

Sadie Diaso
Picked up from boarding on 12/13/2021 and it was noted that patient was drinking and urinating more frequently

SPECIES
Seen at VCA Westbury 12/17/2021, urinalysis was performed, sent with Fortiflora
Bloodwork performed 12/18/2021 at VCA Westbury, diagnosed with hypercalcemia, discussed concern for Neoplasia with owner, recommended radiographs and ultrasound.

Canine
Urinary symptoms have persisted, presents to us on 12/23/2021 for a second opinion.
Physical exam:

BREED
BCS 5/9
T:99.9F ; P:160bpm; R:60brpm

Boxer
MM pink & moist, CRT < 2sec
Ocular: Clear OU
Aural: clean, free of debris, tympanic membrane intact AU

SEX
Dental calc 2/4, halitosis
Integument: no abnormalities noted, no ectoparasites observed

Spayed Female
Respiratory: Normal bronchovesicular sounds auscultated all 4 lung quadrants
Cardiovascular: No murmur or arrhythmia auscultated

AGE
Abdominal: Soft, non-painful; no organomegaly, lymphadenopathy, or masses palpated
Musculoskeletal: No abnormalities noted, patient ambulates normally
Urinary: No abnormalities noted, no urination observed in hospital
Genital: hooded vulva
Neurologic: No abnormalities noted on brief neurologic exam.

WEIGHT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

INTERPRETED BY

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

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. 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.

IMAGING PERFORMED BY

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The left kidney presented normal size (7.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A 0.97 cm cortical cyst is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

Foxbank VH

The right kidney presented normal size (7.08 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

REFERRING VET

Dr. Ashley Ruth

Adrenal Glands

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The left adrenal gland is normal size (0.49 cm at cranial pole) (0.45 cm at caudal pole) (2.57 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.

DATE

12/23/21



PATIENT

Sadie Diaso

The right adrenal gland is normal size (0.96 cm at cranial pole) (0.62 cm at caudal pole) (2.53 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.

SPECIES

Canine

Spleen

The spleen is subjectively normal in size (1.68 cm in width at the level of the hilus) with rounding/swelling at the caudal pole. The parenchyma is mottled in appearance. A hypoechoic nodule (0.84 cm) is observed within the parenchyma. Splenic vasculature is normal.

BREED

Boxer

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. No pathological hepatic lymphadenopathy observed.

SEX

Spayed Female

AGE

10/26/15

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.

WEIGHT

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. 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 segmentally gas distended. 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. No obstructive or overt infiltrative disease is noted.

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few enlarged irregular slightly heterogeneous lymph nodes are observed at the level of the aortic trifurcation, the largest measuring 3.00 cm in length. A few prominent lymph nodes are observed just medial to the spleen, the largest measuring 0.23 cm in length. A few enlarged, rounded to irregular hypoechoic lymph nodes are also observed in the right cranial quadrant, the largest measuring 4.81 cm.

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Other

A moderate amount of pleural effusion is visualized in the thorax. An approximately 11 cm irregular heterogeneous mass is also seen in the thorax.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings



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Sadie Diaso

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- Large thoracic mass with pleural effusion. Neoplasia (i.e., lymphoma) is suspected with a low possibility of benign pathology.
- The abdominal lymphadenopathy is also concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of reactive lymphadenitis or lymphoid hyperplasia.
- The splenic parenchymal changes could be consistent with infiltrative neoplasia, lymphoid hyperplasia, extramedullary hematopoiesis or splenitis.

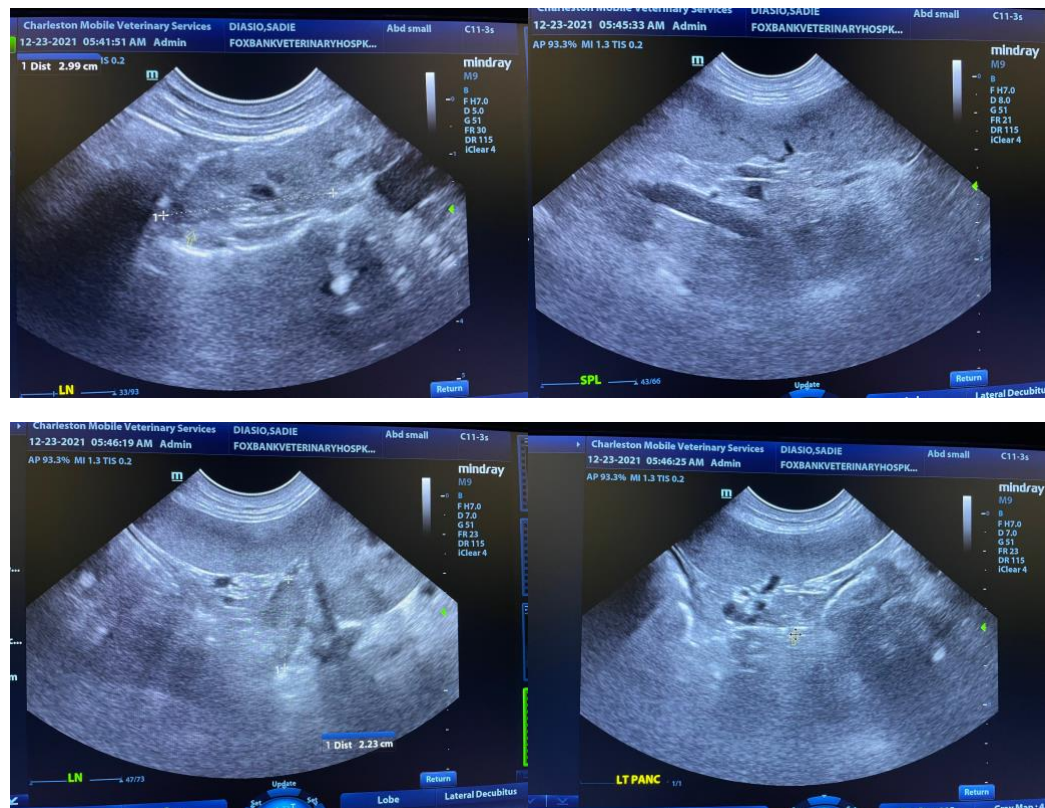
Secondary Findings

- Bilateral age-related renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If aggressive diagnostics are desired, fine needle aspirates of the thoracic mass, pleural fluid and enlarged abdominal lymph nodes can be considered. If a more conservative approach is desired, empirical treatment for lymphoma (i.e., corticosteroids) can be considered.

*At the time of this report, the owner was planning to pursue humane euthanasia.





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Sadie Diao

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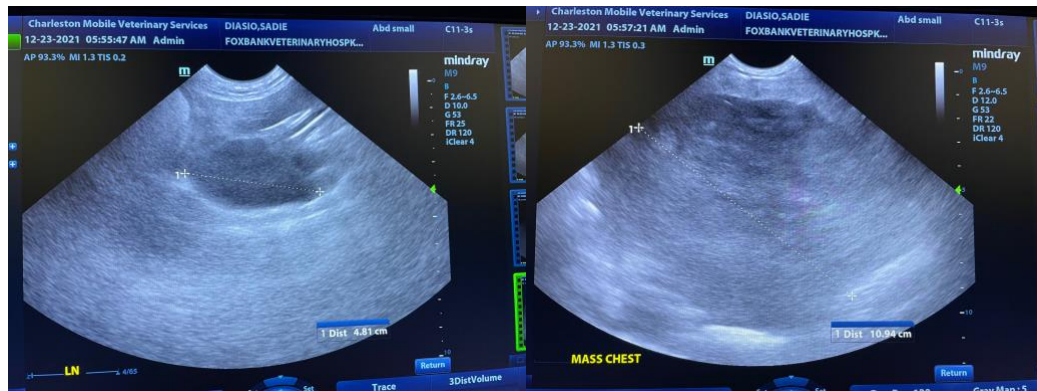
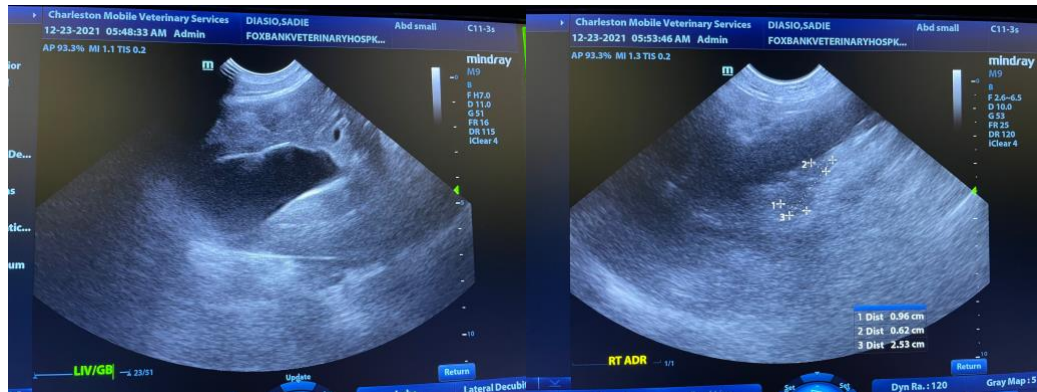
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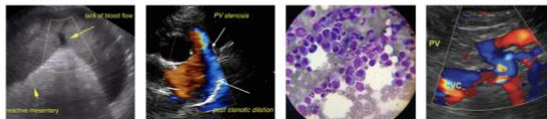
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Spayed Female

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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.

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