



**PATIENT PRESENTING CLINICAL SIGNS**

Dixie Henderson The patient presented with diabetes and a urinary tract infection.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Chihuahua

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.

**SEX**

Female, spayed

The left kidney is normal size (4.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A thin, hyperechoic band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

6/12/2014

The right kidney is normal size (5.53 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A thin, hyperechoic band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

16.6 lbs.

*Adrenal Glands*

**INTERPRETED BY**

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

The left adrenal gland is borderline enlarged (0.56 cm at cranial pole) (0.54 cm at caudal pole) (2.38 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.

**IMAGING PERFORMED BY**

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The right adrenal gland is mildly enlarged (1.09 cm at cranial pole) (0.64 cm at caudal pole) (2.16 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.

**HOSPITAL NAME**

Flowerton AH

*Spleen*

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.61 cm hypoechoic nodule/mass is observed within the parenchyma located approximately mid-spleen. Splenic vasculature is normal.

**REFERRING VET**

Dr. Hawk

*Liver*

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

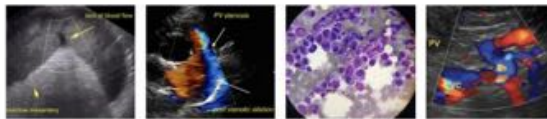
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13416

*Gastrointestinal*

**DATE**

5/24/22



**PATIENT**

Dixie Henderson

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly 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 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 colonic lumen contains shadowing fecal material. No obstructive disease is noted.

**SPECIES**

Canine

***Pancreas***

**BREED**

Chihuahua

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**SEX**

Female, spayed

***Free Abdomen***

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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***Other***

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

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**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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Diplomate ACVIM  
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**Primary Findings:**

- Splenic nodule/mass. The lesion could be consistent with neoplasia (i.e., round cell tumor, emerging sarcoma). Alternatively, a benign process (i.e., a focus of lymphoid hyperplasia, extramedullary hematopoiesis, inflammation or similar) is possible.

**Secondary Findings:**

- The bilateral renal changes are consistent with a diabetic nephropathy.
- Benign diffuse hepatopathy, likely secondary to diabetes mellitus.
- Gallbladder debris- incidental.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Borderline bilateral adrenomegaly may be a normal variant for this patient or may be secondary to mild hyperplastic change.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Given the location of the splenic nodule/mass, it is not amenable to fine needle aspiration. Therefore, consider a splenectomy with submission of the spleen for histopathology. Alternatively, if a more conservative approach is desired, consider a recheck ultrasound in 3-4 weeks to assess for growth. Thoracic radiographs are also recommended to assess for metastatic disease.



**PATIENT**

- Regarding the patient's diabetes, insulin therapy is recommended.

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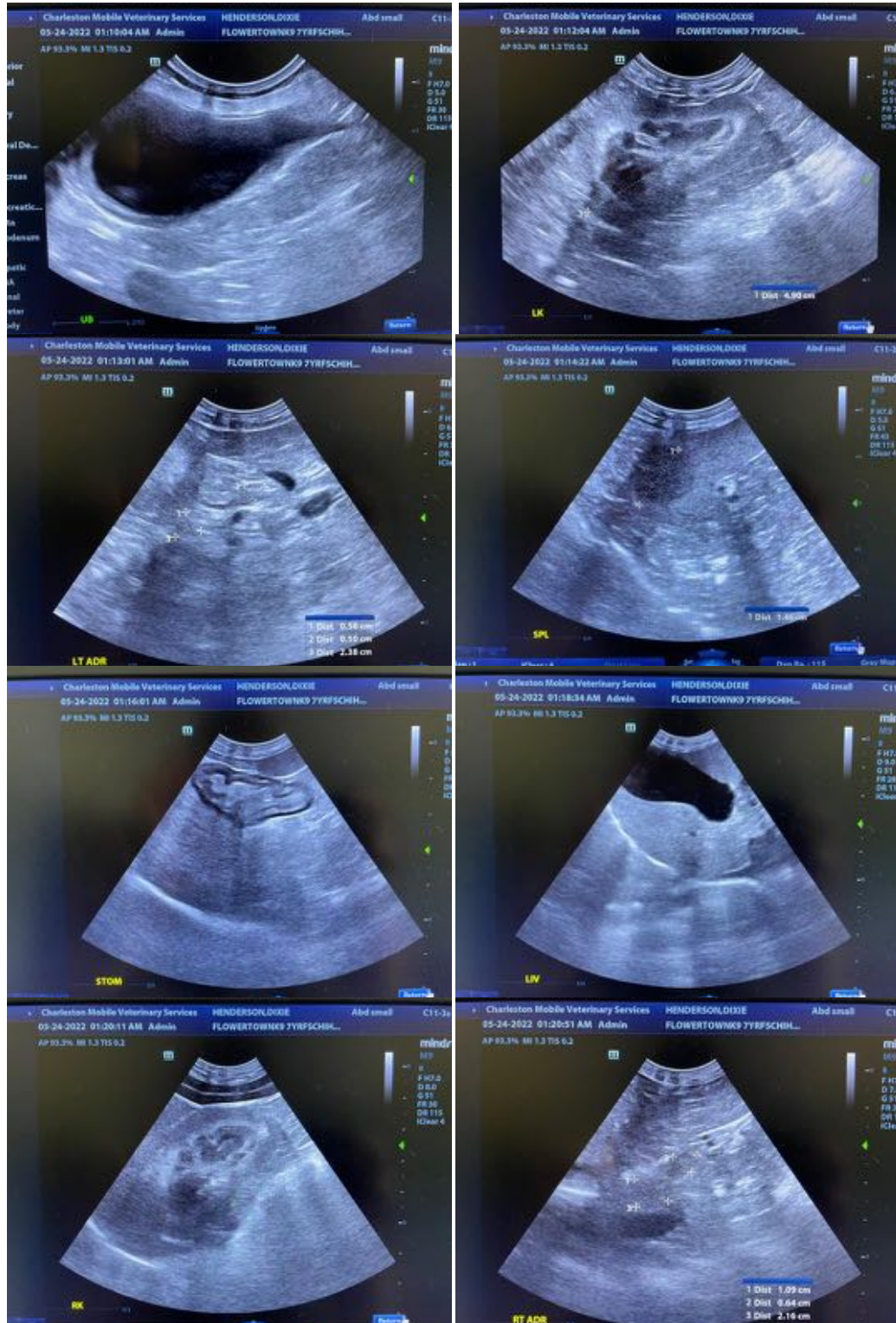
Dr. Hawk

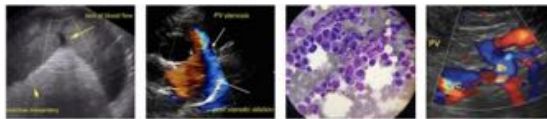
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**SEX**

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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.

**AGE**

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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.

**WEIGHT**

16.6 lbs.

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

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