


PATIENT

Thai Lyons

PRESENTING CLINICAL SIGNS

History: PU/PD P has been urinating and defecating in the house OS mature cataract, OD immature cataract Grade 2 tartar Marked pruritus. Lichenification over ventral abdomen Pustules and infection over dorsum. Simplicef 200mg tabs 1/4 tab SID

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
BREED

Maltese mix

The urinary bladder is mildly to moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. A scant amount of suspended echogenic debris is observed within the lumen. A 1.01 cm cystic calculus is observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Male, neutered

The prostate is normal in size (0.74 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

14 Yrs.

The left kidney is normal in size (4.53 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. A 0.50 cm cortical cyst is observed at the lateral aspect. Several hyperechoic shadowing diverticular foci are observed. A few non-obstructive nephroliths are also seen. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9.4 kg.

The right kidney is normal size (4.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.37 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is mildly enlarged (0.56 cm at cranial pole) (0.85 cm at caudal pole) (2.00 cm in length) with a slightly irregular shape. The glandular echogenicity and detail at the cranial pole are normal. At the caudal pole, the parenchyma is hypoechoic to slightly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Crystal Hill

The right adrenal gland is normal size (1.01 cm at cranial pole) (0.53 cm at caudal pole) (1.59 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

Beatties East Hamilton
 PH

Spleen

The spleen is not visualized in its entirety. In the visualized portions, the spleen is normal in size and the margins are curvilinear. A 1.35 cm ill-defined, hypoechoic nodule/area is observed. Splenic vasculature appears normal with no obvious evidence of thrombosis.

REFERRING VET

Dr. MacDonald

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic 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 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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Gastrointestinal

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. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cystic calculus.
- Bilateral, age-related renal changes with pyelectasia, more severe on the right side, and left non-obstructive nephrolithiasis.
- The left adrenomegaly is most consistent with hyperplastic change. However, an emerging tumor cannot be completely excluded.
- The splenic nodule could be consistent with an emerging tumor. However, a focus of lymphoid hyperplasia, extramedullary hematopoiesis or other benign process cannot be completely excluded.

Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended if not already performed.
- Additional imaging of the spleen is recommended to further evaluate the splenic nodule. Also consider three-view thoracic radiographs to assess for evidence of pulmonary metastatic disease.

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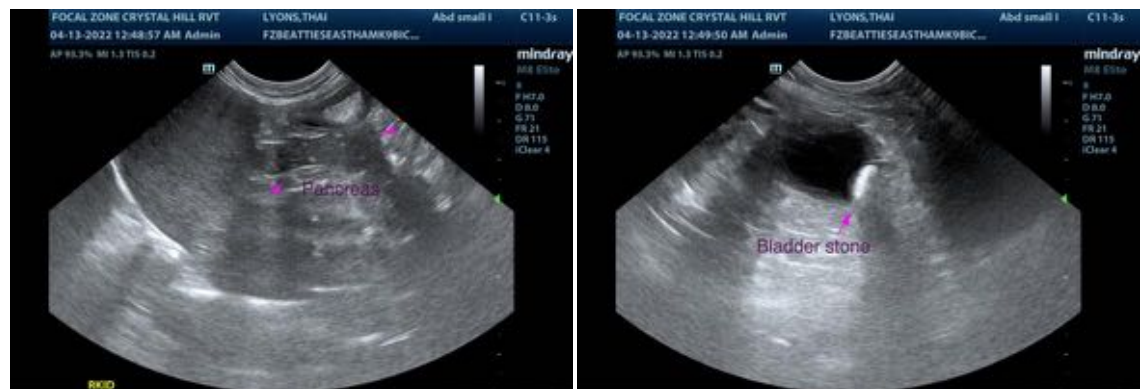
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- Regarding the patient's PU/PD, consider the following:

1. Urine culture and sensitivity.
2. Cushing's testing (i.e., low-dose dexamethasone suppression test or ACTH stimulation test).

- Regarding the cystic calculus, consider the following: A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.





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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.

SPECIES

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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.

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Andrea.nicastro@sonopath.com

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