



PATIENT PRESENTING CLINICAL SIGNS

Isis Williamson

History: -Murmur bilateral - decreased lung sounds both sides -no crackles detected -slow and inc effort to breathing -BAS as well -cranial abdominal fill - mild splint but no distension otherwise noted possible organomegaly vs mass effect ataxia hind end - falls over, slides out. right < left she had the ataxia previously but with the weakness today it is greatly pronounced meds: Clavaseptin 62.5mg, Yunnan Bai Yao. Mild anemia. Hematocrit 34%- not regenerative. ALP 412, cPL normal. Mass effect on lateral abdominal X-ray.

SPECIES

Canine

BREED

Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Female, spayed

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of aggregated echogenic suspended 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 1-2 cm, are normal.

AGE

13.5 Yrs.

The left kidney is normal size (3.95 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

6.8 kg.

The right kidney is normal in size (4.28 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.

INTERPRETED BY

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

Adrenal Glands

IMAGING

PERFORMED BY

Crystal Hill

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.40 cm at caudal pole) (1.52 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

Norwich VS

The right adrenal gland is normal size (0.69 cm at cranial pole) (0.47 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.

REFERRING VET

Dr. Kungle

Spleen

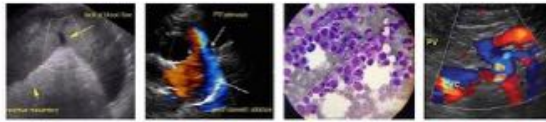
A >6 cm heterogeneous cavitated mass appears to be arising from the medial aspect. The mesentery effacing the serosal surface of the mass is hyperechoic. The remaining splenic parenchyma appears homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hypoechoic 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 gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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

A portion of the pancreas is obscured by the abdominal mass. In the visualized portions, no obvious pathology is observed.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cranial-to-mid abdominal mass, which is suspected to be of splenic origin. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected with a lower possibility of a benign process. Adjacent peritonitis is present.

Secondary Findings:

- Suspected benign diffuse hepatopathy (i.e., idiopathic vacuolar hepatopathy).
- Bilateral chronic age-related renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, a splenectomy with submission of the spleen for histopathology is recommended. A liver biopsy should also be obtained at the time of surgery to assess for micrometastasis.

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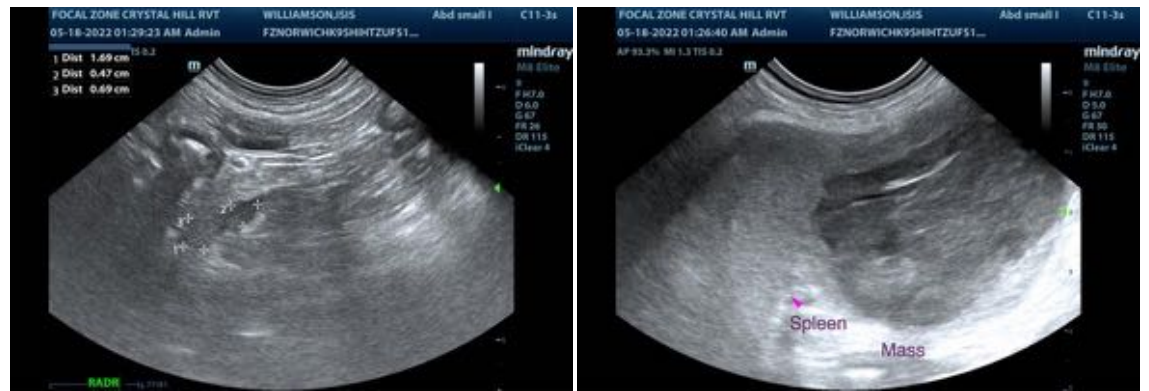
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com

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