

**DATE PRESENTING CLINICAL SIGNS**

9/20/22 Previous hx of right sided renal cell carcinoma, nephrectomy 3/21/2020. MI=22. Started Palladia 10m EOD, Heart murmur Grade II/VI

PATIENT Occasional cough, Dental disease, severe

Lilli Heydt Current Medications: Palladia 10mg po q 48 hours for 2+ years
 Clintabs 25 mg po q 12 hours for 14 days total starting 9/6/22 (dental disease)
 Lab Results: See attached.

SPECIES Radiographs: 5/2022 rads at oncologist showed 5.4mm nodule ventral to T7 vertebral body on L lateral and 3.2mm nodule mid aspect of L intercostal space on VD; repeated at oncologist and not seen on 9/7/22
 Canine Date of Previous IntraPet Ultrasound: No previous.

BREED Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

Havanese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX** *Urinary System*

Spayed Female The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

6/4/08 The right kidney has been previously removed.

WEIGHT

12.48 Pounds The left kidney is normal in size (4.14 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Adrenal Glands

The right adrenal gland is normal in size (1.37 cm long x 0.46 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

The left adrenal gland is normal in size (1.7 cm long x 0.49 cm at the cranial pole and 0.56 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Swan Creek VC

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

REFERRING VET

Dr. Holloway

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

41433

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

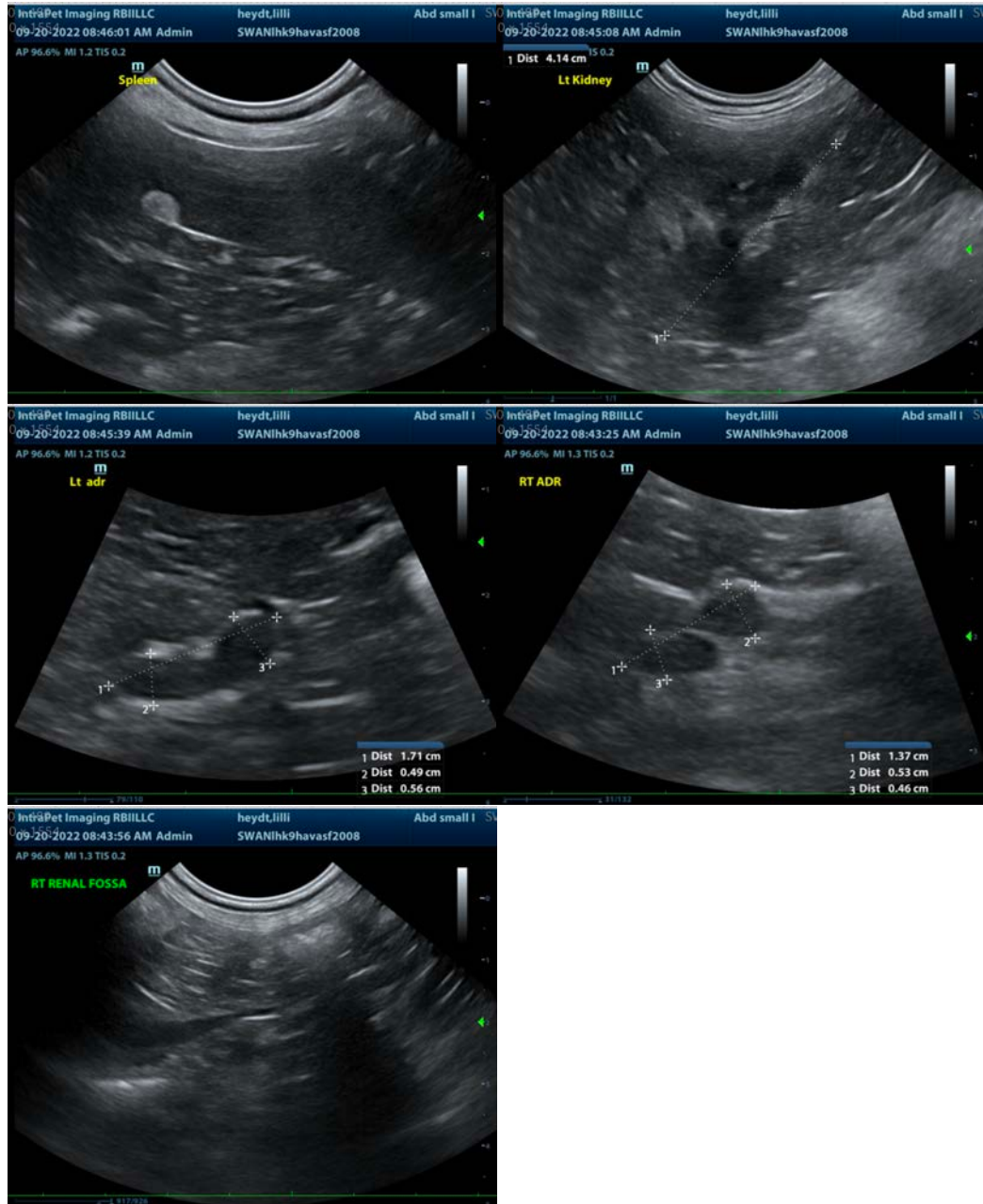
There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Hyperechoic splenic nodules** – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- **Pancreatic age-related remodeling** – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Previously removed right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of metastatic disease in these images. Recommendations are to continue treatment and follow up and recommended by patient's oncologist. However, given the mildly increased BUN with a normal specific gravity, investigation for a possible gastrointestinal bleed is also recommended in the form of a rectal exam to rule out melena, questioning the owners about possible melena at home. Empirical deworming with a 5-day course of Panacur, as well as antacid therapy could also be considered with monitoring of BUN for improvement.



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.

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