



PATIENT

Peiper Shiffer

SPECIES

Canine

BREED

Pug Cross

SEX

Spayed female

AGE

16 years

WEIGHT

10.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Law

INVOICE

42357

DATE

12/27/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for AUS. Has freq UTIs, took to rdvm and saw a mass on the spleen, rec AUS.

Abnormal PE/Chem/CBC/UA Results: Distended cranial abdomen. Urine Culture 11/30: no growth. UA 11/15: SG 1.023; pH 5.0; LEU 100; BLD 10; WBC >50/hpf; RBC 7/hpf; ns EPI 3.5/hpf; HYA >1/lpf Rdvm bloodwork 11/29: K 5.6 otherwise wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight pyelectasia was noted in both kidneys. Given the patient's history this would suggest chronic pyelonephritis. The left kidney measured 4.8 cm. The right kidney measured 4.56 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.19 x 0.27 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

The **spleen** revealed a mixed, hypoechoic parenchymal mass. The mass was deriving from the cranial body of the spleen measuring approximately 6.0 cm. There was no evidence of rupture. Minor microcavitations were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. There was no macroscopic evidence of metastatic disease. Minor, non-obstructive gallbladder calculi were noted and non-obstructive. Gallbladder polyps were also noted.



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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Solitary splenic mass, hemangiosarcoma versus benign tumor.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of rupture. Geriatric abdomen with moderate chronic interstitial nephrosis renal pattern and pyelectasia. Rapid echocardiogram with right auricular and pericardial assessment is warranted to assess for metastatic disease. Chest radiographs are also indicated. Treatment for chronic UTI is indicated likely over a 4-6 week period given the level of pyuria and presence of pyelectasia.

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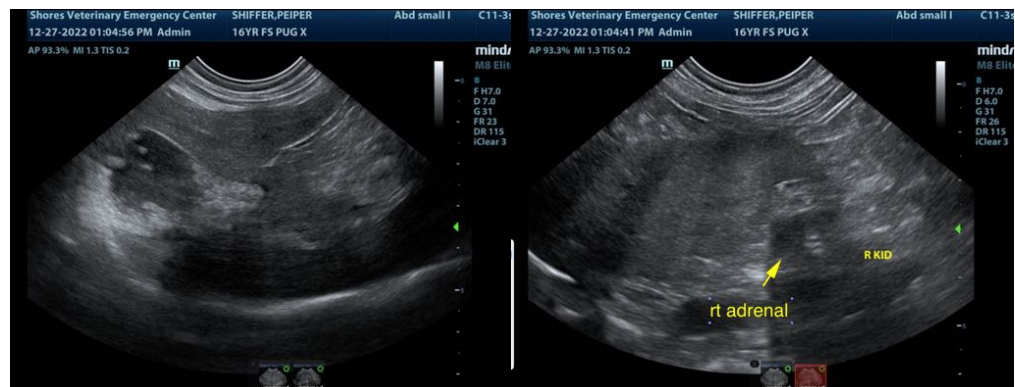
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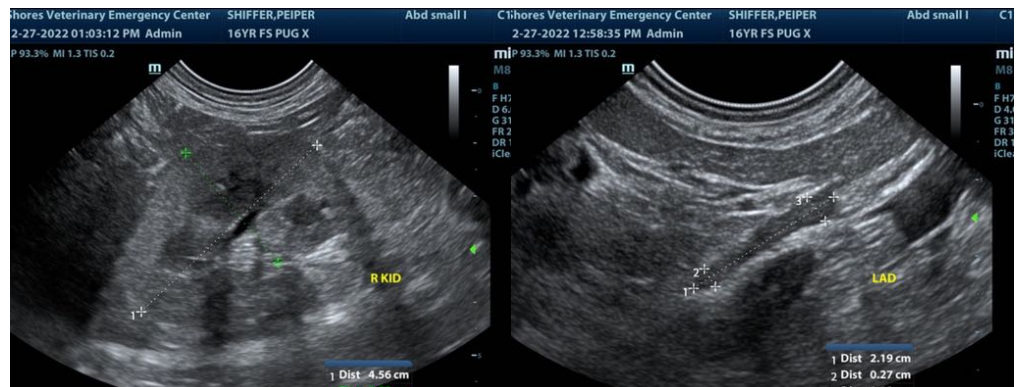
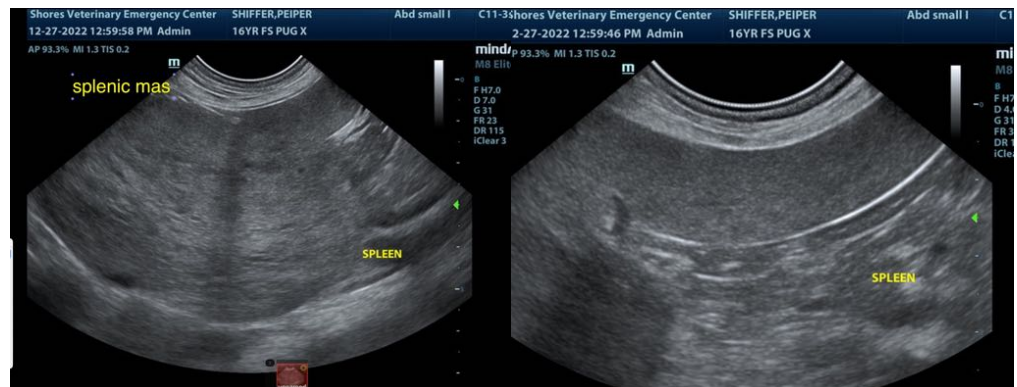
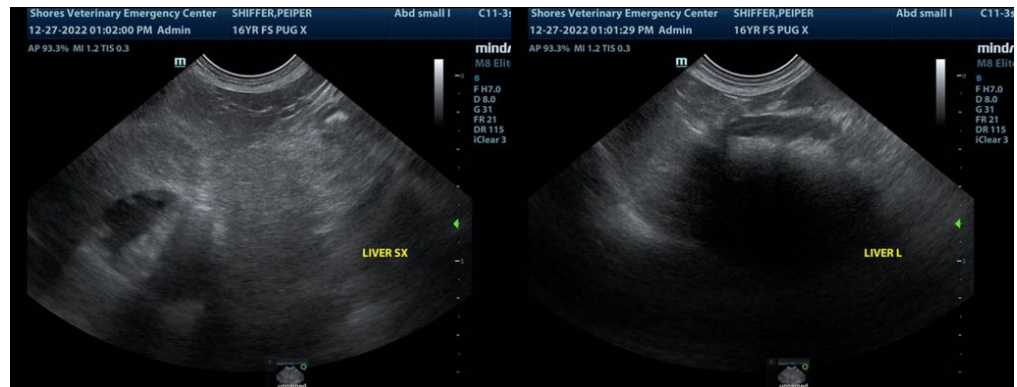
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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