



PATIENT PRESENTING CLINICAL SIGNS

Niko Chi Patient presents for anorexia, weight loss, and possibly PU/PD. Current meds: Entyce and Famotidine. Abnormal PE/Chem/CBC/UA Results: Chem: Ca⁺⁺ 12.6, BUN 16, creat. 1.4, SDMA 22.6, ALT 176, ionized Ca/PTH levels (pending). U/A: pH 6.0, USG 1.011.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Gldendoodle

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

SEX

Neutered Male

The prostate is normal/borderline large in size (1.7 cm) and normal shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

AGE

5 Years

The left kidney has a normal shape and size (7.08 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

64 Pounds

The right kidney has a normal shape and size (5.22 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

IMAGING PERFORMED BY

Kelly Vazquez

The right adrenal gland is normal in size measuring 0.58 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

HOSPITAL NAME

Companion Vet
Hospital Wayne

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are at least three discrete hypoechoic nodules/cystic lesions. A cranial lesion measures 1.86 cm x 2.09 cm. A mid caudal lesion measures 1.22 cm x 0.89 cm. A smaller lesion measures at 0.60 cm in diameter.

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Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

DATE

7/6/23



PATIENT The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Niko Chi

SPECIES *Gastrointestinal*

Canine The stomach contains minimal luminal contents. It measures at a normal thickness of 0.48 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

BREED

Gldendoodle The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.35 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

AGE

5 Years

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

WEIGHT

64 Pounds

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

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PRIMARY FINDINGS

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- Three hypoechoic splenic nodules – Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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SECONDARY FINDINGS

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- Borderline large prostate – The prostate appears normal in appearance but is large. If this patient was neutered after puberty, it is likely within normal limits. If it was neutered prior to puberty, consider a fine needle aspirate.



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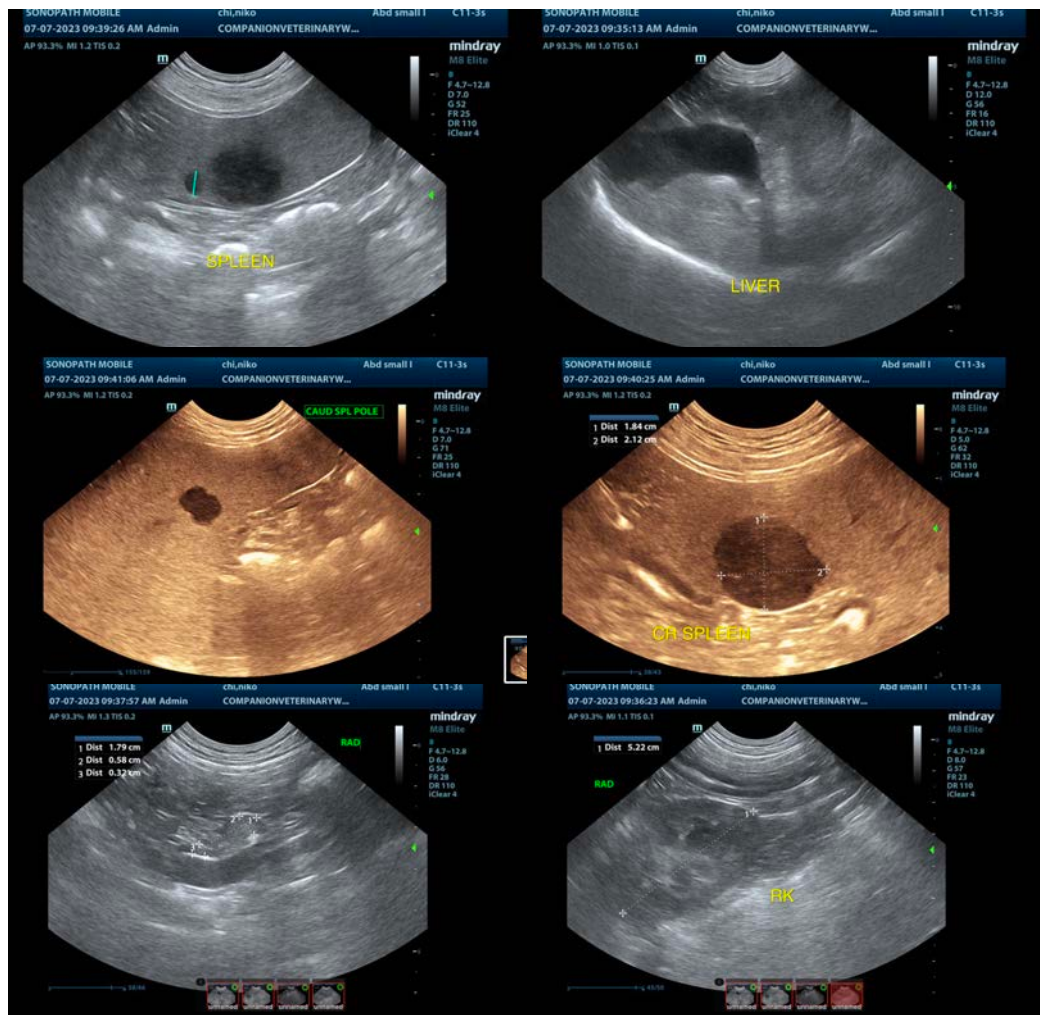
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are three hypoechoic discrete nodules visualized within the spleen. They are so hypoechoic that it is difficult to differentiate cystic lesions from tissue, but there is color flow visualized. The presence of multiple similar nodules could be concerning for possible metastatic disease. Options moving forward would include a fine needle aspirate or a splenectomy for both diagnostic and therapeutic purposes.

The plan to evaluate an ionized calcium and PTHrP is a good plan, as the hypercalcemia could be a source for the decrease in appetite, etc. If PTH levels are low and hyperparathyroidism is thought unlikely, then consider a digital rectal exam, good oral exam, 3-view thoracic radiographs, etc. looking for a source of the hypercalcemia. If the lesions in the spleen are neoplastic, they could be a source, but splenic tumors are a less common cause for hypercalcemia. Additionally, you could consider screening for Addison's disease.





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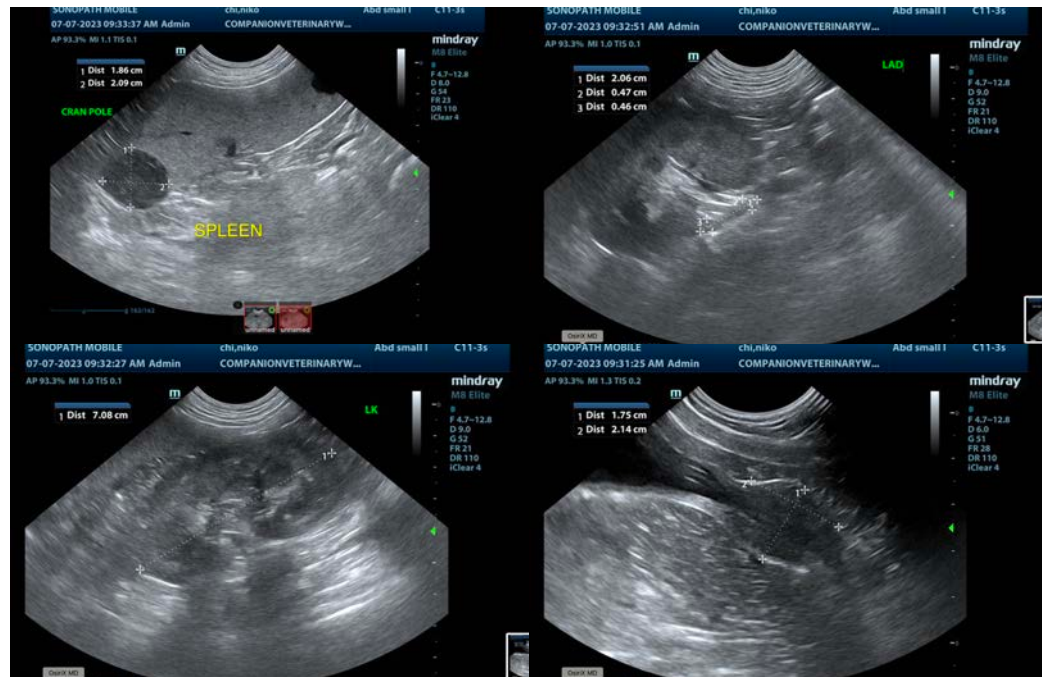
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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