



**PATIENT**

Nala Santoro

**SPECIES**

Canine

**BREED**

Pit Bull Terrier

**SEX**

FS

**AGE**

11 years

**WEIGHT**

95.2 lbs.

**PRESENTING CLINICAL SIGNS**

Patient presents for lethargy; mass seen on thoracic radiographs.  
Abnormal PE/Chem/CBC/UA Results: Ca 12.0, Alk. Phos. 354.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder presented uniformly mild thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.47 cm wall width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. Anechoic urine was present in the lumen with minor, dependent mineral. Minor micropolypliod luminal changes were visualized. No evidence of urinary bladder tumors. The ureteral papillae were normal. The ureters were not visible which is normal.

The ovarian remnant was free of pathology.

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 7.0 cm in length. The right kidney measured 8.3 cm in length. Nonobstructive medullary mineral was present primarily in the lateral diverticuli of both kidneys.

**IMAGING PERFORMED BY**

Kelly Vazquez

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.67 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.9 cm length x 0.61 cm width at the caudal pole.

**HOSPITAL NAME**

Animal General on  
Hudson

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. Mild medial folding of the cranial spleen was present which is not indicative of splenic pathology and likely a patient variant.

**REFERRING VET**

Dr. Karen Zelinski

**INVOICE**

16041

**DATE**

2/1/23



**PATIENT**

***Liver/ Gallbladder***

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The liver presented mild to possible moderately increased in size with generalized mild nonuniform increased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. The capsule of the liver was symmetrical in margination. Evidence of mild remodeling was noted with no masses. The hepatic and portal vasculature were normal in appearance without signs of congestion. Subjective normal hepatic vascular volume was noted with normal cranial abdominal caudal vena volume. The gallbladder was non-distended in size containing primarily anechoic content with mild, echogenic, luminal gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

***Pancreas***

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

***Thorax***

Brief sonographic assessment of the thorax revealed mild to moderately sized well-demarcated homogeneous mass in the left lung measuring approximately 7.0 cm in diameter. The mass was surrounded by aerated lung and appeared to move with breathing. The mass appeared to be in the left thorax. No overt concurrent pleural effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder mineral with minor cystitis pattern
- Bilateral chronic renal changes with nonobstructive medullary mineral
- Hepatomegaly exhibiting mild nonuniform parenchyma hyperechogenicity - benign, suggestive of vacuolar hepatopathy
- Minor gallbladder debris (non-mucocele)
- Homogeneous left pulmonary mass

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Nala Santoro

This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Urine C/S is recommended.

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No overt evidence of intraabdominal neoplastic criteria as a potential cause of pulmonary metastasis. Consolidation, granuloma, neoplasia, and inflammation / infection are all potentials. Pending echocardiographic assessment, ultrasound-guided FNA of the pulmonary mass for cytology +/- C/S if clinically indicated would be ideal for further clarification.

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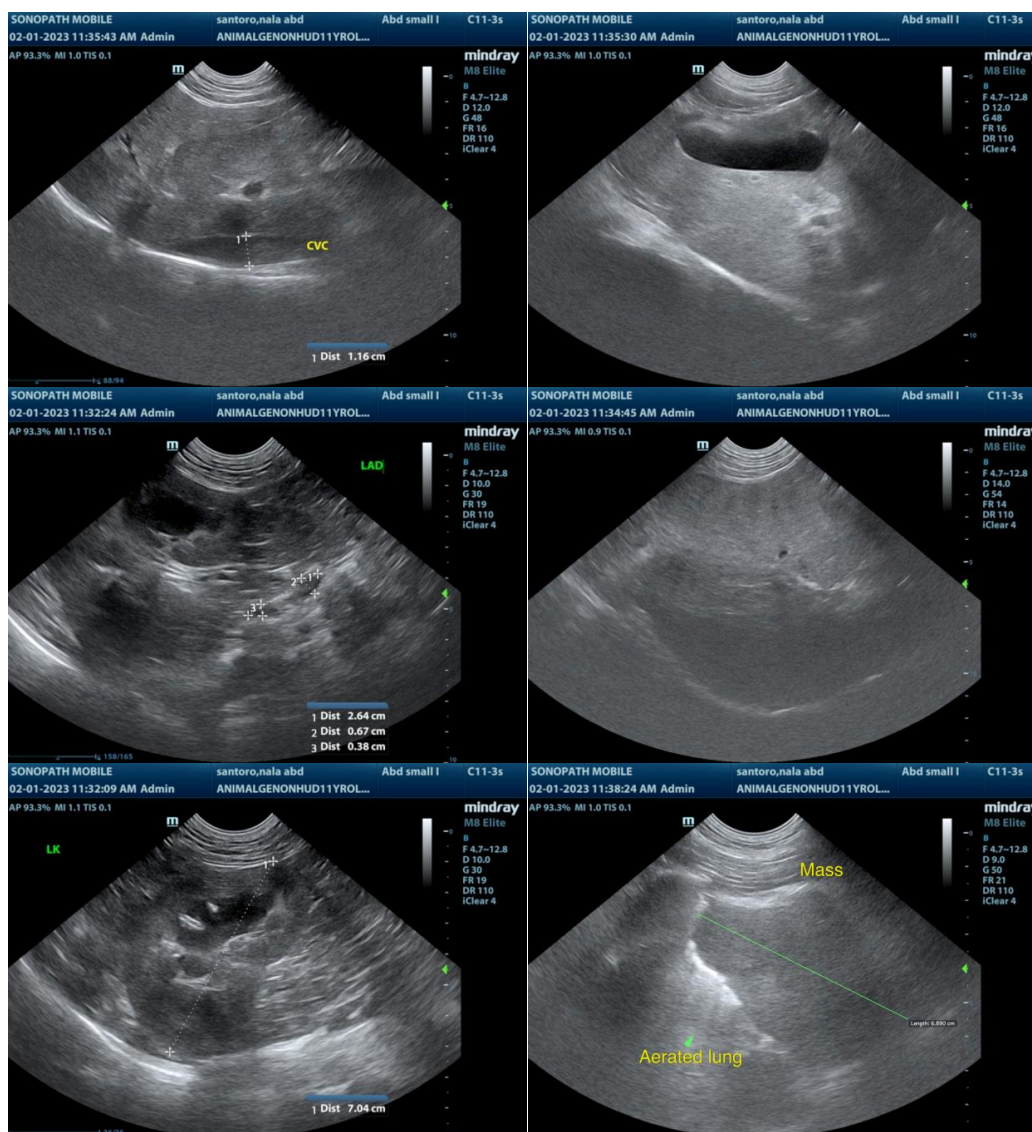
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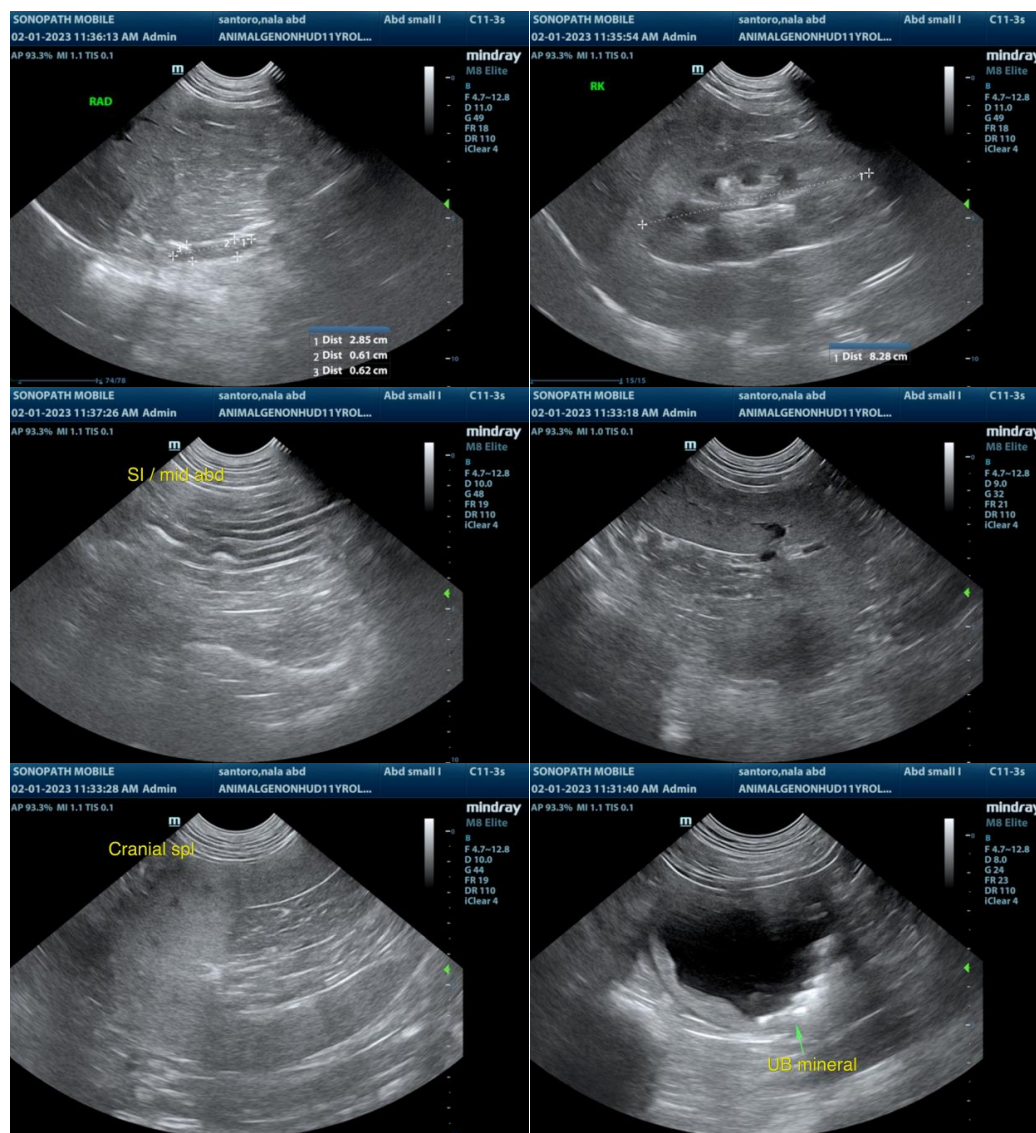
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com