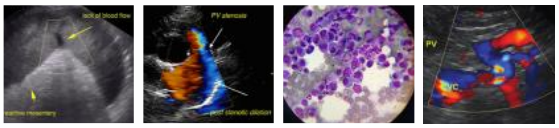
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**
Jack Cann

**SPECIES**
Canine

**BREED**
Chihuahua

**SEX**
Neutered Male

**AGE**
12 years

**WEIGHT**
14 lbs

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

**IMAGING PERFORMED BY**
Sara Hansen

**HOSPITAL NAME**
West Hills AH

**REFERRING VET**
Dr Remcho

**DATE**
1/10/22

**INVOICE**
10321

## PRESENTING CLINICAL SIGNS

History: Presentation and clinical exam findings: Acute onset vomiting and lethargy. Large bowel diarrhea developed approx 4 days later, but nausea and intermittent vomiting persist. Painful abdominal palpation

Abnormal PE/Chem/CBC/UA Results: Altered labwork values: elevated WBC with neutrophilia (15,222 with P normal around 9000), ALT 153 Current Medications Current Medications: P was treated with opioid and maropitant and bland diet along with IV fluids last week. Home with Sucralfate and Famotidine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder 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 2 cm, are normal.

The prostate is not fully visualized due to its pelvic location. In the visualized portions, no obvious pathology is seen.

The left kidney is normal size (4.12 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.93 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.

### *Adrenal Glands*

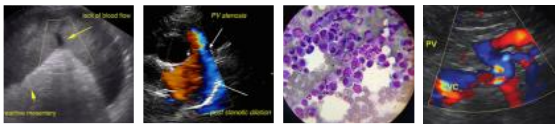
The left adrenal gland is normal size (0.44 cm at cranial pole) (0.52 cm at caudal pole) (1.71 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.33 cm at cranial pole) (1.47 cm at caudal pole) (1.74 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.

### *Spleen*

The spleen is overall normal in with slightly irregular peripheral contours. A 1.28 x 0.88 cm irregular hypoechoic to heterogenous vascular nodule/mass is observed at the medial aspect, near the hilus. The lesion causes mild capsular expansion. In the remainder of the spleen the parenchyma is homogenous in appearance. Splenic vasculature is normal with no evidence of thrombosis.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**
Jack Cann

**SPECIES**
Canine

**BREED**
Chihuahua

**SEX**
Neutered Male

**AGE**
12 years

**WEIGHT**
14 lbs

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

**IMAGING PERFORMED BY**
Sara Hansen

**HOSPITAL NAME**
West Hills AH

**REFERRING VET**
Dr Remcho

**DATE**
1/10/22

**INVOICE**
10321

***Liver***
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

***Gastrointestinal***
gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears to be patent. 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 wall of the descending colon is mildly thickened (up to 0.37 with retention of the normal layering pattern. There is no evidence of an obstructive pattern.

***Pancreas***
The right limb is visible/prominent with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

***Free Abdomen***
A focal area of reactive mesentery is observed in the midabdominal cavity. No free fluid is observed. A 0.68 cm sublumbar lymph node is seen.

***Other***
A brief echocardiogram reveals no evidence of pericardial effusion.

## ULTRASONOGRAPHIC FINDINGS

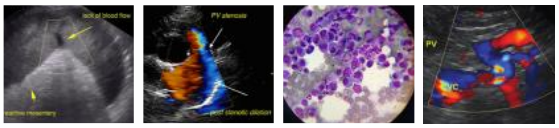
### Primary Findings

- Splenic nodule/mass. Neoplasia (i.e., sarcoma, round cell tumor), is suspected. However, benign pathology cannot be excluded.
- The colonic wall changes are most consistent with inflammation/colitis.
- The reactive mesentery in the midabdominal cavity is consistent with focal peritonitis, possibly secondary to underlying bowel pathology.

### Secondary Findings

- Age-relate pancreatic remodeling with probably fibrosis. Low-grade pancreatitis may also be present, particularly if the patient exhibits a positive Murphy's sign.
- Minor degenerative renal changes with right dystrophic mineralization
- The prominent sublumbar lymph node is likely reactive.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Jack Cann

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered Male

**AGE**

12 years

**WEIGHT**

14 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr Remcho

**DATE**

1/10/22

**INVOICE**

10321

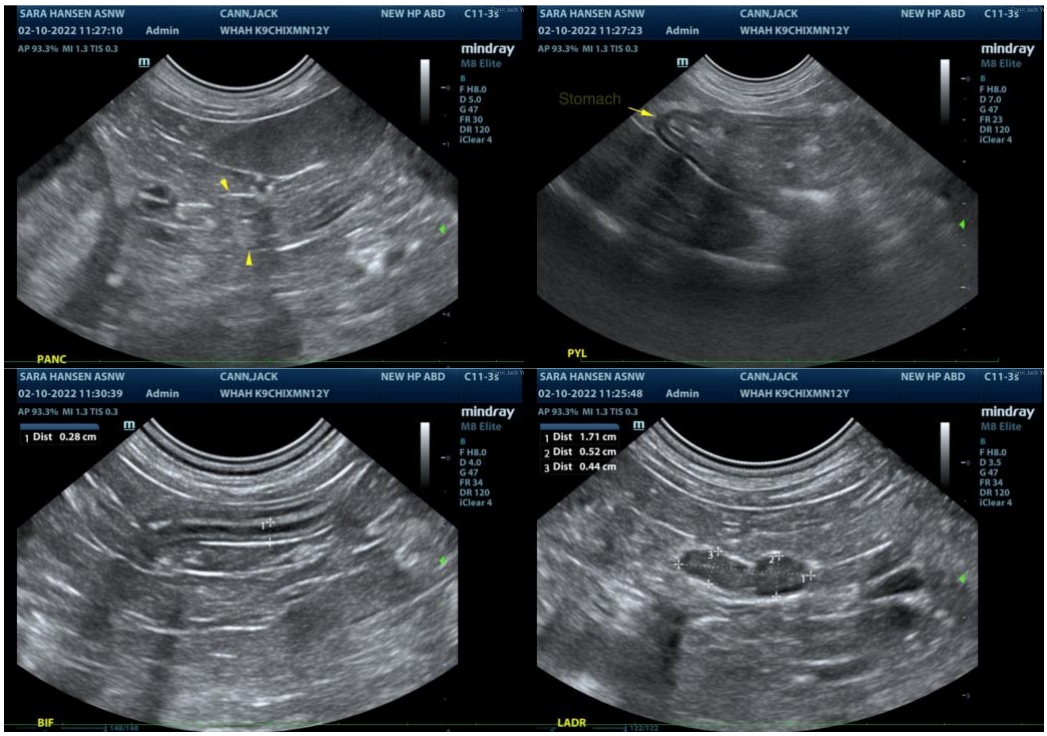
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the splenic mass, consider the following:

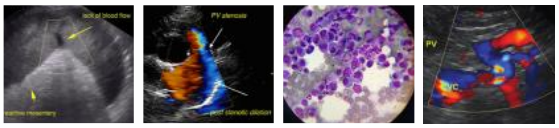
  1. Three-view thoracic radiographs to assess for pulmonary metastatic disease
  2. Fine-needle aspirate of the mass can be considered. However, given its vascular nature, there is risk of intrabdominal hemorrhage with aspiration. Therefore, a splenectomy with submission of the spleen for histopathology can be considered if there is no evidence of pulmonary metastatic disease. If surgery is pursued, gastrointestinal biopsies should also be obtained.

- Other diagnostic considerations include

  1. Fecal evaluation for ova and Giardia
  2. Fecal PCR infectious disease panel
  3. Prophylactic deworming with Fenbendazole
  4. GI Panel (send to Texas A&M)
  5. Resting cortisol level



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Jack Cann

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered Male

**AGE**

12 years

**WEIGHT**

14 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

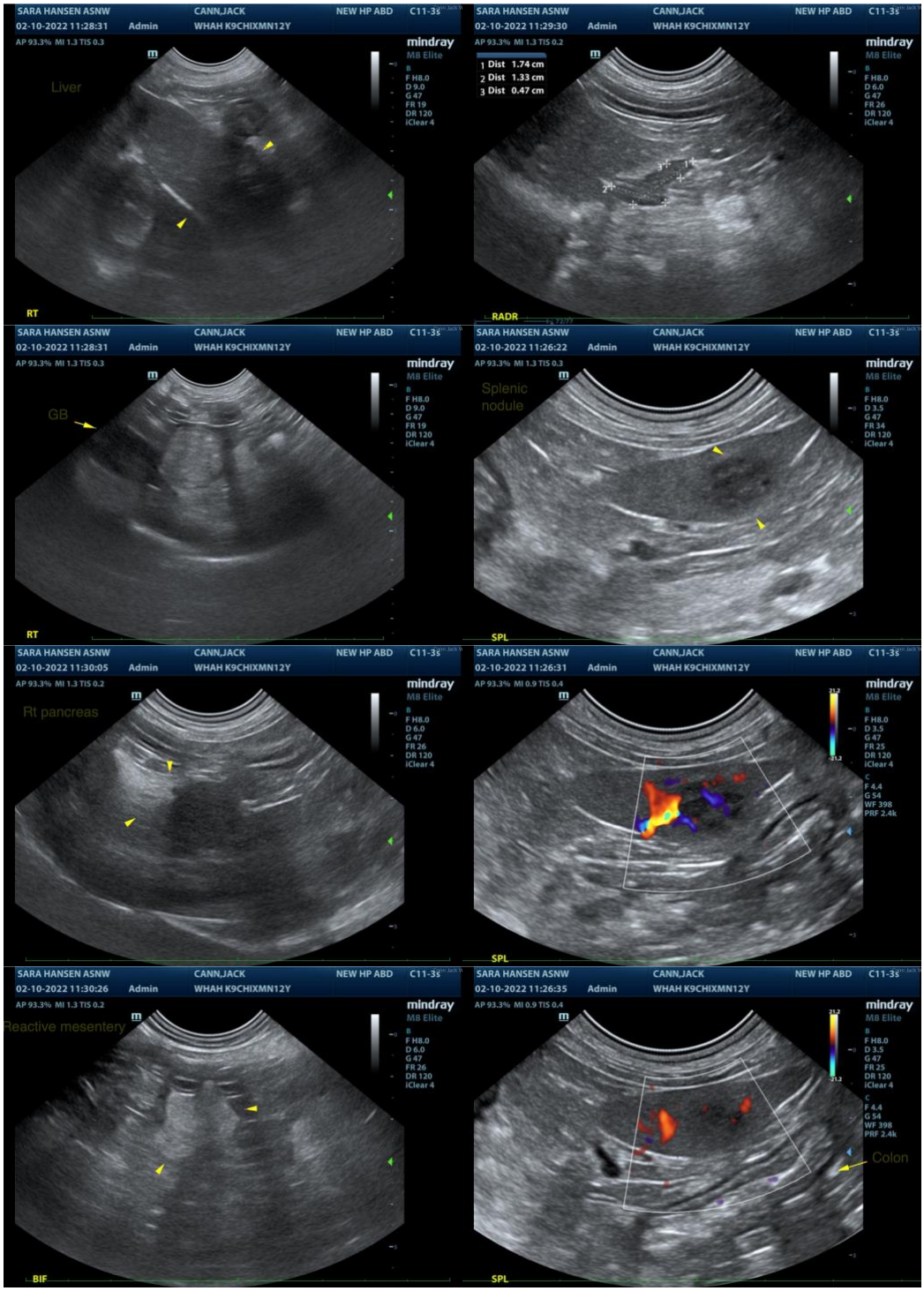
Dr Remcho

**DATE**

1/10/22

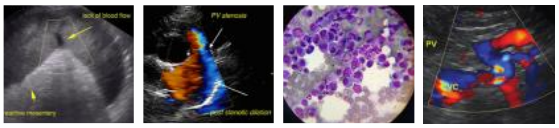
**INVOICE**

10321




**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.**

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Jack Cann

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered Male

**AGE**

12 years

**WEIGHT**

14 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr Remcho

**DATE**

1/10/22

**INVOICE**

10321

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com