



PATIENT

Max Burgos

SPECIES

Canine

BREED

Akita Mix

SEX

Male

AGE

17 Months

WEIGHT

97 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

DR. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Ramos

INVOICE

12910

DATE

1/25/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound. Pt has history of epistaxis. Hemograms had been done on patients and platelet levels are always low. A more in-depth study was done and platelet morphology was found to be abnormal. Was referred for an abdominal sonogram to verify possible masses in the spleen, liver, or pancreas. Current drugs Prednisone
Abnormal PE/Chem/CBC/UA Results: BW: CBC: on 4/16/21 Platelets: 141 (170-400) on 1/17/22 was 136 Neutrophils 10695 (2060-10600/mcL) Eosinophils: 2170 (0-1200) PT: 18.8secs (14-19) PTT: 134.8 (75-105)

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 lumen is moderately distended with anechoic urine. 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 enlarged (3.65 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic to slightly heterogeneous in appearance. No distinct focal lesions are observed. the prostatic urethra is not overtly dilated.

The left kidney is normal size (8.10 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (8.01 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is slightly small in size (0.47 cm at cranial pole) (0.53 cm at caudal pole) (2.40 cm in length) with a normal shape and smooth peripheral contours. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The caudal pole of the right adrenal gland is visualized in one still image and is normal size (0.57 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.64 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.40 cm ill-defined hyperechoic area/nodule is observed at the medial aspect, near the hilus. Splenic vasculature is normal.

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



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distended. The wall is thin and smooth. A small amount of aggregated echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 colonic wall is normal. No obstructive disease is noted.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Free Abdomen

There is no evidence of free fluid. A 1.36 cm sublumbar lymph node is visible. The node is normal in size with normal echogenicity. In addition, several prominent mesenteric lymph nodes are visualized, the largest measuring 4.04 cm in length.

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ULTRASONOGRAPHIC FINDINGS

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- The hyperechoic nodule/area in the spleen is likely a benign lesion (i.e., myelolipoma) or focus of lymphoid hyperplasia with minimal risk of emerging neoplasia.
- The slightly small left adrenal gland is likely a normal variant for this patient. However, early atrophy (i.e., secondary to hypoadrenocorticism cannot be completely excluded.

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*An obvious cause for the patient's thrombocytopenia is not identified in this study.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider rechecking the patient's PTT to determine if a coagulopathy is truly present. Also consider a buccal mucosal bleeding time (if the recheck PTT is not significantly prolonged) as well as a Von Willebrand's factor. If all clotting parameters are normal, further workup for epistaxis (i.e., Aspergillus titer, head CT with rhinoscopy) may be warranted.
- A fine needle aspirate of the mesenteric lymph node (to help rule out lymphoma) can also be considered if clotting status is deemed appropriate.

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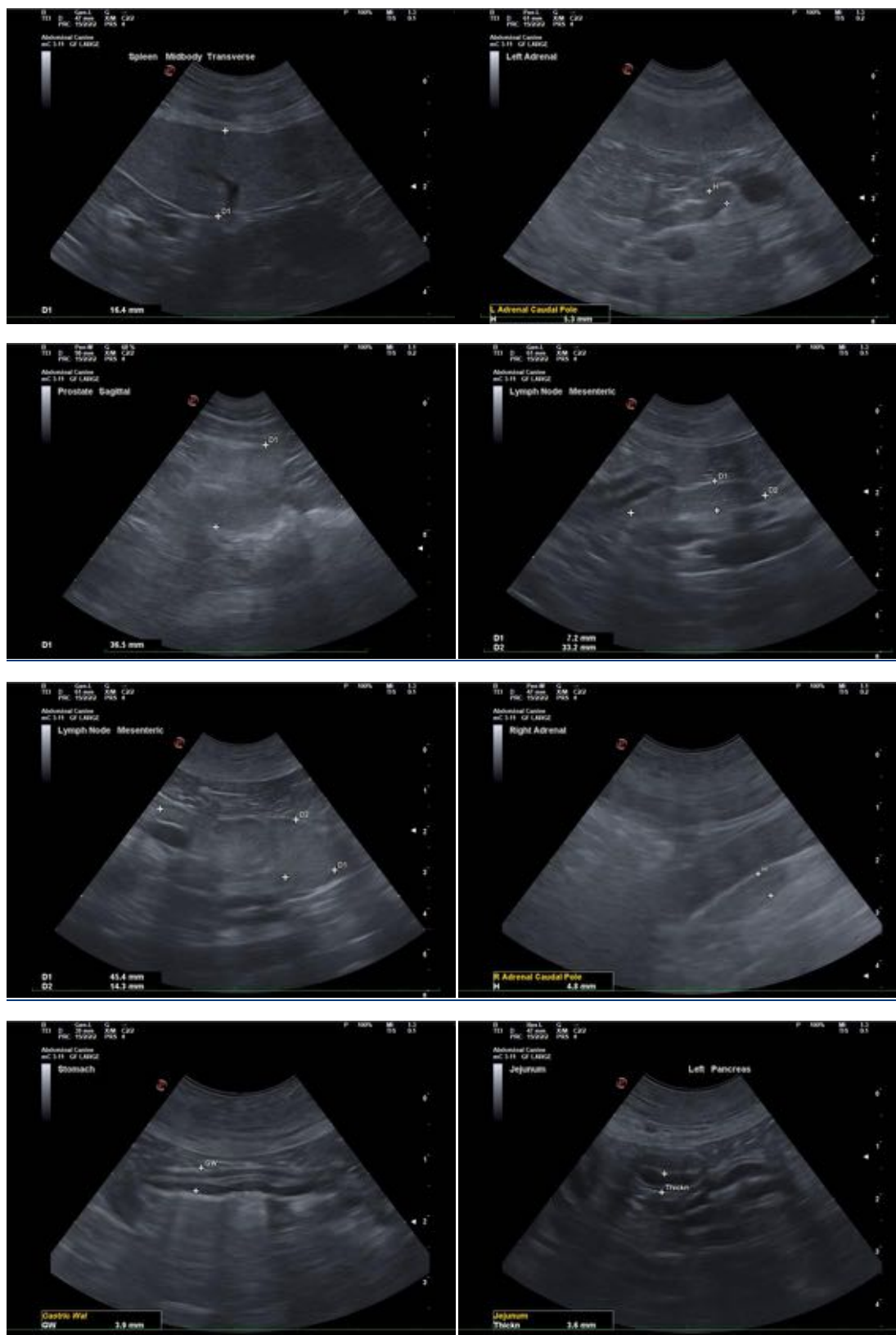
Dr. Ramos

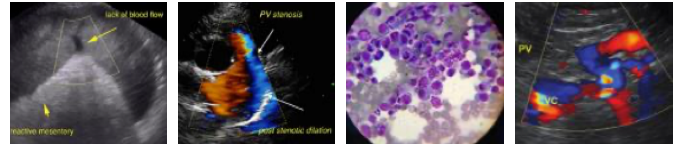
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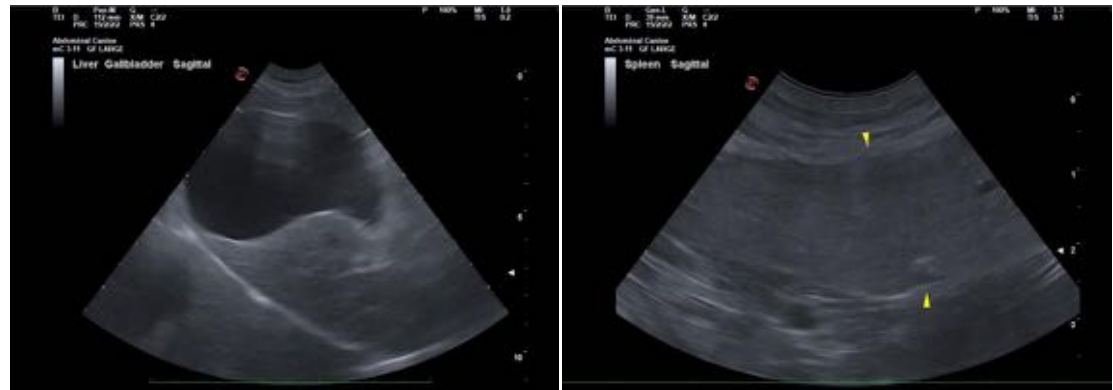
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com