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Clinical Sonography & Telecytology
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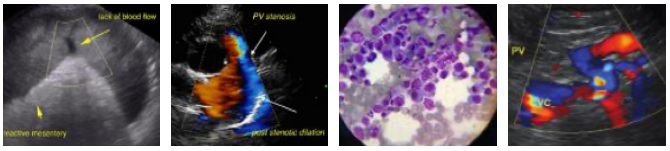

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Toby Red Neher

SPECIES
Canine

BREED
American Pit Bull Terrier

SEX
Male, neutered

AGE
12 Yrs.

WEIGHT
32 kg

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

IMAGING PERFORMED BY
Dr. Jolee Stegemoller

HOSPITAL NAME
North Idaho AH

REFERRING VET
Dr. Talitha Neher

INVOICE
12435

DATE
10/27/21

PRESENTING CLINICAL SIGNS

History: grade 2 cutaneous MCT excision 18 mo ago. Acute onset unilateral Horner's syndrome L, brief espistaxis R 10/24. Acute onset vomiting and mucoid diarrhea 10/27.
Abnormal PE/Chem/CBC/UA Results: SDMA 63; mild lymphopenia and eosinopenia. Otherwise WNL. UA pending. Left-sided horner's syndrome. Limited airflow through right naris. Cutaneous ventral plaques/erythema.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The wall is slightly thickened with an irregular mucosal surface. No cystic calculi are observed. The region of the trigone appears normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (6.92 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. Renal vasculature is normal.

The right kidney is normal size (6.49 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.36 cm at caudal pole) (1.70 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 (0.49 cm at cranial pole) (0.40 cm at caudal pole) (1.46 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

A 5.27 x 3.27 cm isoechoic to slightly heterogeneous mass is observed at the caudal aspect. The mass contains hyperechoic to mineralized foci. In the remainder of the spleen, the contours are curvilinear and the parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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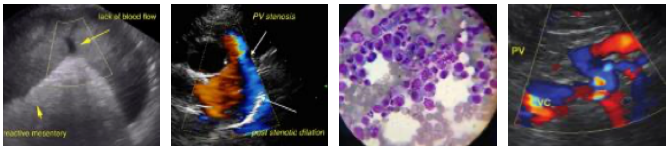

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Gastrointestinal

The gastric lumen is mildly fluid distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with fluid. 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.

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.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is considered likely with a lower possibility of benign pathology (i.e., myelolipoma, lymphoid hyperplasia).
- The trace ascites may be secondary to the splenic mass or less likely, increased hydrostatic pressure or low oncotic pressure.
- The bladder wall changes may be artifactual due to lack of full repletion. Alternatively, cystitis may be present. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the splenic mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive, consider a splenectomy with submission of the spleen for histopathology.
- Regarding the epistaxis, the following diagnostics are recommended:
  1. PT/PTT
  2. Aspergillus serology
  3. CT scan of the head with nasal biopsies +/- cultures

*The diagnostics above will also be helpful in further evaluating for causes of Horner Syndrome. The CT scan images can be extended through the cervical region assess for spinal causes of Horner Syndrome.

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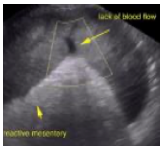
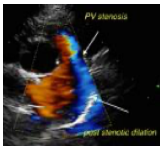
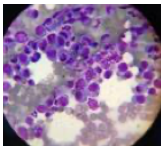
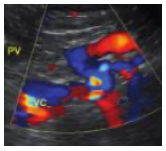

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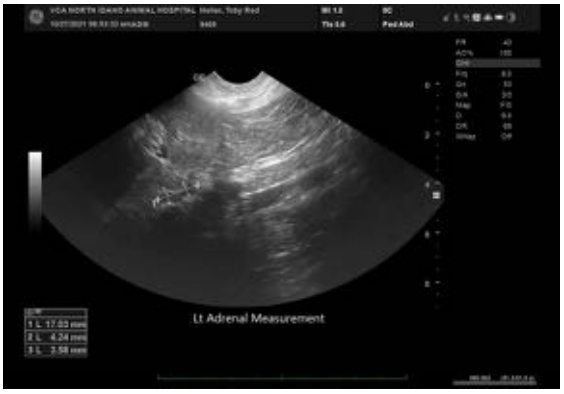

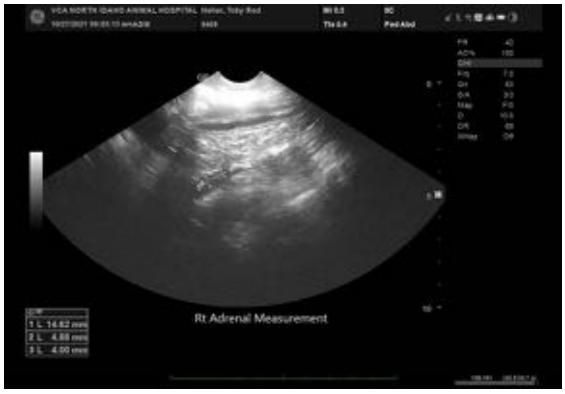

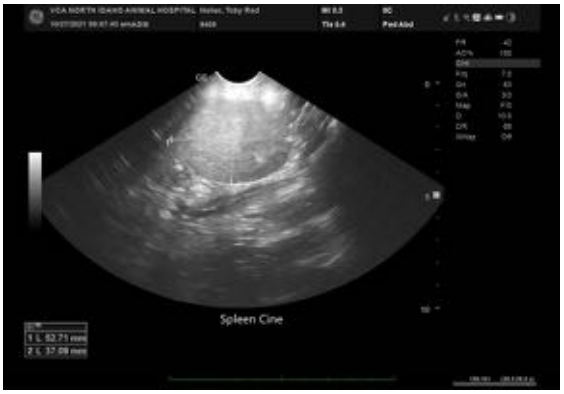

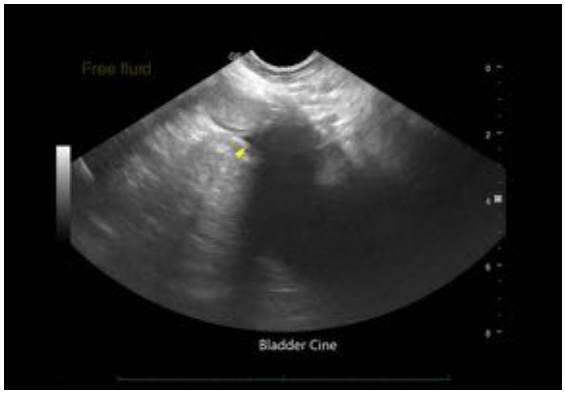

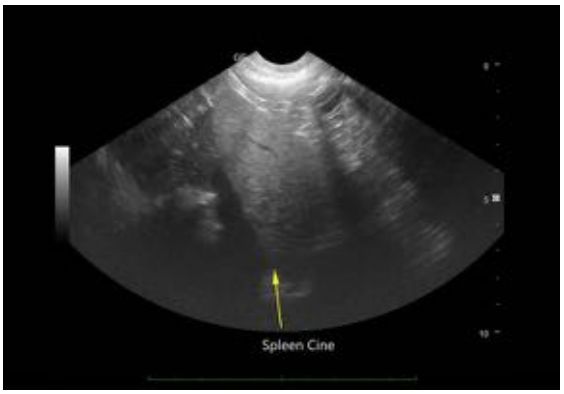

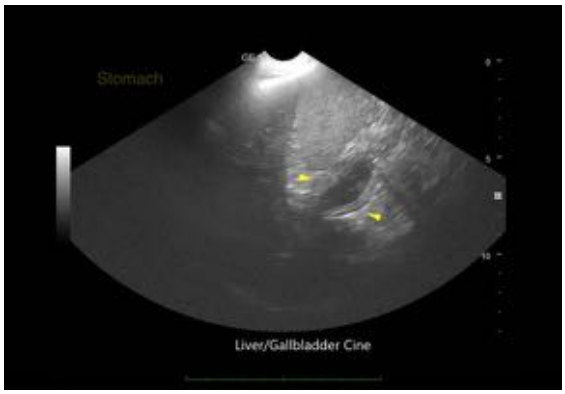

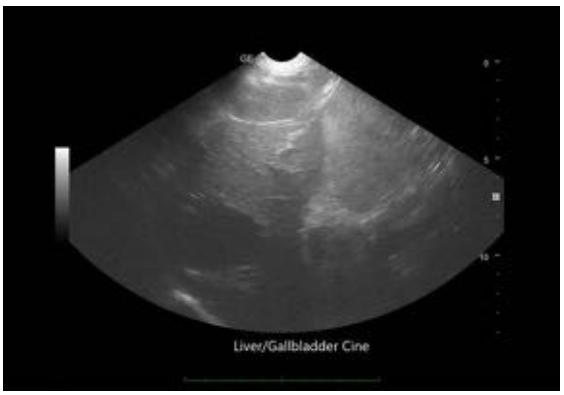

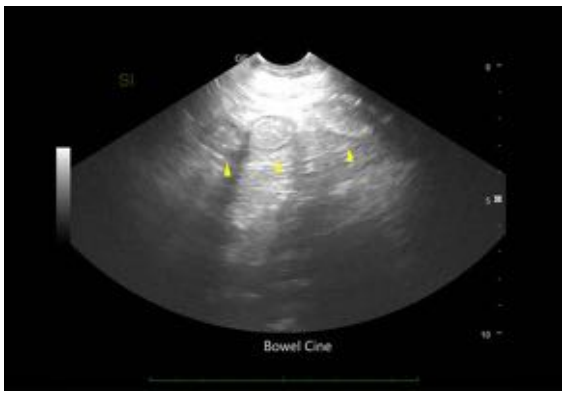

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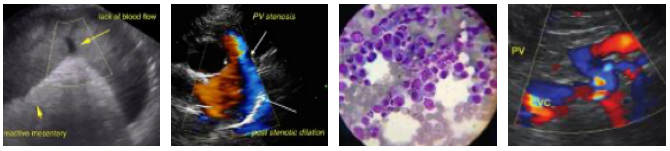

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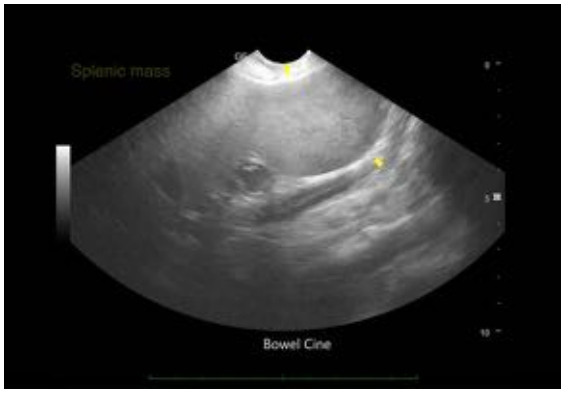

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea.nicastro@sonopath.com