IMAGING PERFORMED BY

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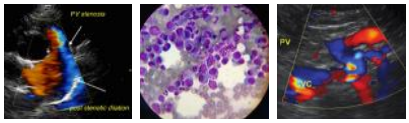

SonoPath
Clinical Sonography & Telecytology
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DATE

10/29/21

PATIENT

Taco Bayne

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

5/17/2012

WEIGHT

50.7 Pounds

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Festival VC

REFERRING VET

Dr. Prange

INVOICE

14064

PRESENTING CLINICAL SIGNS

History: Owner was out of town in the past 2 weeks, patient was not eating as much and was constipated. Owner began feeding pumpkin/rice/beef and patient is eating that and stools are normal. Owner feeds Blue Buffalo, 1 cup BID. Patient was initially eating from this bag, and bag is about 3 weeks old. Acting normally, no vomiting, coughing, sneezing noted. No change in drinking/urination. Has tested + for Lyme in the past. O= P is BARH, MM pink, CRT < 2sec. Heart and lung sounds are WNL. Abdominal palpation is unremarkable although patient will tense on palpation of mid to caudal abdomen. Femoral pulses are normal and strong, lymph nodes are normal size. Mild tartar on teeth. OU nuclear sclerosis. Not painful on palpation or manipulation of spine, neck, extremities. Rectal exam WNL. Weight is consistent. Patient was fractious for rads, lateral abdomen showed enlarged spleen, but a mass is not visible. Three views of thorax showed no evidence of metastasis.

Current Medications: No current medications.
Lab Results: elevated LFTs, SDMA. Lyme positive on 4DX.
Radiographs: lateral abdomen showed enlarged spleen, but a mass is not visible. Three views of thorax showed no evidence of metastasis.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is mostly anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.14 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.51 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 presented normal size (5.54 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 (0.65 cm at cranial pole) (0.64 cm at caudal pole) (2.57 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 (0.80 cm at cranial pole) (0.64 cm at caudal pole) (3.14 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 subjectively enlarged/elongated with a curled contour and scalloped medial margin. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. Splenic vascular and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is mildly thickened (up to 0.28 cm) and hyperechoic. A small amount of echogenic gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are 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 or overt infiltrative disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. a 1.95 cm hypoechoic rounded lymph node is observed in the cranial abdomen.

Other

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic changes could be consistent with infiltrative neoplasia (i.e., round cell tumor). Alternatively, benign pathology (i.e., extramedullary hematopoiesis, lymphoid hyperplasia or splenitis) may be present.
- The mild hepatomegaly could be secondary to inflammatory/immune mediated disease, infiltrative neoplasia (i.e., round cell tumor), leptospirosis, hepatotoxicity (i.e., copper), other hepatopathy.

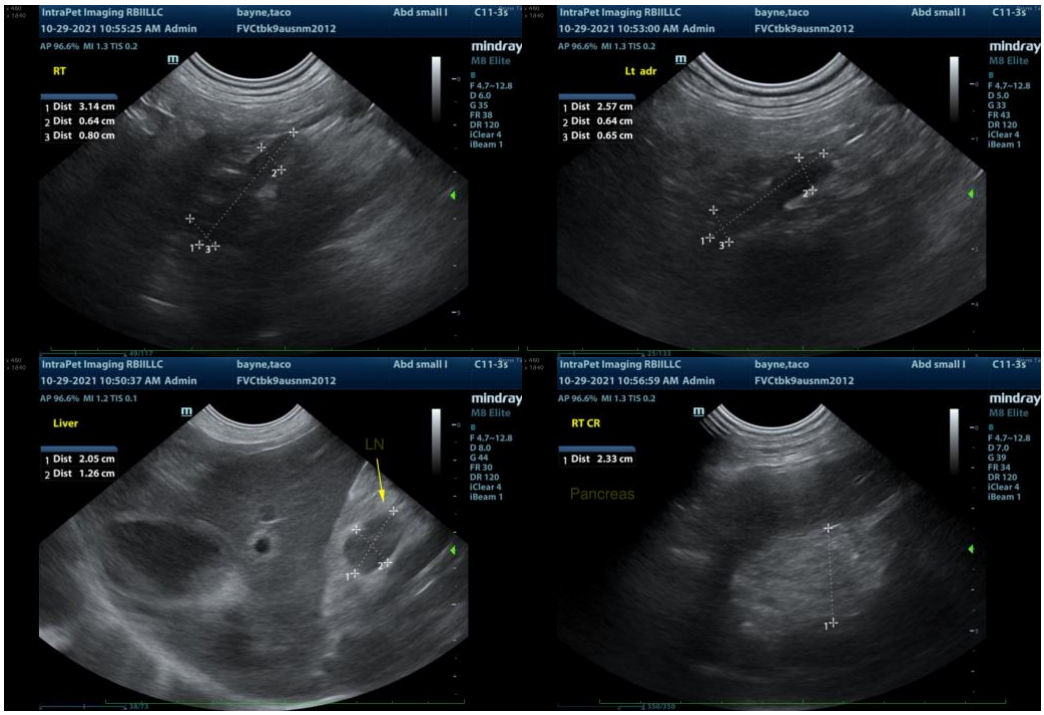
- The gallbladder wall changes consistent with cholecystitis and/or age-related hyperplasia/fibrosis.
- The prominent cranial abdominal lymph node could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- The trace ascites is likely secondary to hepatic and/or splenic pathology.

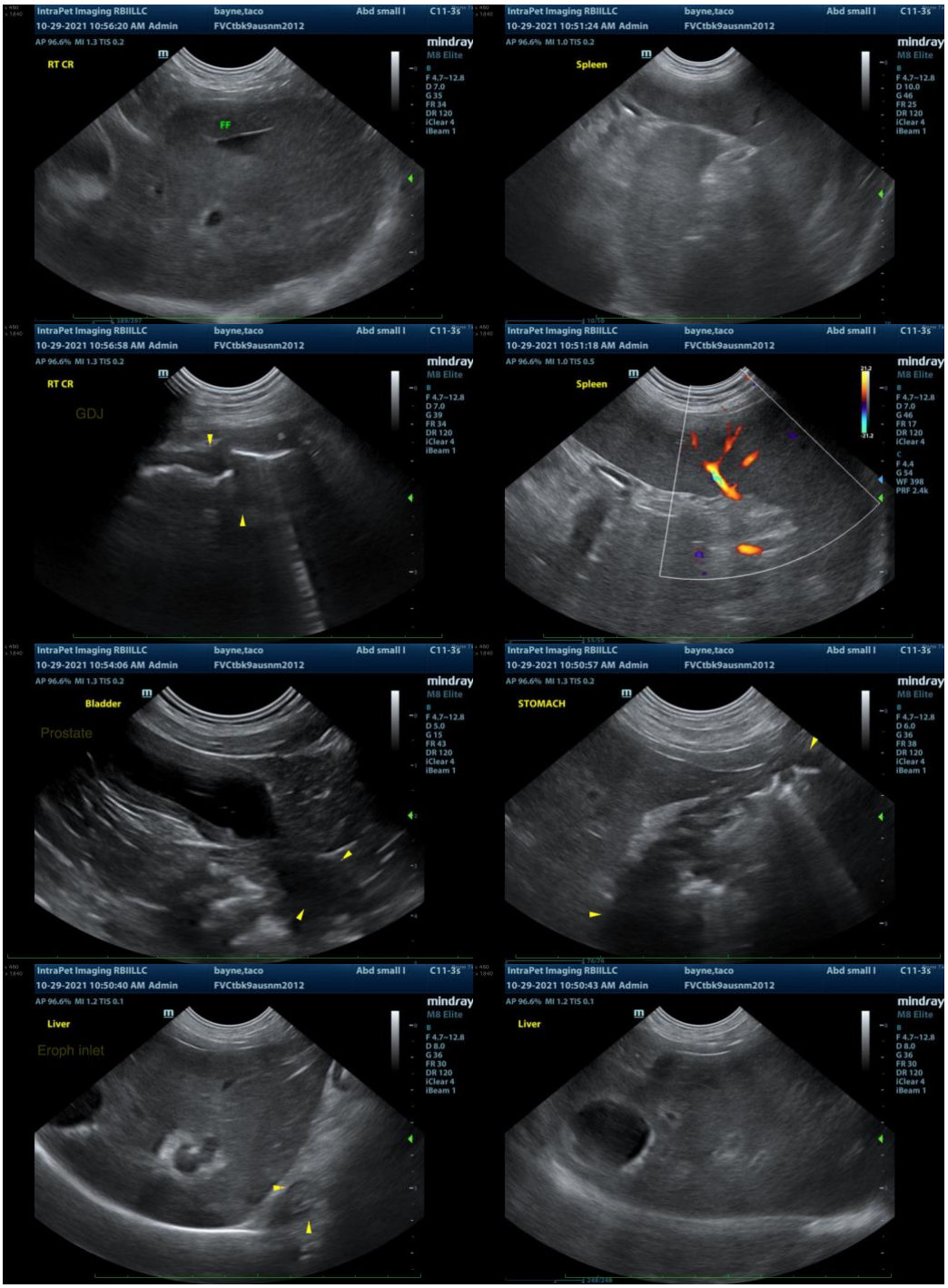
Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the spleen and liver are recommended if clotting status is appropriate. A 25-gauge needle should be used.
- If cytologic evaluations are inconclusive, a surgical liver biopsy with aerobic and anaerobic bile cultures +/- acquisition of additional hepatic tissue samples for potential copper quantitation +/- splenectomy can be considered. The enlarged abdominal lymph nodes should also be biopsied.
- Leptospirosis testing (i.e., blood and urine PCR, serology) should also be considered, particularly if the disease is endemic in the patients' geographic region.

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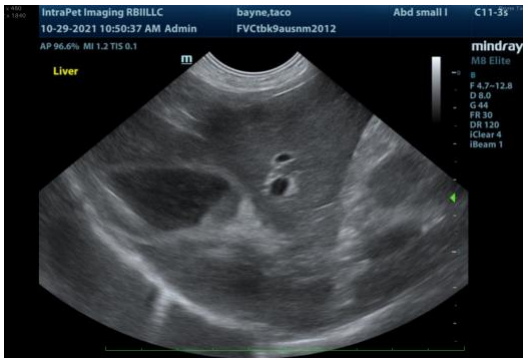

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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