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Clinical Sonography & Telecytology
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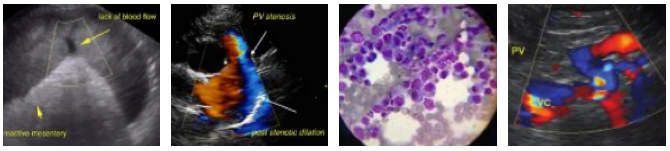


PATIENT
Mars Ryzok

SPECIES
Canine

BREED
Rhodeisan Ridgeback

SEX
Male, neutered

AGE
10 Yrs.

WEIGHT
82.2 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Rochester VH

INVOICE
14254

DATE
11/22/22

PRESENTING CLINICAL SIGNS

History: 10 yo MN Rhodesian Ridgeback presented for 3 day history of vomiting despite switch to bland diet. No hx of fb or toxin ingestion. T of 103.3, mild discomfort upon cranial abdominal palpation, thoracic auscultation wnl, rectal exam yielded normal stool. cbc consistent with epinephrine/stress response, mild elevation ALT, rest of chem wnl.
Abnormal PE/Chem/CBC/UA Results: T of 103.3, mild discomfort upon cranial abdominal palpation, thoracic auscultation wnl, rectal exam yielded normal stool. cbc consistent with epinephrine/stress response, mild elevation ALT, rest of chem wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 normal in size (1.18 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.73 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.59 cm at caudal pole); 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.

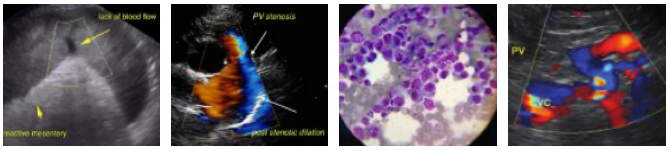
The right adrenal gland is normal size (0.69 cm at cranial pole) (0.68 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.08 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.18 cm ill-defined hypoechoic area is observed at the lateral aspect. A 0.80 cm irregular, echogenic tissue structure is observed in the vasculature at the hilus

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 to moderate amount of aggregated echogenic to mineralized, mostly gravity-dependent debris/sludge is observed within the lumen along with some wispy, suspended debris. 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 mildly distended with gas and a scant amount of fluid. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is 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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The echogenic structure within the splenic vasculature at the hilus is concerning for a small thrombus. However, an emerging tumor or other lesion cannot be completely excluded. The ill-defined hypoechoic area at the lateral aspect of the spleen trends toward the benign (i.e., area of lymphoid hyperplasia or similar).

*There is no obvious evidence of a gastrointestinal foreign body/obstruction. An obvious cause for the patient's clinical signs is not identified in this study. Considerations include dietary indiscretion, infectious/parasitic disease, food allergy/intolerance, underlying metabolic issue, low-grade pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended.
- Also consider a cPLI to assess for mild pancreatitis.
- Consider three-view thoracic radiographs to assess for occult esophageal disease.
- Supportive care for acute gastroenteritis is recommended, including fluid therapy, gastric protectants, antiemetics as well as a probiotic. If the patient does not begin to improve within 48-72 hours of medical management, a more advanced GI workup may be warranted.
- Regarding the possible thrombus at the splenic hilus, consider assessing for causes of hypercoagulability. A repeat ultrasound of this region is recommended in 2-3 weeks to assess progression. Also consider initiation of an antithrombotic agent (i.e., Clopidogrel).

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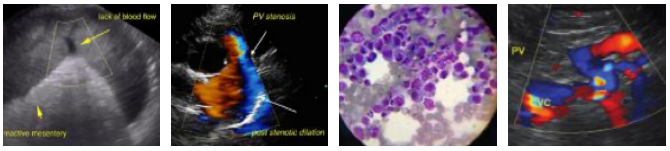

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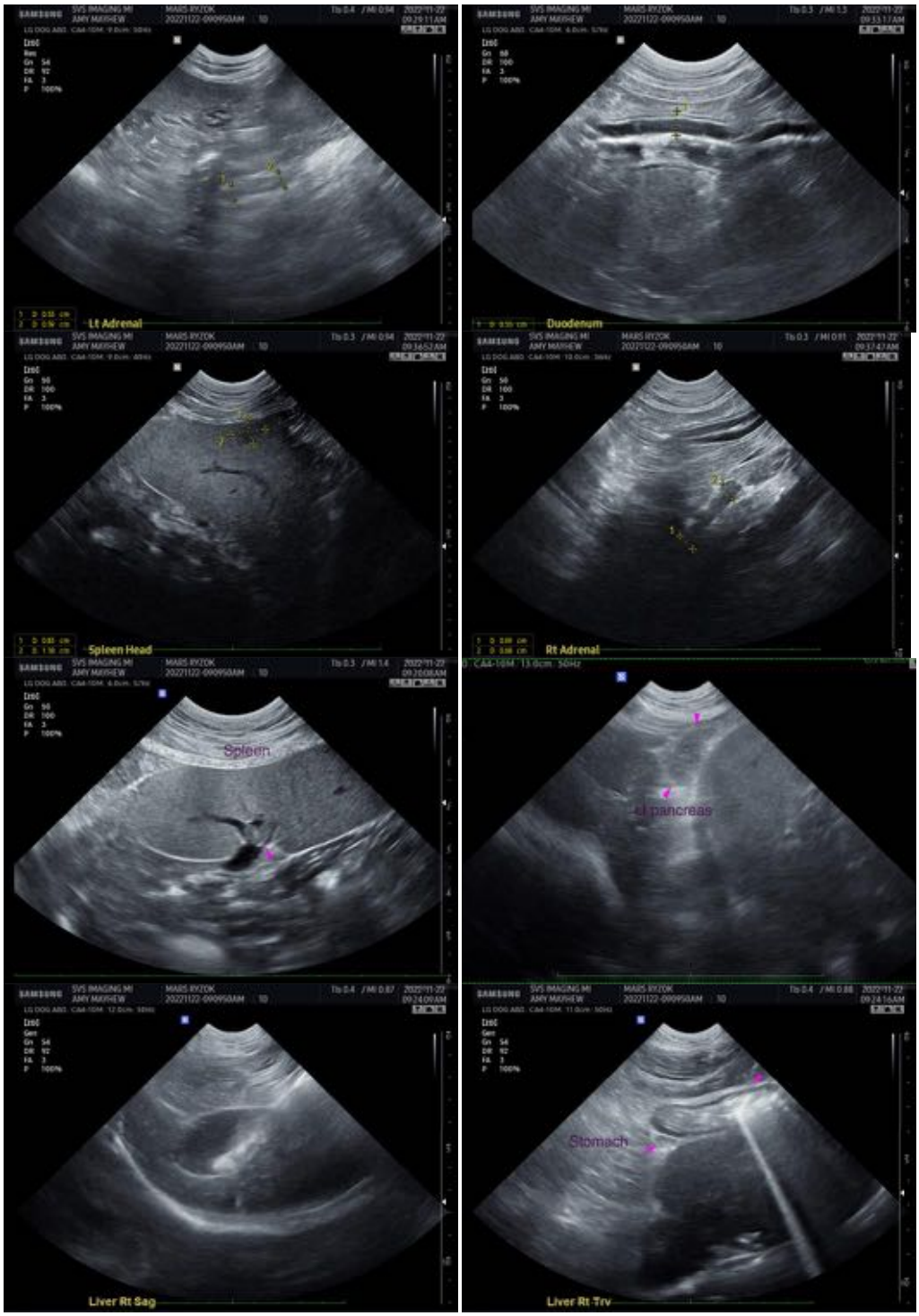

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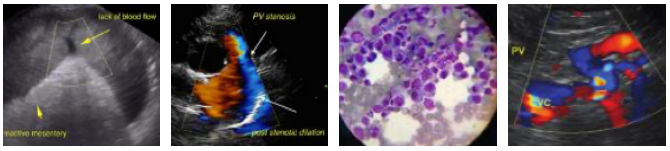

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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