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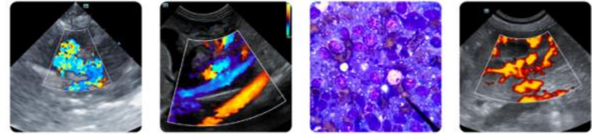
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Bailey Kleiber

SPECIES
Canine

BREED
Golden Retriever

SEX
Male

AGE
8

WEIGHT
65 lbs

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

IMAGING PERFORMED BY
Julia Bakker, DVM

HOSPITAL NAME
Orange Blossom Vet Imaging

REFERRING VET
Zachary Pearl, DVM

INVOICE
22206

DATE
11-3-25

PRESENTING CLINICAL SIGNS

History: Bailey presents for development of lethargy and anorexia/adipsia 4 days after starting Cefpodoxime, which was prescribed for an ulcerated cutaneous mass on the lateral thorax that was noted have heavy amounts of neutrophilic inflammation and cocci on cytology. Antibiotics were discontinued 2 days before re-presentation, but symptoms have not improved. The owner has not observed any vomiting/diarrhea. Bloodwork performed showed a mild normocytic, normochromic anemia with mild reticulocytosis. Inflammatory leukogram. Hypoalbuminemia. BUN and GGT increased. Bilirubinemia.

Abnormal PE/Chem/CBC/UA Results: Hematocrit 38%. Anemia is slightly regenerative. White blood cell 20,000 with a neutrophilia and monocytosis. SDMA 25. Bun 51. Creatinine 1.5 Albumin 1.6. GGT 16. Tbili 0.7. T4 0.5.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly to moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged (3.69 cm in width) with smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (7.00 cm in length) with smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The right kidney is normal in size (7.53 cm in length) with a normal shape, architecture and 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 in size (0.93 cm at cranial pole) (0.77 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

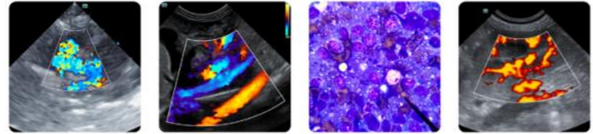
The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is mildly enlarged (2.33 cm in width at the level of the hilus) with irregular peripheral contours. A few irregular, cavitated areas/nodules are visualized (one measuring 1.01 x 0.93 cm at the caudal aspect). In add, a 1.49 x 1.2 cm hypoechoic to heterogenous, expansile nodule is observed at the medial aspect near the hilus. There is rounding at the cranial pole (or adjacent extra splenic tissue). The remaining parenchyma is mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis. The mesentery surrounding the spleen is hyperechoic.

Liver

The liver is subjectively normal in size. The parenchyma is isoechoic relative to the spleen. Left- to mid-liver, a 0.70 cm hypoechoic nodule is visualized. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is mildly distended with ingesta. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes
A 2.34 x 0.61 medial iliac lymph node is visualized.

Free Abdomen
Trace free fluid is observed.

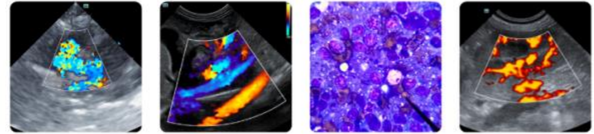
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic changes could be consistent with emerging neoplasia (i.e., round cell tumor, sarcoma, other). Alternatively, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, and/or antigenic stimulation, with benign cystic areas is possible. Mild adjacent peritonitis is present.

Secondary Findings

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy. The hepatic nodule could be consistent with an inflammatory focus, early regenerative nodule, emerging tumor, other.
- Gallbladder debris, non-mucocele
- Bilateral nonspecific age-related renal changes
- Minor retained gastric ingesta
- The prominent medial iliac lymph node is likely reactive, with a low possibility of emerging neoplasia.
- 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.



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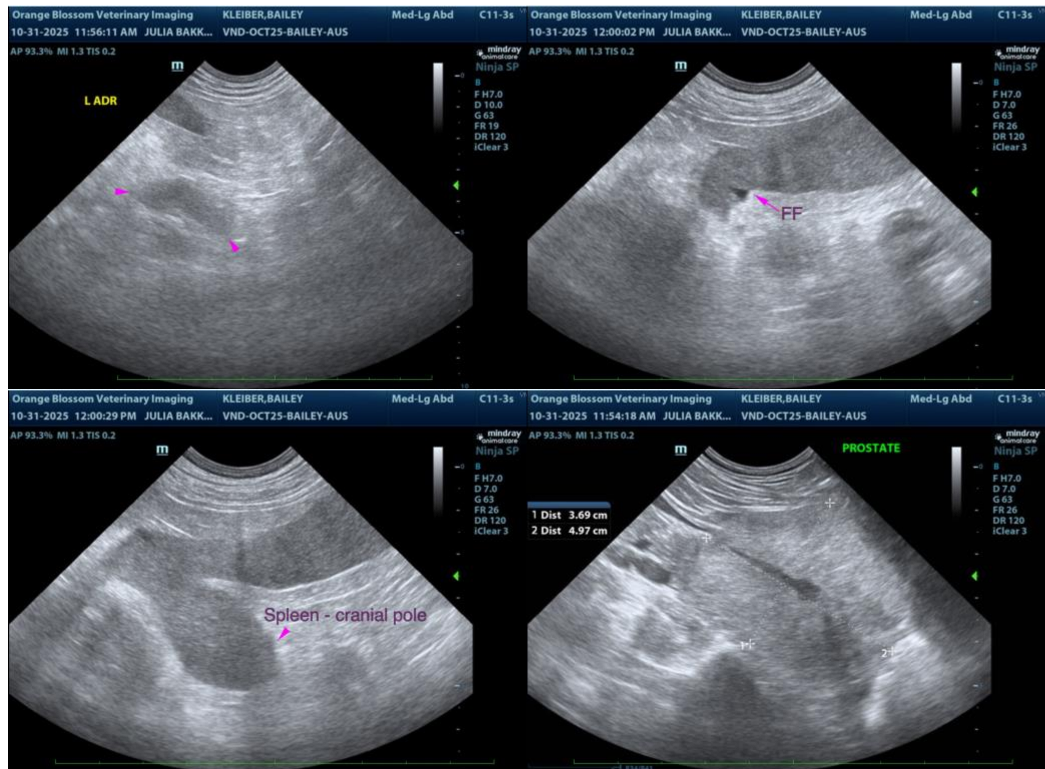
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the CBC abnormalities, consider a slide agglutination test, CBC with clinical pathology review, +/- comprehensive tick panel.
- Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.
- Consider fine-needle aspiration of the spleen (assuming normal clotting status) with care to avoid the cavitated areas (due to risk of iatrogenic hemorrhage). A 25-gauge needle should be used.
- Regarding the hypoalbuminemia, also consider a fecal evaluation for ova and Giardia, resting cortisol level, pre- and postprandial serum bile acids, and a UPC (if proteinuria is present in the absence of infection).
- Depending on the results of the above diagnostics, further work-up may be indicated.



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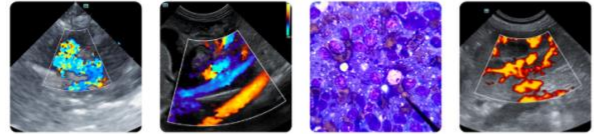

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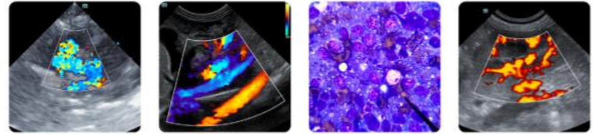

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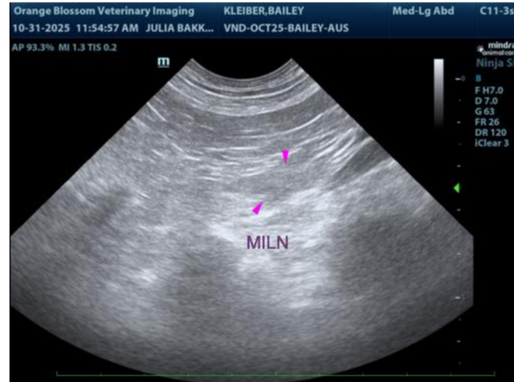

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com