

**DATE PRESENTING CLINICAL SIGNS**

12/2/21

History: started vomiting yesterday, about 3-4 times. Hasn't eaten since yesterday morning. Drank water this morning after owner made him drink. Has just been laying around and panting a lot. owner made boiled chicken and rice he didn't want anything to do with it. Did have diarrhea Monday night into Tuesday. Has not had a bm yet today.

PATIENT

Taz Koppelman

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

12/29/2008

WEIGHT

39.4 Lbs.

INTERPRETED BY

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DMV, Diplomate
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IMAGING PERFORMED BY

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RDMS

HOSPITAL NAME

White Marsh AH

REFERRING VET

Dr. Brennan

INVOICE

12791

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 2.0 cm, are normal.

The prostate is normal in size (1.07 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 (5.31 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (5.74 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.78 cm at cranial pole) (0.86 cm at caudal pole) (2.08 cm in length); with a 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 mildly enlarged (0.78 cm at cranial pole) (0.86 cm at caudal pole) (2.43 cm in length); with a 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 4.05 cm x 3.65 cm isoechoic to slightly heterogeneous vascular mass is arising from the cranial aspect.

The remaining peripheral margins are curvilinear. The parenchyma is otherwise subtly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is subjectively hypoechoic and mottled in appearance. A 1.15 cm cystic lesion is observed on the left side. In addition, at least one small ill-defined hyperechoic nodule is visualized. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is normal in thickness. A small to moderate amount of gravity dependent echogenic 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 enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is considered likely with lower potential with benign pathology.
- Nonspecific diffuse hepatopathy. Differentials include inflammatory/immune mediated disease, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), other hepatopathy.
- The pancreatic changes are most consistent with chronic active pancreatitis. However, pancreatic neoplasia cannot be completely excluded.

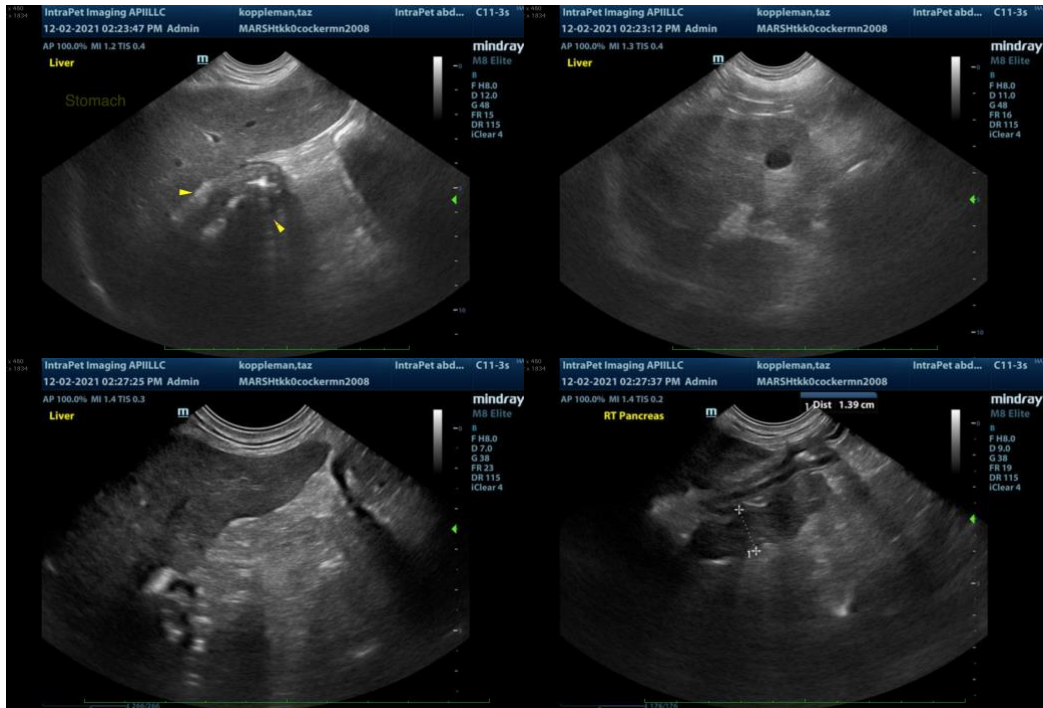
Secondary Findings

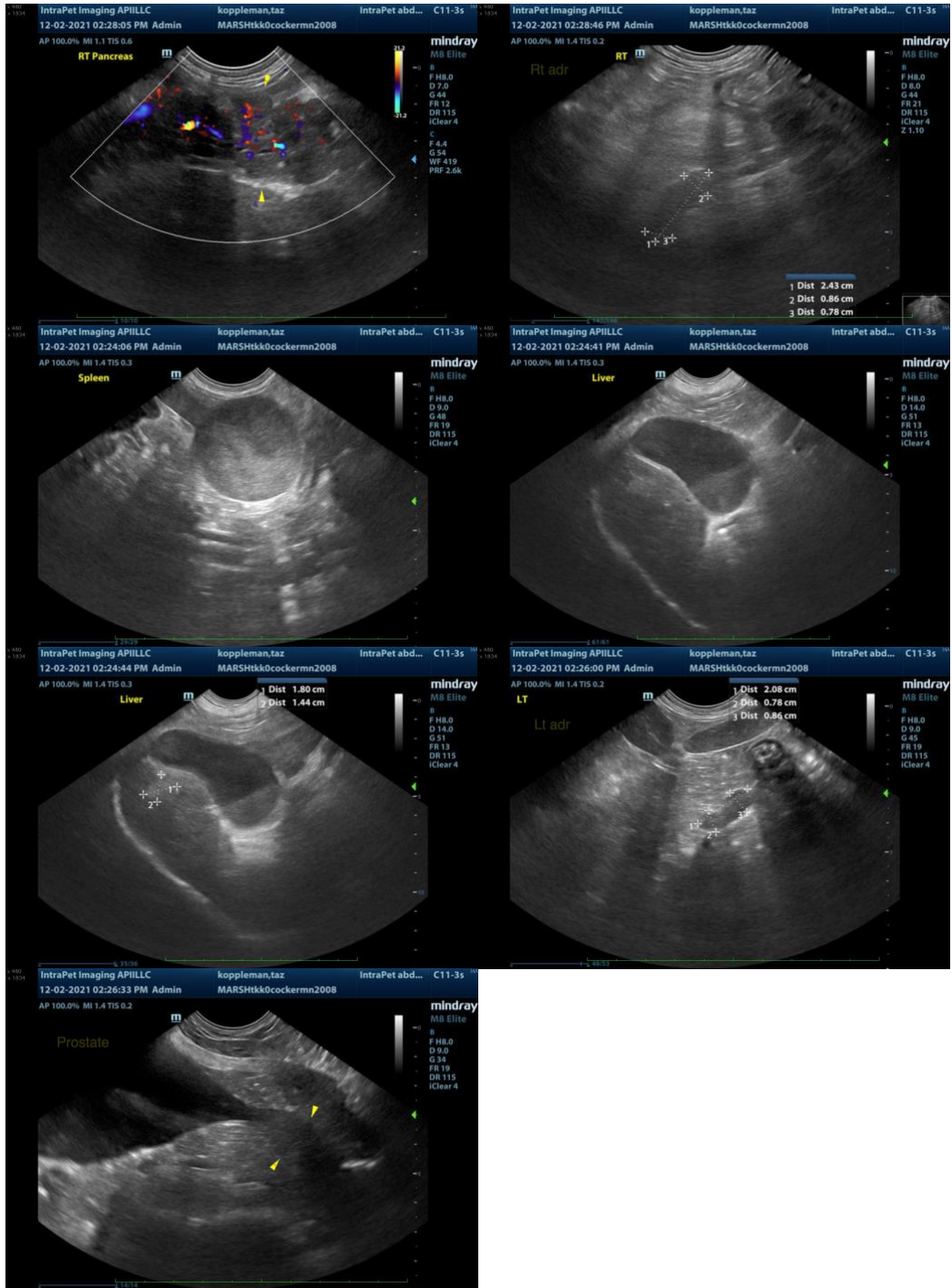
- Mild bilateral adrenomegaly

- Minor age-related renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Cytologic evaluation of the liver should be considered in this patient if clotting status is appropriate. A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive, consider a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/pancreatitis is recommended. If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.
- Consider leptospirosis testing (i.e., blood and urine PCR, serology)
- Given the patients' age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- If accessible, a fine needle aspirate of the pancreas should also be considered.





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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