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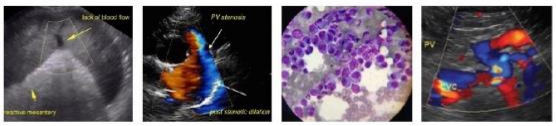


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Preto Smye

SPECIES

Canine

BREED

Portugese Water Dog

SEX

Intact Female

AGE

10 Years

WEIGHT

23.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties East Hamilton PH

REFERRING VET

Dr.

INVOICE

13142

DATE

12/22/21

PRESENTING CLINICAL SIGNS

History: Epistaxis this morning, Laboured breathing, sneezing, Weight loss. Diagnosed with diabetes today. Has lost about 10kg over the last year. Non regenerative anemia.
Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia without retics and possible toxic neuts. Glucose 27.3, ALT 7410, Urine dark with Ketones and Glucose present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A 0.86 cm cystic calculus is visualized as well as a scant amount of suspended echogenic debris. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney presented normal size (6.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (7.18 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 enlarged (0.77 cm at cranial pole) (1.08 cm at caudal pole) (2.33 cm in length); with q slightly irregular shape. The parenchyma is heterogeneous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is not definitively visualized. However, no obvious abnormalities are observed in this region.

Spleen

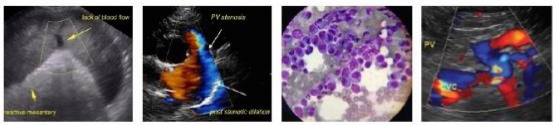
The spleen is subjectively normal in size (1.64 cm in width at the level of the hilus) with irregular peripheral contours. The parenchymal is severely mottled, bordering on a moth-eaten appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen with a diffuse light micronodular pattern and several small ill-defined hypoechoic nodules/areas throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal



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The gastric wall in the region of the fundus is thickened (up to 0.66 cm) with questionable retention of the normal layering pattern. The gastric lumen is distended with ingesta and a small amount of fluid. The gastric wall tapers to a normal thickness as it extends towards the pylorus. The small intestinal lumen is segmentally dilated with chyme. 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. No focal lesions are observed. The pancreatic duct is not overtly dilated. The surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.53 cm in length.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with acute or chronic, active pancreatitis with regional peritonitis
- Non-specific diffuse hepatopathy. Differentials include inflammatory/immune mediated disease, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy or some combination thereof.
- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., lymphoma), lymphoid hyperplasia or extramedullary hematopoiesis.
- Cystic calculus
- The thickened gastric wall could be consistent with severe inflammation or emerging neoplasia

Secondary Findings

- Left adrenomegaly
- Bilateral age-related renal changes with left non-obstructive nephrolithiasis and right dystrophic mineralization
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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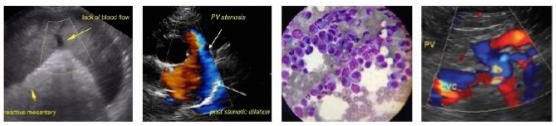

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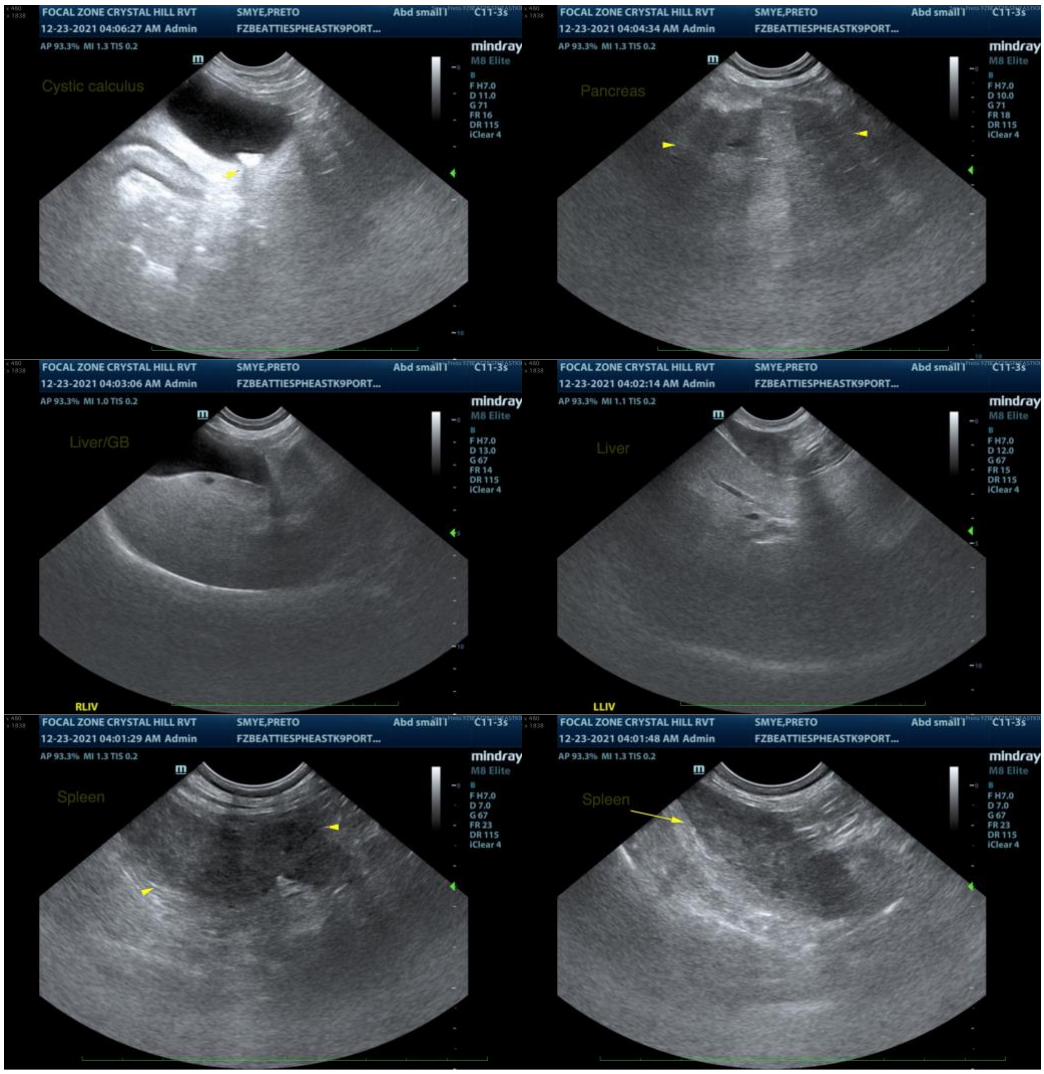
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status
- Fine needle aspirates of the liver and spleen are recommended if clotting status is appropriate. 25-gauge needles should be used. While awaiting test results, supportive care for diabetic ketoacidosis and pancreatitis is recommended.
- Given the patient's epistaxis, PT/PTT and a platelet count should be considered as well as a head CT +/- rhinoscopy to further assess for nasal neoplasia, fungal disease, etc.
- Regarding the cystic calculus, once the patient is stabilized, surgical removal or an attempt at medical dissolution can be considered. If surgery is pursued, a liver biopsy may also be warranted.



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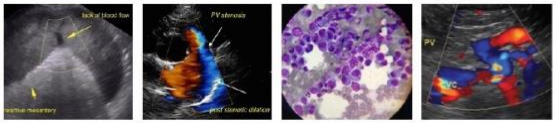

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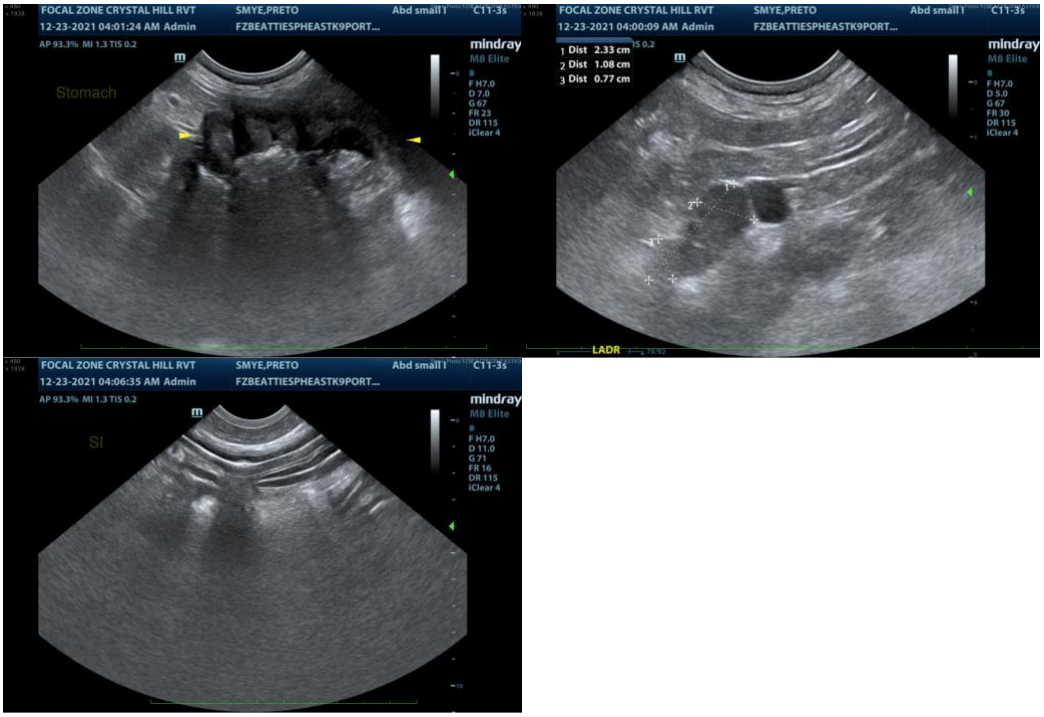

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

andrea_nicastro2@hotmail.com