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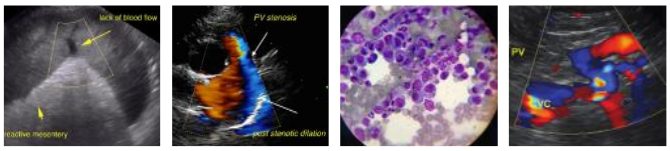

PATIENT

Ramsey Musser

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

72 Lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Andrea Nicastro

HOSPITAL NAME

Willow Run Veterinary Clinic

REFERRING VET

Brett Wood DVM

INVOICE

10060

DATE

12/22/21

PRESENTING CLINICAL SIGNS

History: Routine examination for wellness on 12/21/21 ; notable weight loss (18 lbs since April 2019). O reported occasional exercise-induced lethargy or weakness, pale pink MM noted. Bloodwork at time of visit showed anemia. Abdominal palpation concerning for cranial abdominal mass - rDVM concerned for pyloric thickening based on radiographs. Admitted for abdominal U/S today.

Abnormal PE/Chem/CBC/UA Results: RBC 2.84 (5.65 - 8.89) HCT 21.1% (37-61) MCV 74.3 (61.6-73.5) MCH 24.3 (21.2-25.9) ALP 341 (23-212) Chest radiographs unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (8.67 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. Renal vasculature is normal.

The right kidney is normal size (7.82 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.69 cm at caudal pole) (2.90 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 (1.61 cm at cranial pole) (0.85 cm at caudal pole) (2.64 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 prominent in size (2.45 cm in width at the level of the hilus) with slightly swollen peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. A bi-lobed confirmation is suspected. A small amount of gravity dependent echogenic debris is observed within the lumen. The cystic duct is visible, but not overtly dilated. The common bile duct is normal/not seen.

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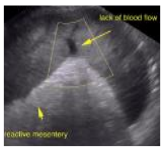
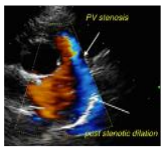
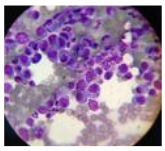
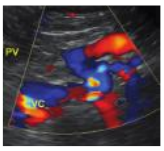

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Gastrointestinal

The gastric wall is normal to mildly thickened (up to 0.77 cm) with a normal layering pattern. The gastric lumen is mildly fluid distended. The pyloric outflow tract is patent. 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 pancreas is diffusely enlarged, with irregular peripheral margins. There is a questionable 2.38 x 1.83 cm mass effect in the region of the body of the pancreas. The parenchyma is somewhat heterogenous with cavitated areas. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

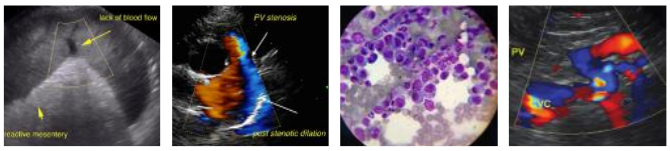
- The pancreatic changes could be consistent with chronic pancreatitis with cystic changes. Alternatively, pancreatic neoplasia is a consideration.
- The gastric wall changes are most consistent with gastritis, with a lower possibility of emerging neoplasia.

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Minor age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, a fine-needle aspirate of the pancreas is recommended to further assess for a neoplastic process. If cytology is inconclusive, surgical biopsy may be necessary to get a definitive diagnosis.
- A GI panel including serum cobalamin and folate TLI and PLI is also recommended.
- Regarding the anemia, a reticulocyte count is recommended to determine if the anemia is regenerative versus non-regenerative. If regenerative, further evaluation for blood loss (i.e., GI) and hemolysis should be considered. If non-regenerative, a bone marrow aspirate may be warranted.



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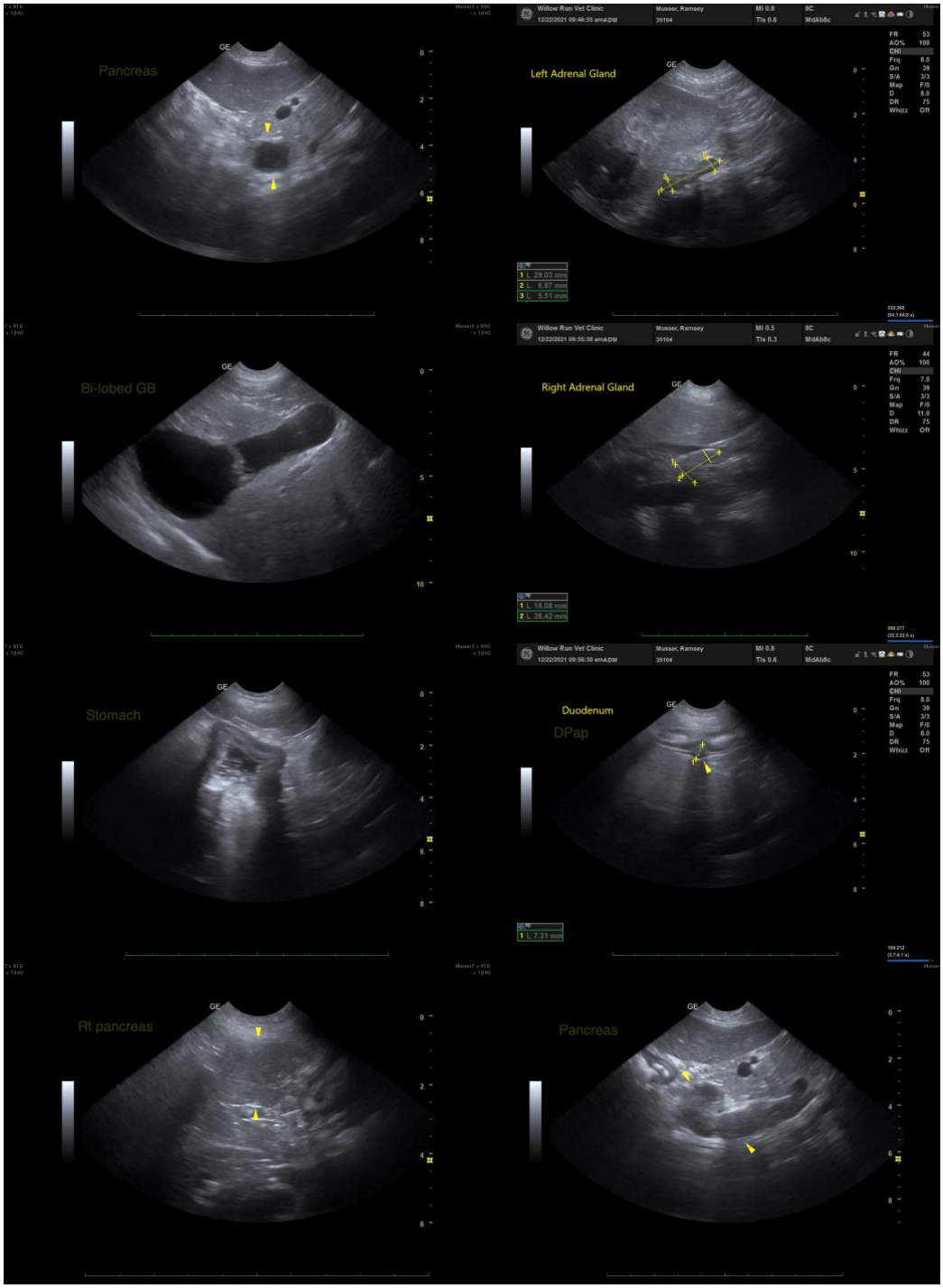
- Also consider a comprehensive tick panel.



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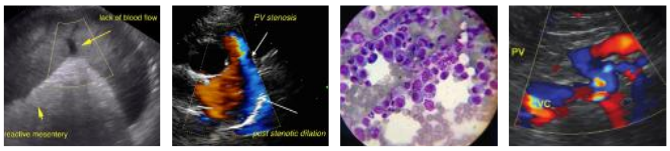

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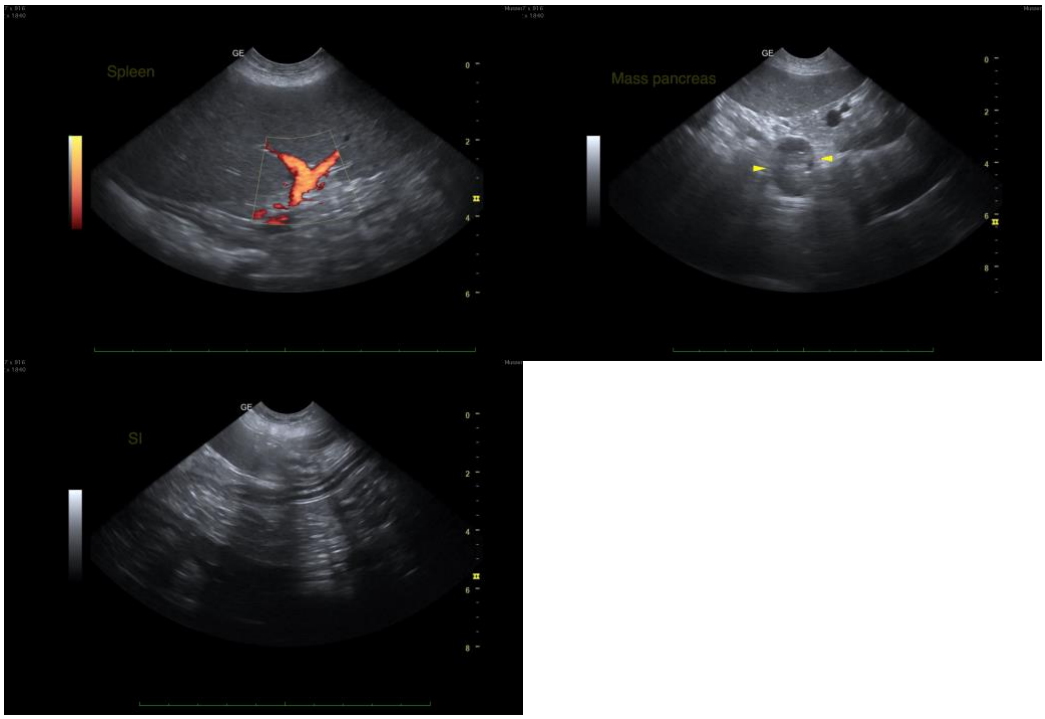

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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