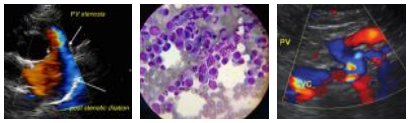
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

12/23/21

PATIENT

Ozzie Gordon

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

12/11/2012

WEIGHT

28.3 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Gold

INVOICE

13138

PRESENTING CLINICAL SIGNS

History: TP now pancytopenia, platelets have increased from 23,000 to 145,000 today.
Current Medications: Pred 30 mg BID, Cerenia 24mg SID, Baytril 68mg 1/2-tab BID.
Lab Results: Pancytopenia. Attached separately.
Radiographs: Organomegaly. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required for a full diagnostic ultrasound.
Stat Report: requested.

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 distended with mostly 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 (0.88 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 (6.49 cm in length); normal shape and architecture with 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.

The right kidney presented normal size (6.61 cm in length); normal shape and architecture with 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 size (0.46 cm at cranial pole) (0.45 cm at caudal pole) (1.79 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 (0.64 cm at cranial pole) (0.67 cm at caudal pole) (2.80 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 normal in size (1.90 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is enlarged with rounded, swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly heterogeneous and mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is mildly distended. The wall is mildly thickened (up to 0.38 cm) and edematous with a "double walled" effect. A small amount of 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. The colonic lumen contains shadowing fecal material. There is no evidence of obstruction.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

A moderate to large amount of anechoic free fluid is present within the abdomen. The mesentery is diffusely hyperechoic and irregular in appearance. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion, right atrial/auricular masses or obvious chamber enlargement.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

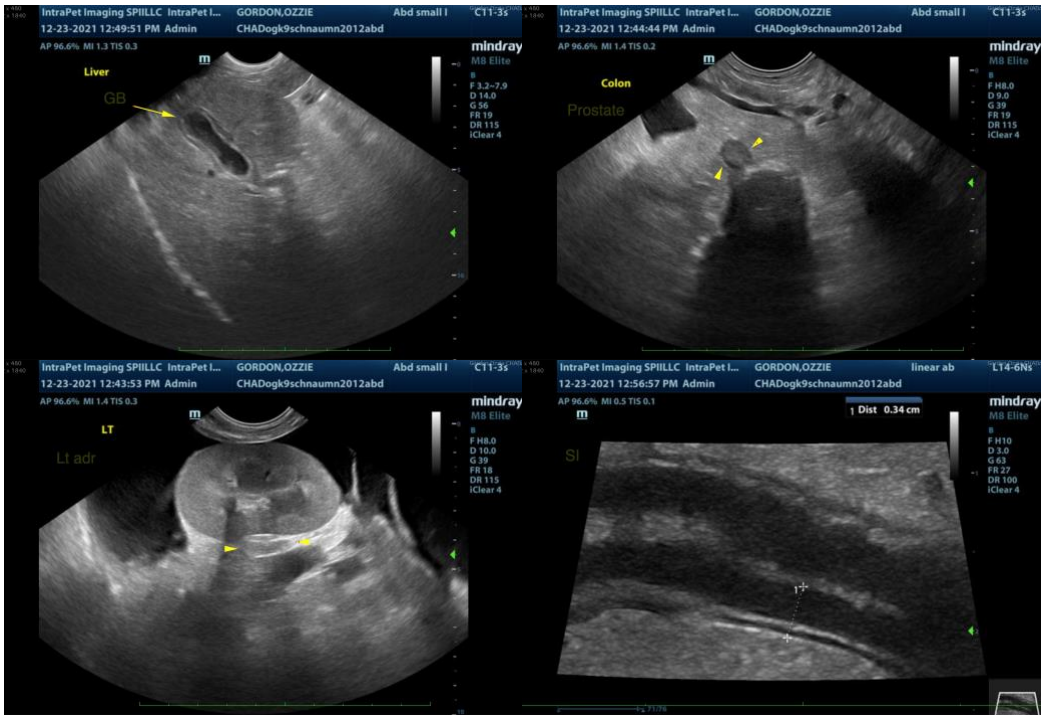
- The hepatic changes could be secondary to corticosteroid administration (if chronic). Alternatively, infiltrative neoplasia (i.e., lymphoma), inflammatory/immune mediated disease or other hepatopathy may be present.
- The gallbladder wall changes could be secondary to autoimmune disease, cholecystitis, low oncotic pressure, increased hydrostatic pressure, recent blood transfusion (if applicable), anaphylaxis (less likely), other.
- The cause for the diffuse ascites is not clear based on the sonographic changes. Considerations include increased vascular permeability, low oncotic pressure, increased hydrostatic pressure, other.
- The mesenteric changes are likely reactive with a lower possibility of a neoplastic process (i.e., carcinomatosis).

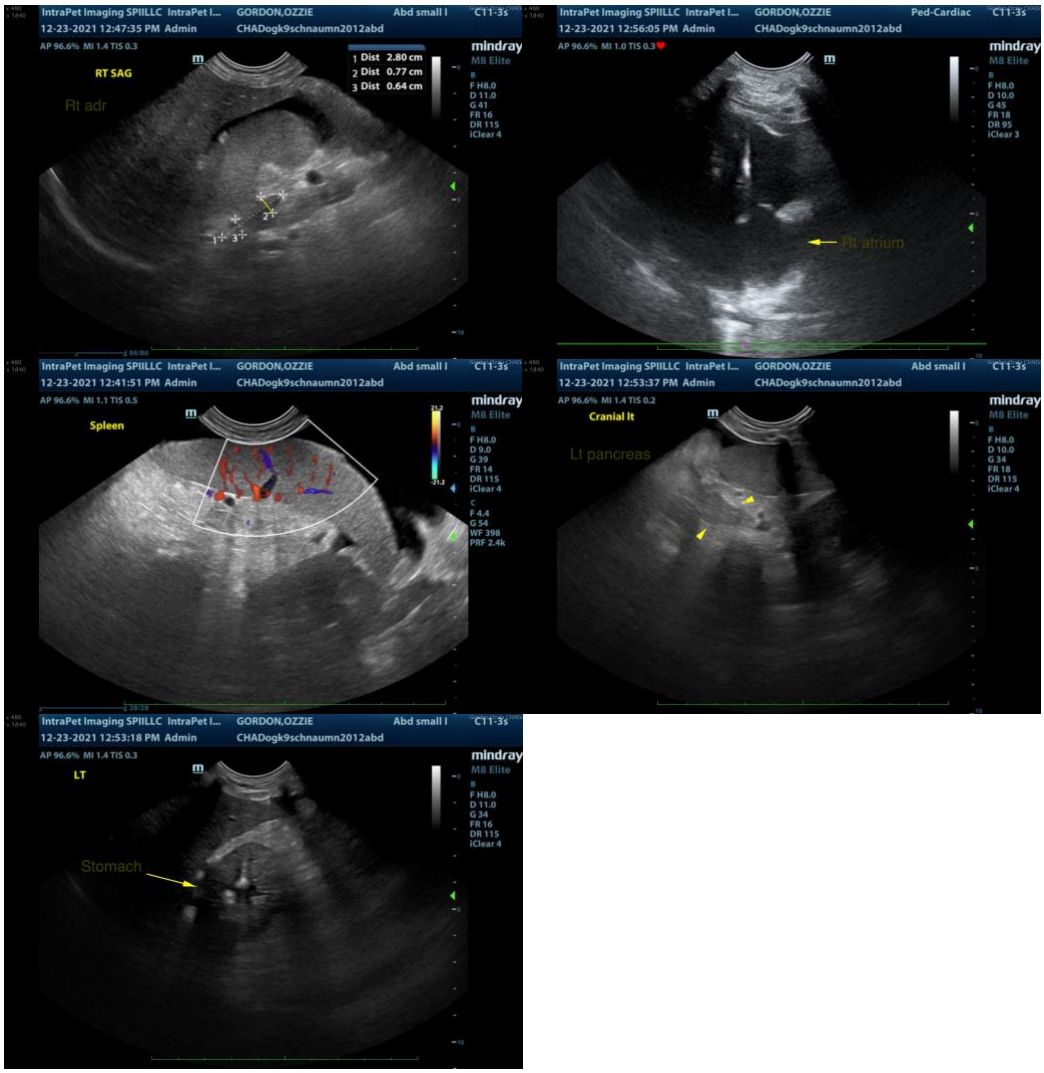
Secondary Findings

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the liver and abdominal fluid are recommended with submission for cytologic evaluation.
- A CBC (send to a diagnostic lab) with reticulocyte count and clinical pathology review is strongly recommended along with a chemistry panel and urinalysis, if not already performed.
- Given the patient's pancytopenia, a bone marrow aspirate may be warranted.
- Also consider a comprehensive tick panel (send to NC State).
- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.





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 DACVIM (Small Animal Internal Medicine)
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