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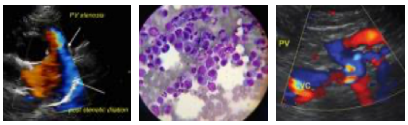

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DATE
12/6/21

PATIENT
Dani Kulp

SPECIES
Canine

BREED
Pitbull Terrier Mix

SEX
Female, spayed

AGE
4/1/13

WEIGHT
64.3 lbs.

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

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Eastern AH

REFERRING VET
Dr. Michelotti

INVOICE
12648

PRESENTING CLINICAL SIGNS

History: Seen at EAH 11/30/21 for behavior/ eating habits - P has got more picky with her food eating has decreased & some days she just not interested; losing weight & occasional V+ & D mostly during the day on & off (once or twice a week either grass or clear bile). Seen at ER for 3 episodes of collapse in October 2021; splenomegaly noted at that time and regenerative moderate anemia at 30%.

Current Medications: Visbiome started 11/30/21.
Lab Results: 11/30/21: Vet screen/cbc stat/SDMA (be), CBC: HCT 34% ; MCV 86.1 (61.6- 73.5), Retic 371.7 (10- 110), nRBC noted, PLT 82 (148- 484). Chem: SDMA 16 (0- 14), Creat 2.0 (0.5- 1.8)
Manual blood film review: some platelet clumping noted but total number appears decreased (90,000), nRBC noted, moderate polychromasia, anisocytosis, no schistocytes or spherocytes noted.
Radiographs: aFAST: no free fluid, splenomegaly with suspected heterogeneous (hypoechoic) regions, urinary bladder intact
tFAST: no pericardial or pleural effusion noted, no b lines, glide sign present.
Regenerative anemia with nucleated red blood cells and a thrombocytopenia, mild azotemia.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not 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 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 cm, are normal.

The left kidney is normal size (6.91 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 is normal size (7.01 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. A cortical infarct is suspected at the caudolateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.60 cm at caudal pole) (1.56 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 (0.84 cm at cranial pole) (0.79 cm at caudal pole) (2.43 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 severely enlarged with swollen, irregular peripheral contours. The parenchyma is diffusely mottled and heterogeneous in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 pyloric outflow tract is patent. 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 disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic parenchymal changes are most concerning for infiltrative neoplasia (i.e., lymphoma, mast cell disease) with lower potential for benign pathology.

Secondary Findings:

- Age-related pancreatic remodeling/fibrosis.
- Suspected right cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- A fine needle aspirate of the spleen is recommended (if clotting status is appropriate). A 25-gauge needle should be used. Consider pre-treatment with diphenhydramine in the event that mast cell disease is present within the spleen. If cytology results are inconclusive, a splenectomy with submission of the spleen for histopathology may be warranted. If neoplasia is not found, a comprehensive tick panel may be warranted.

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*)
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