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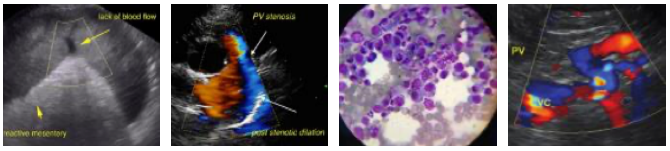

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Boulder Reynolds

SPECIES

Canine

BREED

Lab mix

SEX

Male, neutered

AGE

8 Yrs.

WEIGHT

56.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evandale-Blue Ash Pet Hospital

REFERRING VET

Dr. Goodman

INVOICE

12686

DATE

PRESENTING CLINICAL SIGNS

History: 8# wt loss since June, decreased appetite (history attached) 11/30/21 - seen at previous DVM for abscess on foot; at recheck is when O reported he started vomiting after visit on 11/30

4DX negative. Resting cortisol level not consistent with Addison's disease. Anemic, hematocrit 28%, appears non-regenerative. White count is 45,000, neutrophilia with a possible left shift. Questionable thrombocytopenia. USG >1.050. SDMA elevated at 16, BUN 34, low albumin 1.9, inactive urine sediment, mild proteinuria.

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 mildly 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 prostate is not definitively visualized due to its pelvic location.

One still image and one partial video clip are available for interpretation. The left kidney is normal size (6.40 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.

The right kidney is normal size (7.52 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.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.52 cm at caudal pole) (1.55 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 region of the right adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious abnormalities are observed.

Spleen

The spleen is subjectively prominent in size (2.79 cm in width at the level of the hilus) with slightly irregular peripheral contours. The parenchyma is of appropriate echogenicity. Numerous small hyperechoic nodules are observed throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

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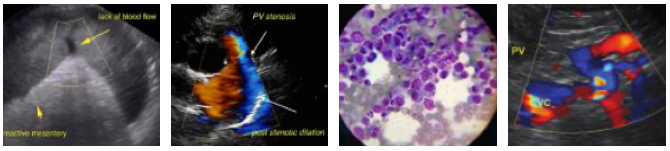

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Liver

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 lumen is moderately distended. The wall is thin and smooth. A moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric wall is normal in thickness with a normal layering pattern. The gastric lumen is not distended. 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 disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

A moderate to large amount of slightly echogenic free fluid is observed within the lumen. The mesentery throughout the abdomen is hyperechoic.

Lymph Nodes

See *Other*.

Other

A 1.87 cm irregular echogenic nodule is observed in the left mid-abdomen. The surrounding mesentery is adhered to this structure.

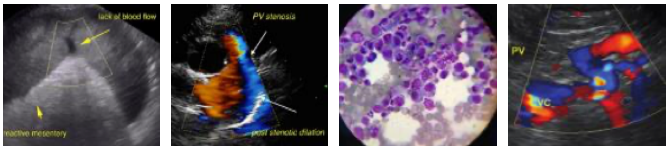
ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Ascites. Differentials include transudate, modified transudate (i.e., hemorrhage, neoplastic effusion), exudate, other.
- The nodule observed in the left mid-abdomen may represent a prominent lymph node, mass within the mesentery, other.

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.



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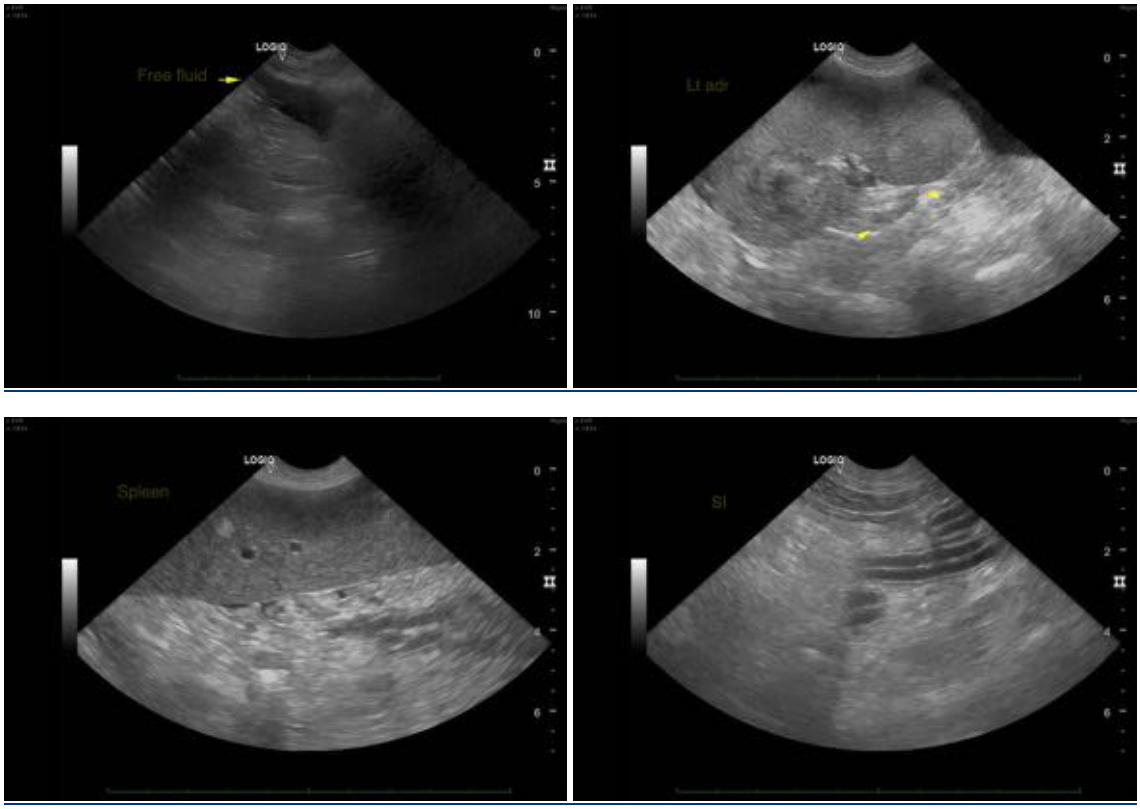
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas or foci of lymphoid hyperplasia) with lower potential for a neoplastic process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fluid analysis and cytology on the abdominal fluid is recommended. If the gross appearance is hemorrhagic, a PCV on the abdominal fluid should be obtained and compared to a peripheral PCV to determine if a hemoabdomen is present. If so, clotting times (PT/PTT) should be performed. If there is no evidence off a coagulopathy an abdominal exploratory is recommended. Three-view thoracic radiographs should be performed prior to anesthesia.

If the abdominal fluid is not hemorrhagic, consider obtaining additional images of the left mid-abdomen to further characterize the echogenic structure. An abdominal exploratory may still be warranted but additional information may be able to be obtained non-invasively. Such information could include a UPC and pre- and post-prandial serum bile acids to further assess for causes of hypoalbuminemia.



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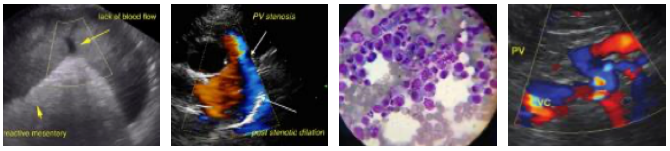

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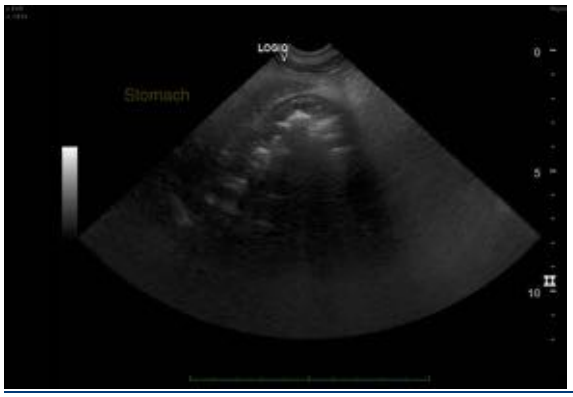
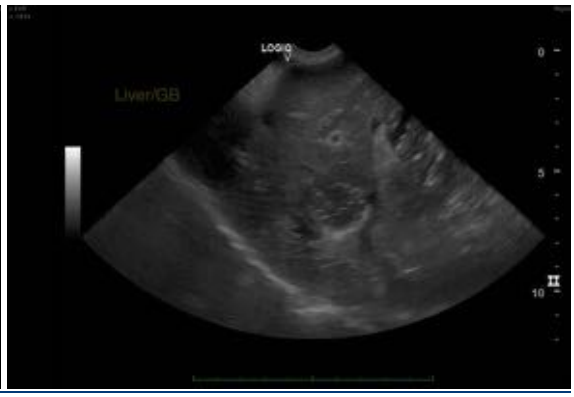
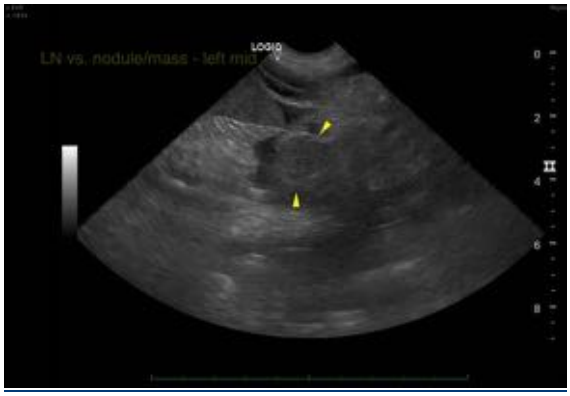




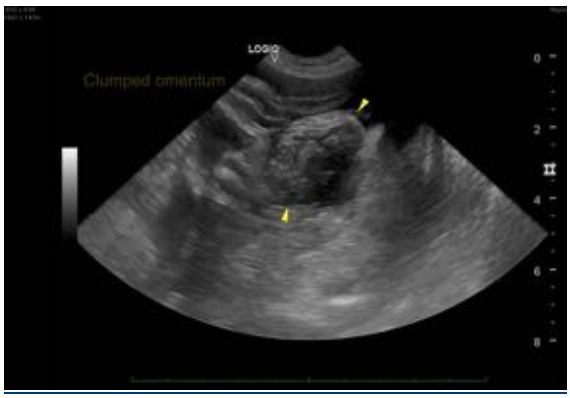


ADDENDUM

19 additional video clips were submitted. The previously described echogenic lesion in the left mid-abdomen is suspected to be a rounded margin of the left limb of the pancreas. An area of clumped omentum is also visualized adjacent to the left kidney.

ULTRASONOGRAPHIC FINDINGS

The clumped omentum may represent an area of reactive change. Alternatively, infiltrative neoplasia (i.e., carcinomatosis) may be present.



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.

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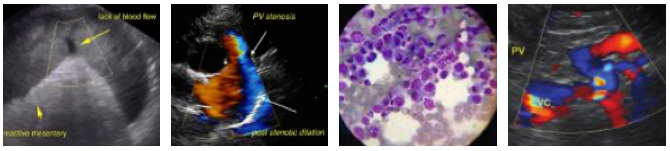

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

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