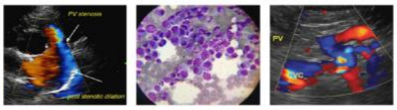


PATIENT

Madden Blevins

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

10 years 8 mo

WEIGHT

65.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Banfield PH Leesburg Village

REFERRING VET

Dr. Cathy Jarrett

INVOICE

10356

DATE

2/14/22

PRESENTING CLINICAL SIGNS

History: Lost 20 lbs since December. No vomiting or diarrhea, although the dog did vomit today. Currently taking triheart.
Abnormal PE/Chem/CBC/UA Results: (02/14/2022) CBC: LYM 0.62, MON 0.17, HGB 18, HCT 56.91. U/A: USG 1.018 and NSF.

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 prostate is normal in size (2.17 cm in length) (0.88 cm in width); and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.82 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.

The left kidney is normal size (6.04 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 prominent at the cranial pole (0.83 cm at cranial pole) (0.47 cm at caudal pole) (2.71 cm in length); with a slightly irregular shape. A suspected hyperechoic nodule (1.99 x 0. 71 cm), is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. Surrounding vasculature is normal.

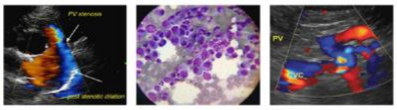
The right adrenal gland is normal size (0.44 cm at cranial pole) (0.44 cm at caudal pole) (1.80 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is overall normal in size (2.39 cm in width at the level of the hilus). The medial margin is irregular, where there is a 1.19 x 0.71 cm isoechoic nodule that disrupts the splenic capsule. The remaining margins are curvilinear. The parenchyma is diffusely mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure and is hypoechoic relative to the spleen with a coarse 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.



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The gall bladder lumen is moderately distended. A small amount of mostly gravity dependent echogenic debris is observed within the lumen Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally distended with ingesta. 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. No obstructive or overt infiltrative 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

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic nodule. Differentials include emerging neoplasia (i.e., round cell tumor) versus a benign focus of lymphoid, extramedullary hematopoiesis or other benign lesion

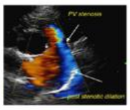
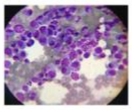
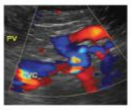
Secondary Findings

- Minor age-relate renal changes
- Suspected left adrenal nodule. Differentials include hyperplastic nodule, adenoma, emerging adenocarcinoma, other

**An obvious cause for the patient's weight loss is not identified in this study. Considerations include occult neoplasia, maldigestion/malabsorption, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest
- A thorough neurologic examination is also recommended as weight loss can be the sole clinical sign for primary brain tumors.
- Also consider a GI Panel (send to Texas A&M)
- Regarding the splenic nodule, it is unlikely to be easily accessible for aspiration.
- If a conservative approach is desired, consider a recheck ultrasound in 4 weeks to assess for growth. If a more aggressive approach is desired, a splenectomy with submission of the spleen (as well as acquisition of GI tissue samples for histopathology) can be considered.

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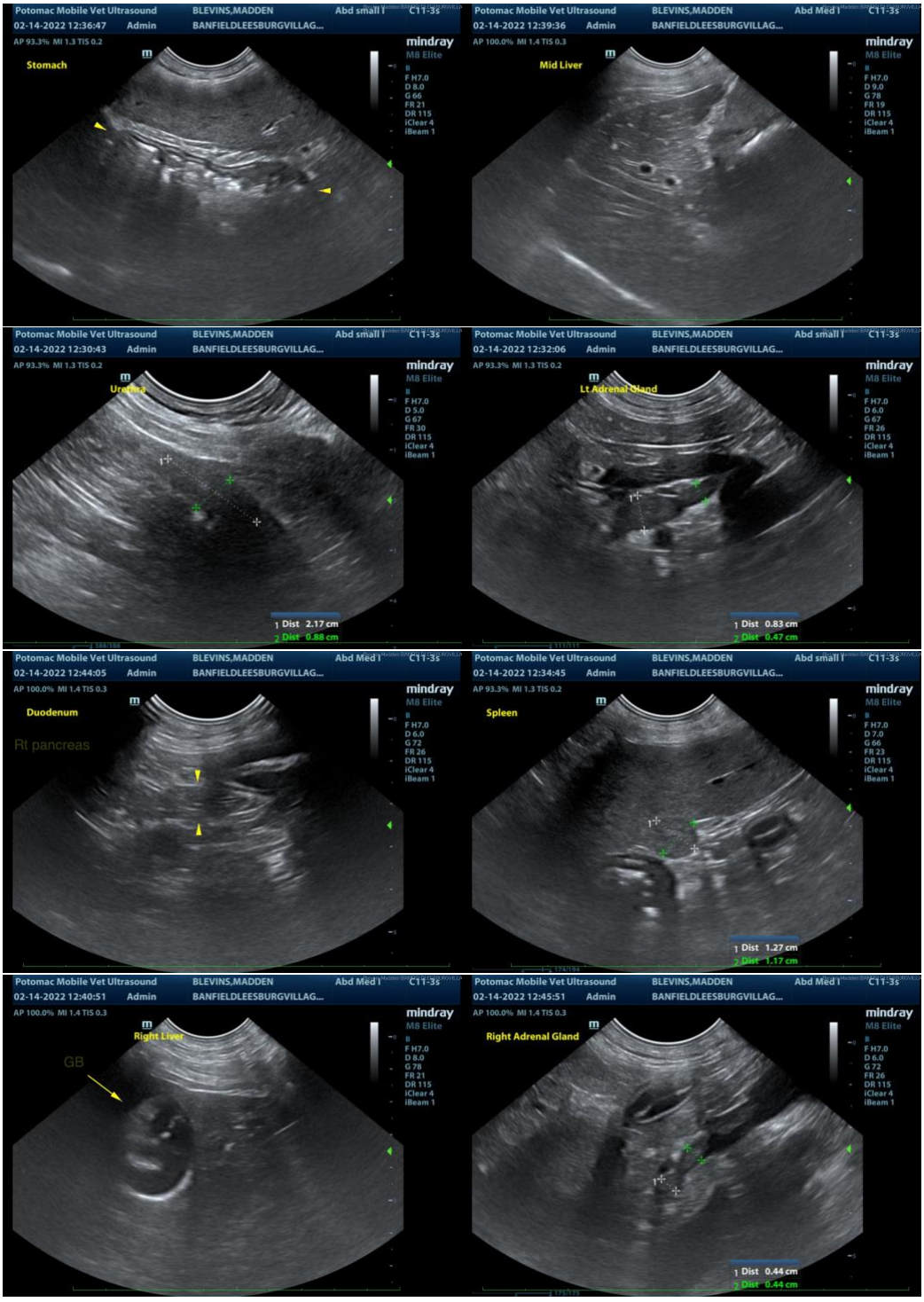

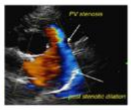
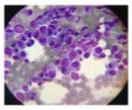
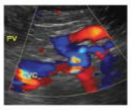

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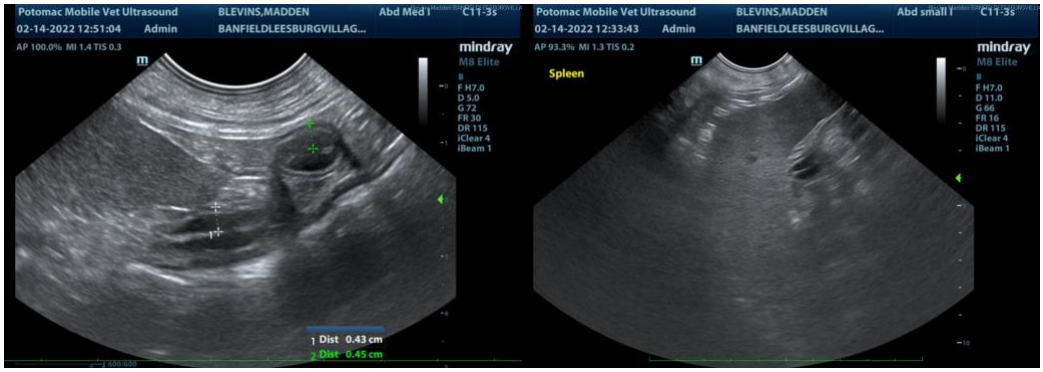

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com