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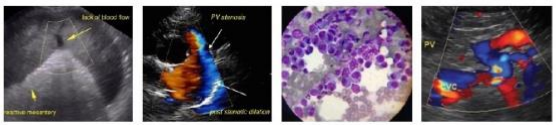

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Boston Cosgrove

SPECIES

Canine

BREED

Doodle

SEX

Neutered Male

AGE

7 Years

WEIGHT

17.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beaties PH Anacaster

REFERRING VET

Dr.Wittenrich

INVOICE

13975

DATE

2/17/22

PRESENTING CLINICAL SIGNS

History: Presented with hx of one seizure, low total protein, low platelets. Concerned about bleeding somewhere.

Abnormal PE/Chem/CBC/UA Results: Total protein 43, Platelets 59

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 (1.05 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 (5.12 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 (5.09 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 (0.81 cm at cranial pole) (0.61 cm at caudal pole) (2.47 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 (0.73 cm at cranial pole) (0.67 cm at caudal pole) (1.71 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 (1.52 cm in width at the level of the hilus) with slightly swollen peripheral contours at the caudal aspect. A 3.38 cm, irregular, hypoechoic to heterogeneous mass is visualized. The lesion causes mild capsular expansion. The lesion contains a small ill-defined cavitated area. The remaining parenchyma is mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

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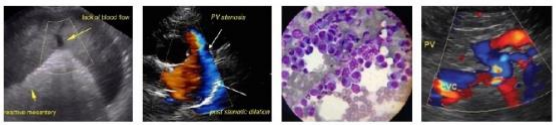

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The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts 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.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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 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

Trace free fluid is observed. The mesentery throughout the mid abdomen is hyperechoic. A 2.5 cm, enlarged, rounded, echogenic lymph node is observed in the mid abdominal cavity.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass. Neoplasia (i.e., hemangiosarcoma, round cell tumor) is considered likely with a lower possibility of benign pathology. The enlarged abdominal lymph node is also concerning for infiltrative neoplasia. However, a benign process, such as lymphoid hyperplasia or reactive lymphadenitis cannot be excluded.

- The trace ascites may be secondary to hemorrhage, increased vascular permeability, other. The hyperechoic mesentery is likely secondary to the presence of abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

- If the platelet count can be stabilized (i.e., with platelet rich plasma), fine needle aspirates of the splenic lesion and enlarged abdominal lymph node can be considered. However, there is some risk of iatrogenic hemorrhage with aspiration of the splenic lesion. Therefore, if an aggressive approach is desired, a splenectomy and removal of the abdominal lymph node for histopathology can also be considered. If surgery is to be pursued, referral to a board-certified surgeon is recommended, due to the potential for perioperative complications.

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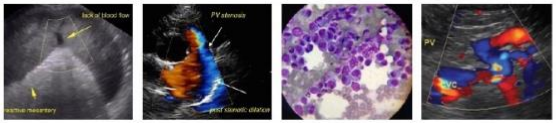

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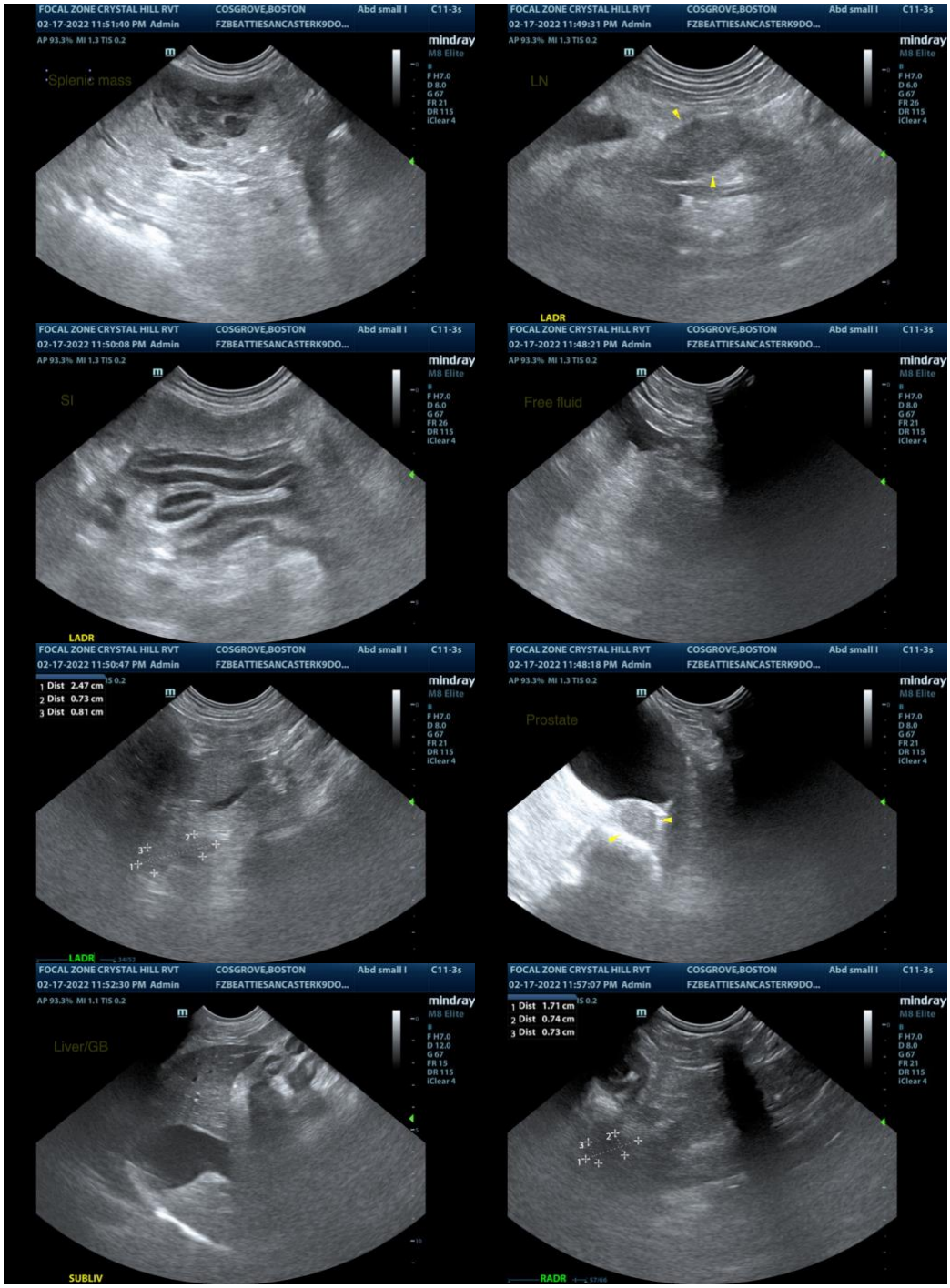

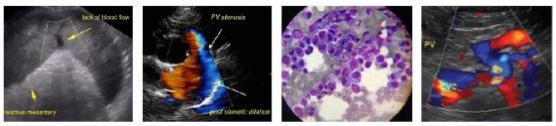

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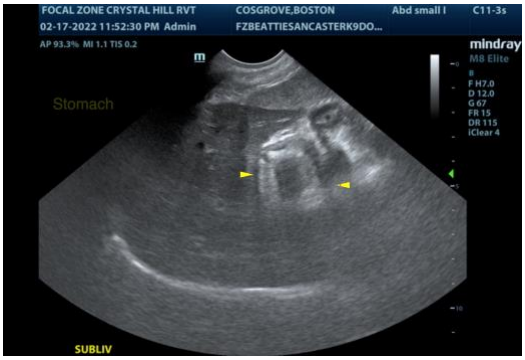

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

andrea_nicastro2@hotmail.com