PATIENT

Toby Ratliff

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

9

WEIGHT

91.4 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Long Point AH

REFERRING VET

Dr Erin Burton

INVOICE

22575

DATE

2-19-26

PRESENTING CLINICAL SIGNS

In January, presented for vomiting and diarrhea. Those symptoms ultimately resolved. Re-presented earlier this week. Lethargic. Had abdominal effusion on radiographs. Cytology revealed a modified trend today. Thoracic radiographs unremarkable. Baseline bloodwork and T4 unremarkable. Patient received trazodone and gabapentin prior to this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4 cm, are normal.

The prostate is normal in size (0.98 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (8.09 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.62 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.52 cm at cranial pole) (0.61 cm at caudal pole) with a normal shape and 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 in size (0.58 cm at cranial pole) (0.46 cm at caudal pole) with a normal shape and 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 enlarged (4.13 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is subtly mottled in appearance. A 2.2 x 1.5 cm heterogenous, macronodule is observed within the parenchyma. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a

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normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
A moderate amount of slightly echogenic free fluid is present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse splenic changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, passive congestion (infiltrative neoplasia (i.e., round cell tumor)) other. The cavitated macronodule could be consistent with an emerging tumor (i.e., hemangioma, hemangiosarcoma) or less likely, a benign process (i.e., benign cystic lesion).

- Ascites. Broad considerations include increased hydrostatic pressure, increased vascular permeability, low oncotic pressure (unlikely in light of the normal albumin), other.

Secondary Findings

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.

- Gallbladder debris, non-mucocele

Fine-needle aspiration of the spleen was performed at the end of this study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommendations should be based on the echocardiogram report and splenic cytology. If results do not reveal an underlying cause for the patient's clinical signs, an abdominal CT scan and/or abdominal exploratory +/- splenectomy may be indicated.

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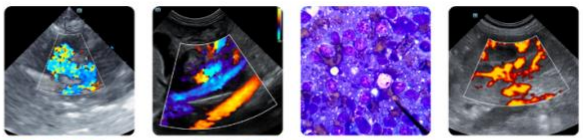

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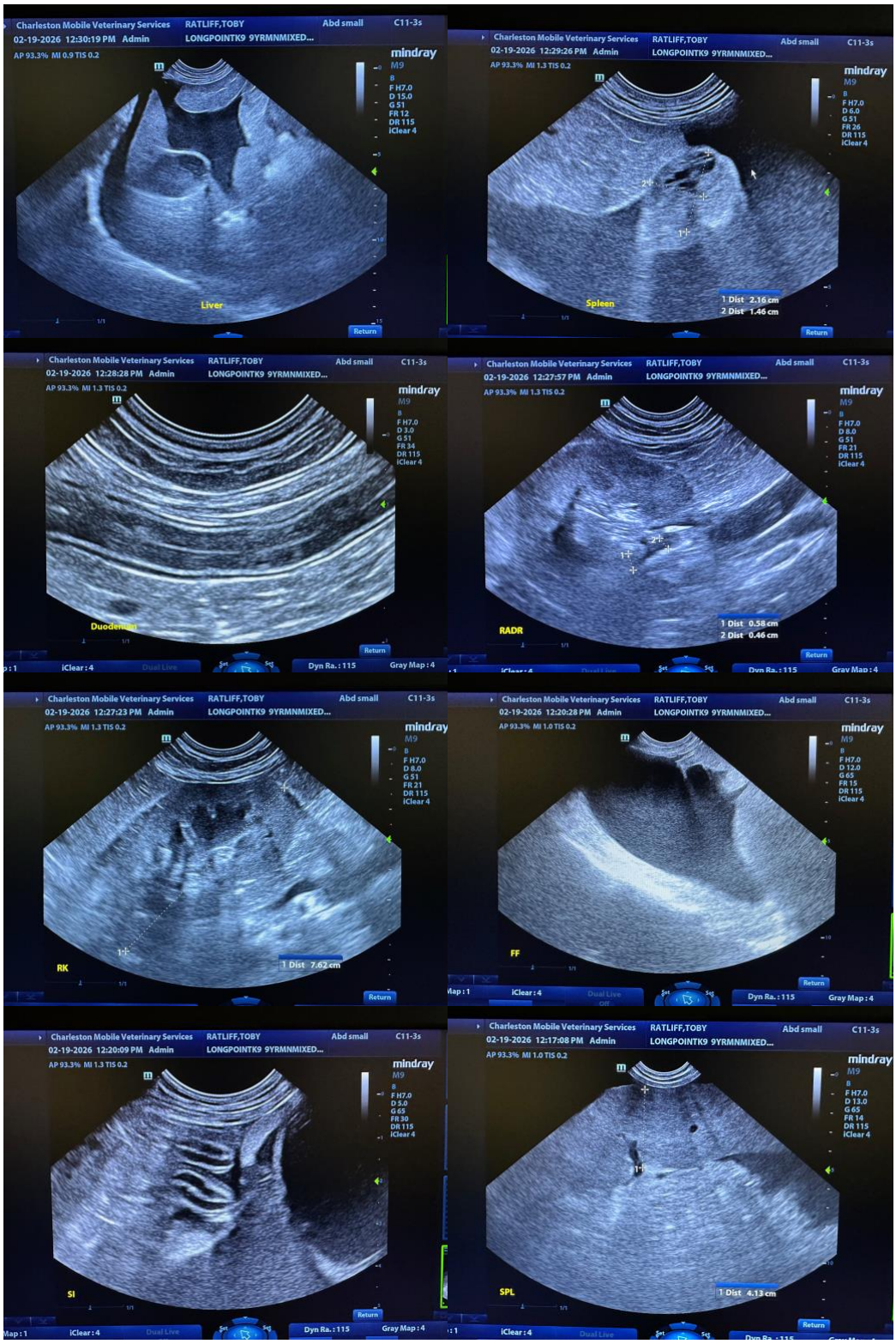

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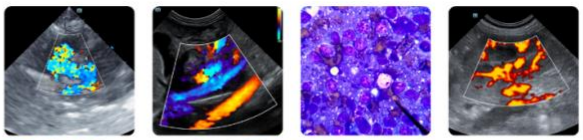

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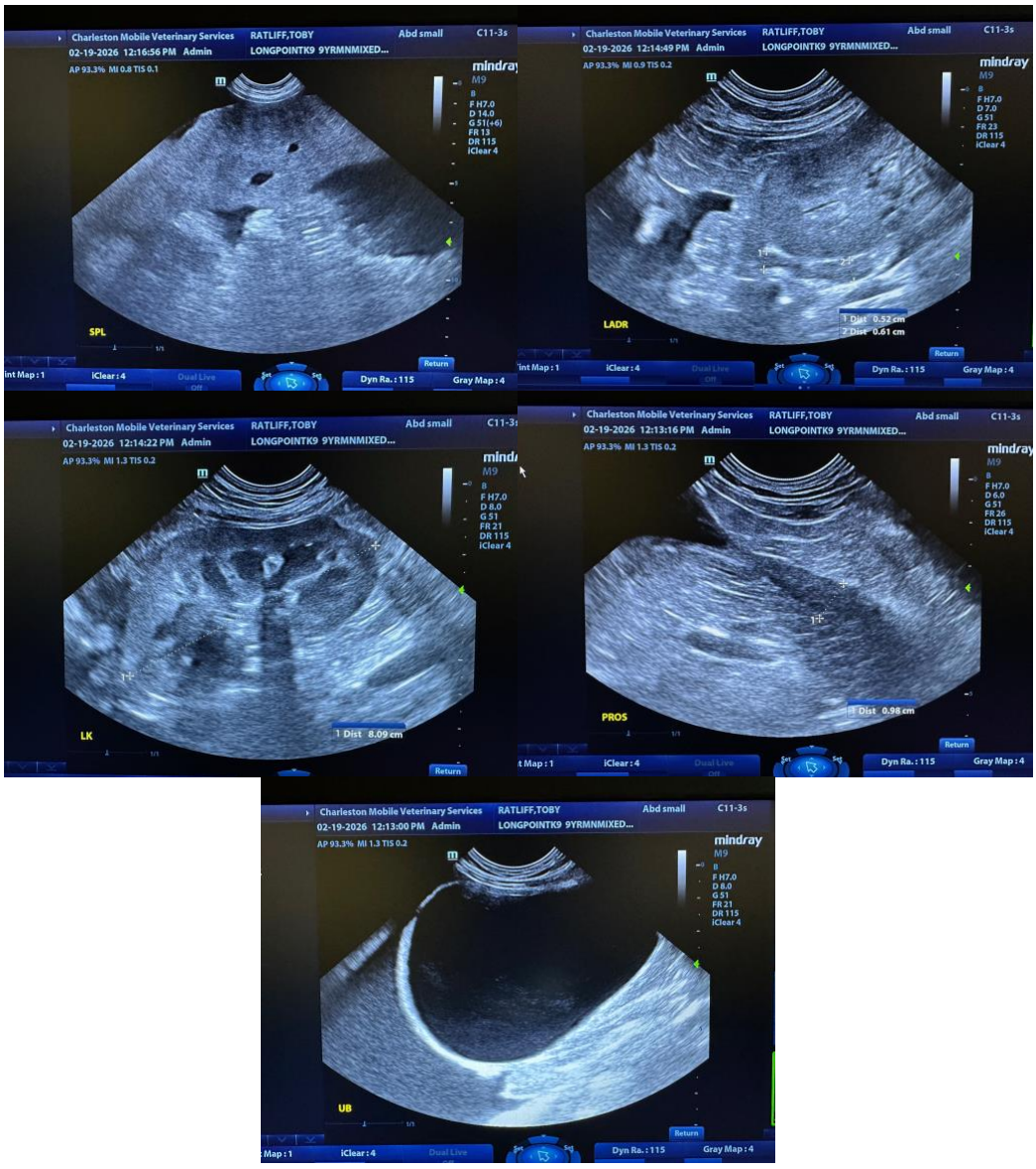

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com