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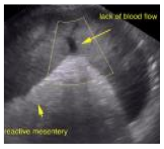
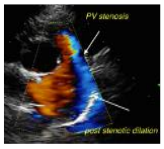
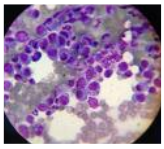
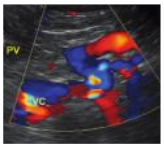

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1-800-838-4268 info@sonopath.com

PATIENT

Rory Banuelos

SPECIES

Canine

BREED

Mix/GR/Border Collie

SEX

Neutered Male

AGE

6 years

WEIGHT

61 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Anna Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Anna Wepprich

INVOICE

10435

DATE

2/20/22

PRESENTING CLINICAL SIGNS

History: lethargy, hyperoxia x 5 days pu/pd icteric
Abnormal PE/Chem/CBC/UA Results: normal vitals cbc - mild stress leukogram, plt 58k (hct 43%, wbc 7k) chem- alb 2.1, alt 371, alp 1879, 19, tbili 3.2 cpl - abnormal UA - urine red-brown, usg >1.050, >50 rbcs/hpf, 1-2 granular casts/hpf

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. A small amount of suspended echogenic debris is observed within the lumen. 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 (0.95 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 (6.59 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A hyperechoic medullary band is observed at adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A hyperechoic medullary band is observed at adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.68 cm at caudal pole); 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. No obvious pathology is observed.

Spleen

The spleen is subjectively enlarged (2.93 cm in width at the level of the hilus) with irregular peripheral contours. The parenchyma is diffusely mottled, bordering on a “moth-eaten” appearance. No distinct focal lesions are observed. Splenic vasculature is normal. There is no obvious evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen with a coarse echotexture. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder 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.

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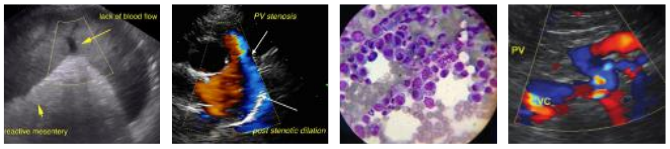

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Gastrointestinal

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 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

A small amount of free fluid is present. The mesentery throughout the abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic changes are concerning for infiltrative neoplasia (i.e., round cell tumor). However, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or splenitis), cannot be excluded.
- The hepatic parenchymal changes could be consistent with infiltrative neoplasia (i.e., lymphoma), a diffuse inflammatory process, or other hepatopathy.
- The diffuse peritonitis is likely secondary to hepatic +/- splenic pathology

Secondary Findings

- Mild chronic non-specific renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pathology in the chest.
- Fine-needle aspirates of the liver and spleen are recommended if clotting status can be stabilized. Consider a buccal mucosal bleeding time prior to aspiration given the moderate thrombocytopenia. If cytology results are inconclusive, surgical biopsy with aerobic and anaerobic bile cultures may be necessary to get a definitive diagnosis.
- Leptospirosis testing (i.e., blood and urine PCR, serology) should also be considered.

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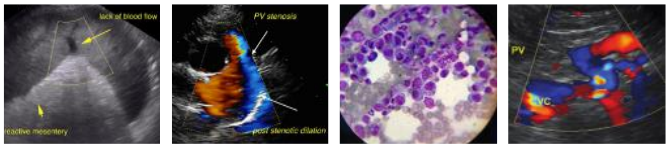

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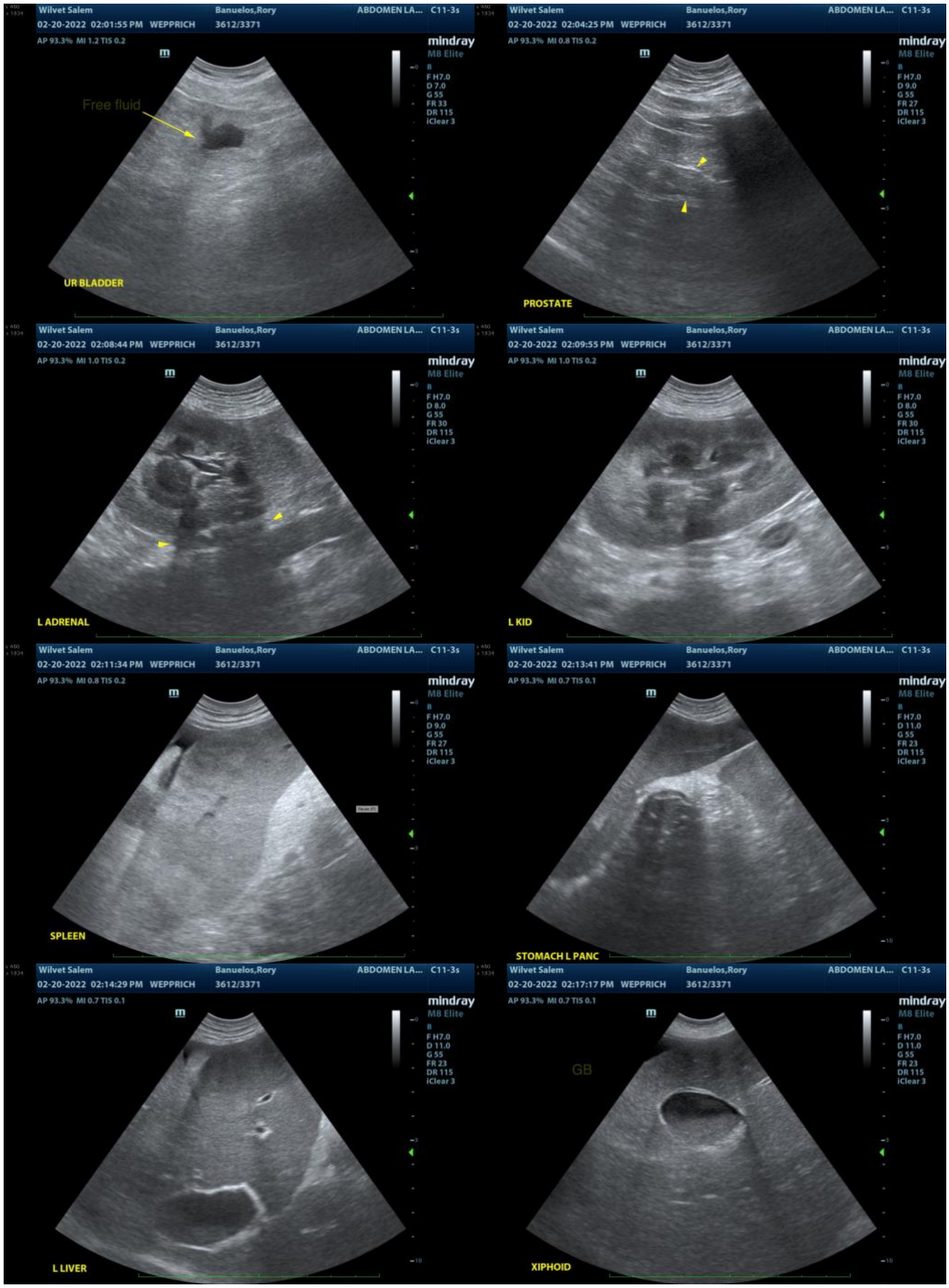

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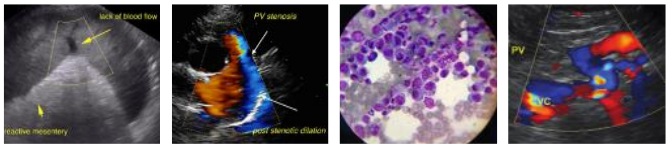

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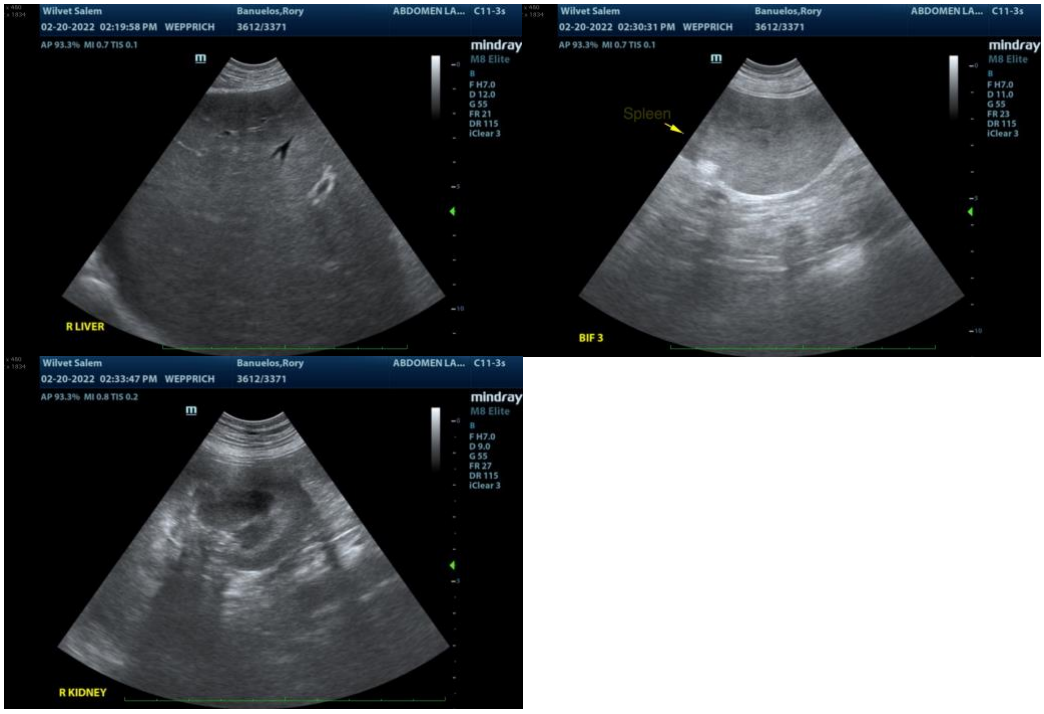

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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