



PATIENT PRESENTING CLINICAL SIGNS

Michael Pagan Ortiz History: Presented as a referral for an abdominal ultrasound to evaluate hepatomegaly and splenomegaly. Presented from another veterinarian with hx of anemia and thrombocytopenia. Presented to rDVM for enlarged abdomen and coughing. On radiographs noticed enlarged liver and spleen.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: Non provided BW: HCT 21.5%, HGB 6.4 WBC 21.6 (5-16), Monocytes 11 (.16-1.12), Platelets 38 (148-486)

BREED

Akita

Urinary System

The urinary bladder wall is 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.

SEX

Intact Male

The prostate is enlarged (3.94 cm in width) with smooth peripheral contours. Parenchyma is hyperechoic relative to surrounding omental fat and mildly heterogenous in appearance, with numerous small, cystic lesions throughout the gland. The prostatic urethra is not overtly dilated.

AGE

9 years

The left kidney is normal in size (8.58 cm in length) with a normal shape, architecture and 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 hydronephrosis.

WEIGHT

91.2 lbs

The right kidney is normal in size (7.17 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

IMAGING PERFORMED BY

Dr. Ferrer, DVM

The right adrenal gland is in normal size (0.45 cm at cranial pole) (0.69 cm at caudal pole) (2.24 cm in length) 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.

HOSPITAL NAME

Paseos VC

Spleen

The spleen is enlarged (3.21 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is subjectively hypoechoic and homogenous in appearance. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Marylin Davila

Liver

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

INVOICE

12258

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.

DATE

2.22.23

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 pyloric outflow tract is patent. 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. 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.

Free Abdomen

There is no obvious evidence free fluid. Numerous enlarged, rounded hypoechoic lymph nodes are observed throughout the abdominal cavity, the largest measuring 4.61 cm in length (mesenteric lymph nodes). The mesentery surrounding the mesenteric lymph nodes is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

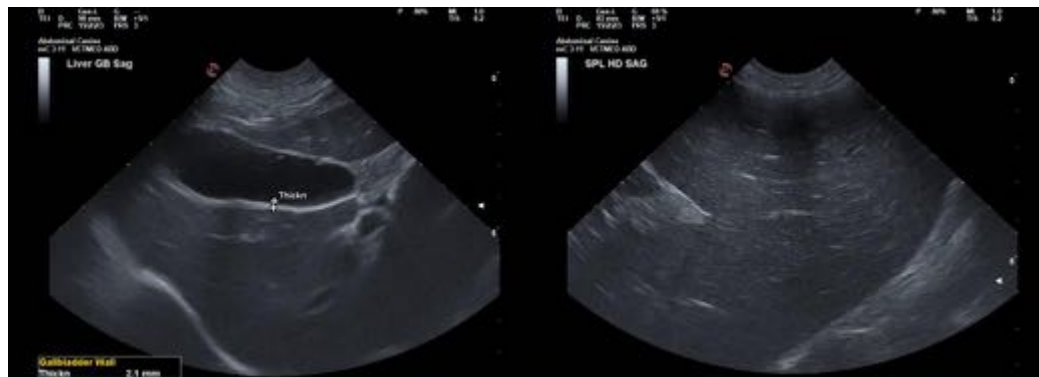
- The hepatosplenomegaly and diffuse abdominal lymphadenopathy are more concerning for infiltrative neoplasia. Lymphoma is the top differential. A benign process (i.e., multifocal inflammatory disease) is also possible, but considered less likely.

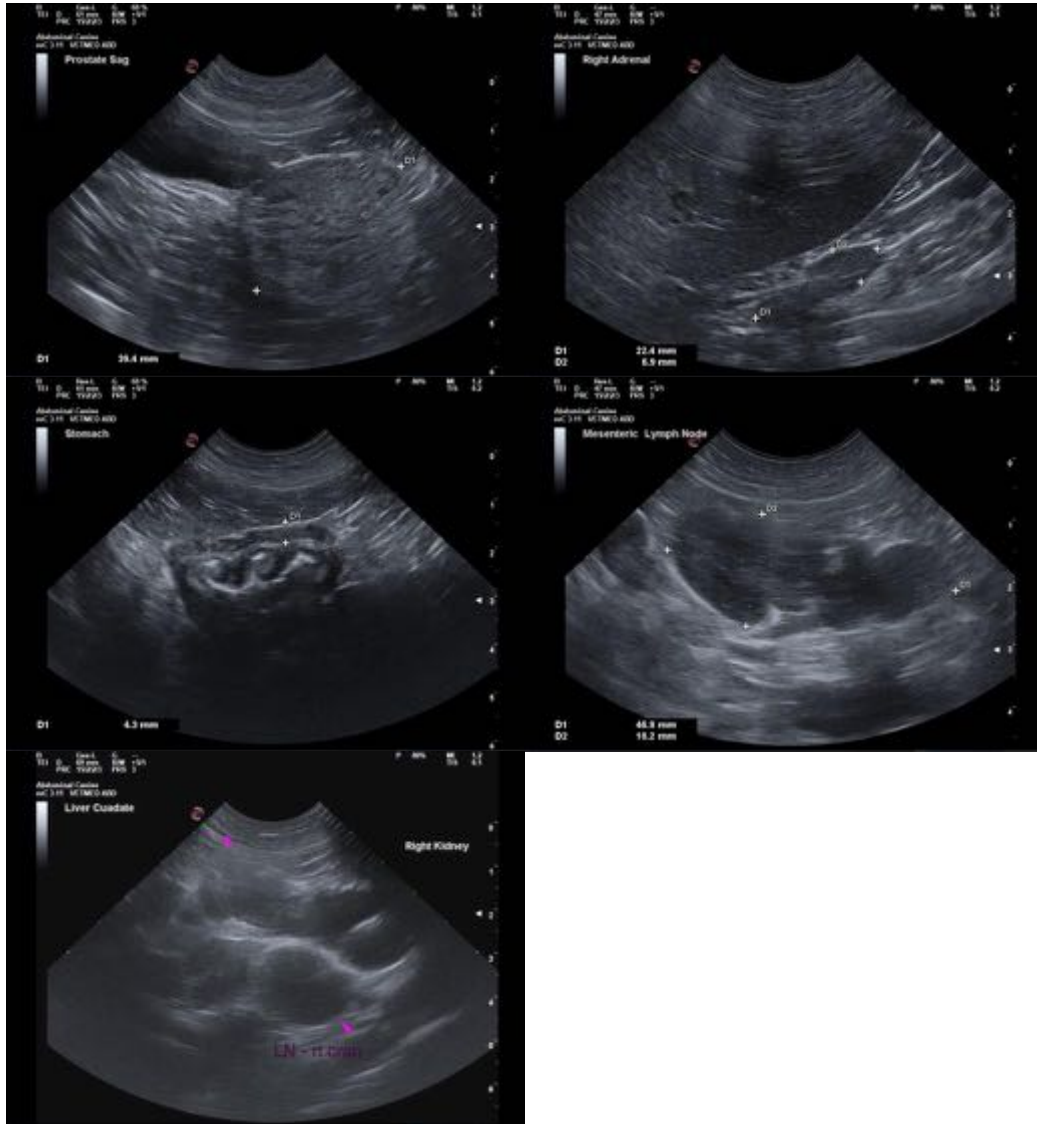
Secondary Findings

- The prostate changes are consistent with cystic benign prostatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- If the cytology results from the spleen and abdominal lymph nodes are inconclusive, additional testing (PARR or biopsies) may be necessary to get a definitive diagnosis.
- Consultation with a board-certified oncologist should also be considered.





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.

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