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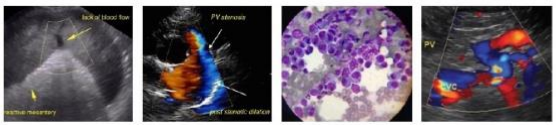


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Frankie Davis

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

13 years

WEIGHT

22 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Bukovska

INVOICE

10438

DATE

2/23/22

PRESENTING CLINICAL SIGNS

History: proteinuria, frequent urination, recently diagnosed hypothyroid, renal insufficiency Abnormal PE/Chem/CBC/UA Results: please see attached labs UPCR elevated. UPC 1.4. Urine Specific Gravity 1.029. Inactive sediment negative. Urine culture mild thrombocytosis. ALP 328. Slightly low T4.

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 is moderately distended. A scant 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 (1.20 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 (6.68 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.97 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate 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 mildly enlarged (0.76 cm at cranial pole) (0.79 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.

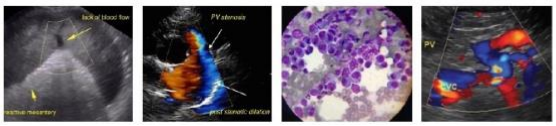
The right adrenal gland is normal size (1.45 cm at cranial pole) (0.67 cm at caudal pole) (2.33 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

A 3.40 x 3.31 cm irregular hypoechoic to slightly heterogenous mass is arising from the medial aspect. In the remainder of the spleen the peripheral contours are curvilinear, and the parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen, with numerous small ill-defined hypoechoic nodules throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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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 distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

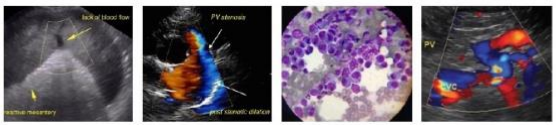
- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor), is considered likely, with a lower possibility of a benign process
- Mild left adrenomegaly
- Bilateral non-specific nephropathy

Secondary Findings

- Age-related pancreatic remodeling/fibrosis. Low-grade pancreatitis may also be present, particularly if the patient exhibits discomfort on cranial abdominal palpation.
- Suspected benign hepatopathy (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). Infiltrative neoplasia is possible but considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine-needle aspirate of the splenic mass is recommended if clotting status is appropriate. If cytology results are inconclusive, a splenectomy with submission of the spleen for



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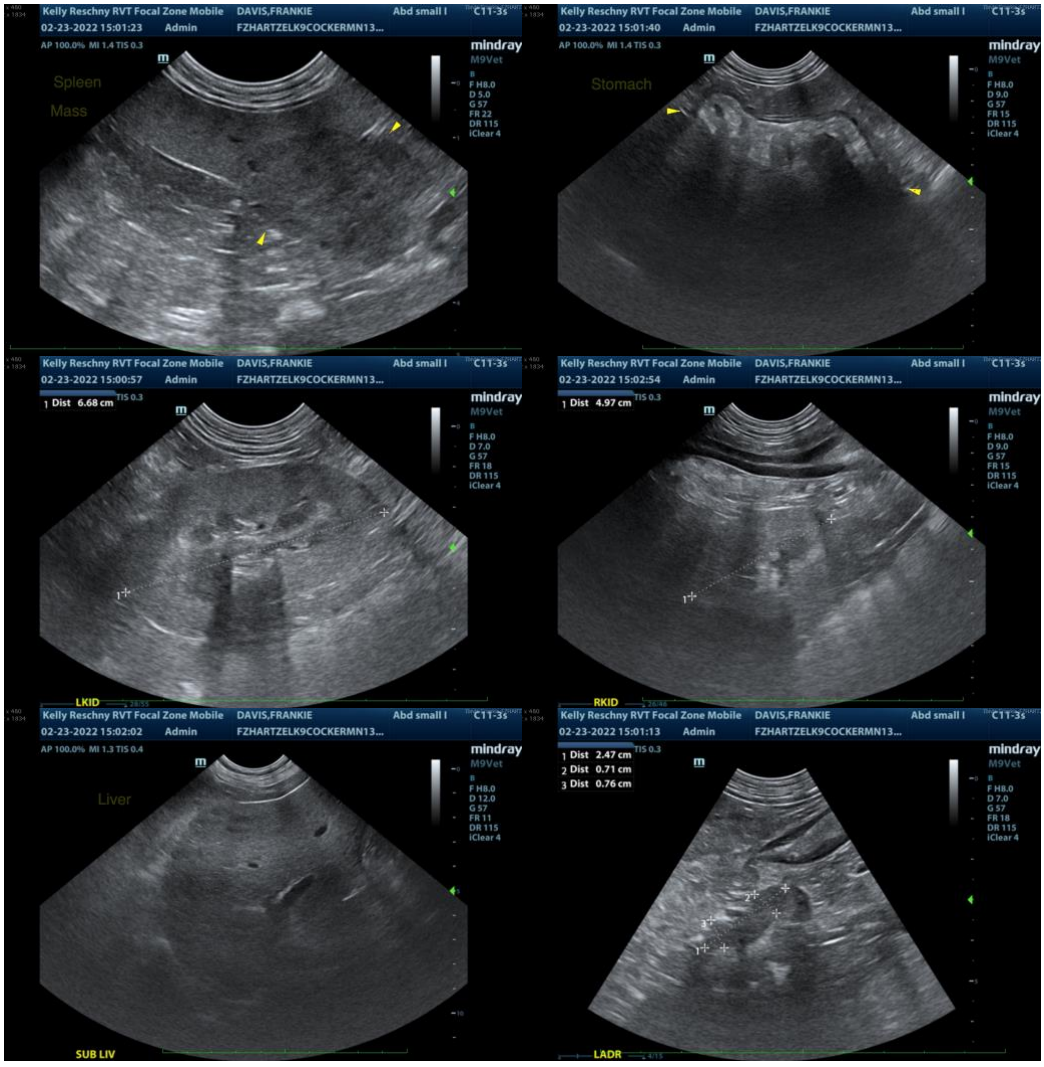
histopathology may be necessary to get a definitive diagnosis. If surgery is pursued, liver biopsies should also be obtained at the time of surgery to assess for micro-metastatic disease.

- Regarding the frequent urinations, consider further testing for Cushing's Disease, (i.e., low-dose dexamethasone suppression test or ACTH stimulation test), once the splenic mass has been addressed.
- Given the proteinuria, an angiotensin receptor blocker +/- anti-thrombotic agent (i.e., clopidogrel), and Omega-3 fatty acids can be considered.
- A baseline blood pressure measurement is also recommended.



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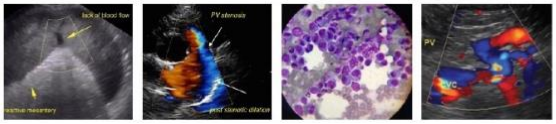

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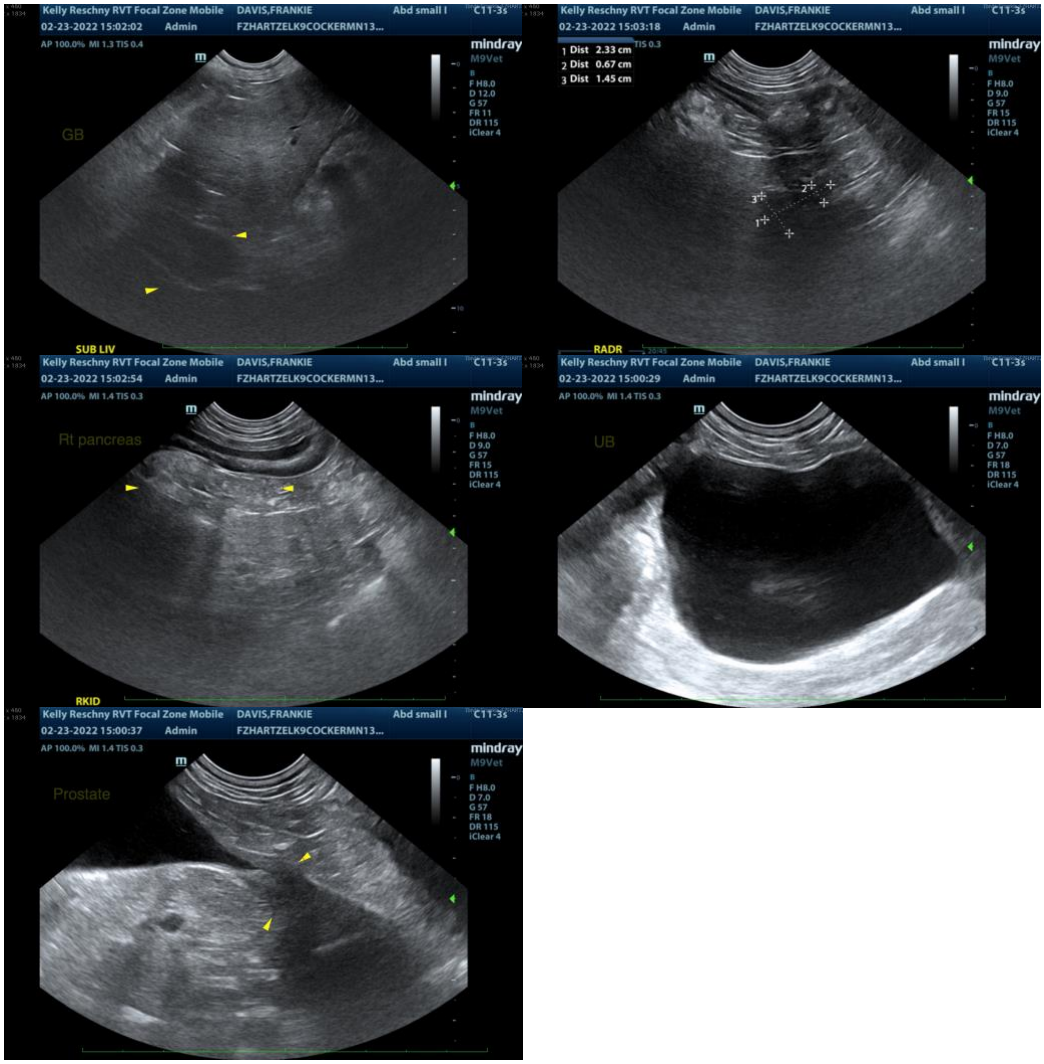

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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