



PATIENT

Moses Lutz

SPECIES

Canine

BREED

Newfoundland

SEX

Neutered Male

AGE

10 years

WEIGHT

120 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

oetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

Dr India Vannini

INVOICE

10294

DATE

2/5/22

PRESENTING CLINICAL SIGNS

History: Seen for vomiting Nov 2021 and regular vet found thrombocytopenia. Initiated tapering course of prednisone and PLT count seemed to improve. Presented for diarrhea on 1/27/22 and PLT count on 1/27 showed a decrease. Prednisone 40mg PO BID was started. Currently on Metronidazole and FT/HW prev. O reports Moses ate a bunch of chocolate in December. Since then, off and on diarrhea and lethargic, shifting leg lameness. PLT Trend: Nov 2021: PLT 84k Dec 2021: PLT 67K Jan 6 2022: PLT 121K Jan 27: PLT 70K Feb 2: PLT 86k HWT 4xneg Tick PCR panel pending 1) Thrombocytopenia (Grade 2) - worsened following pred taper r/o decreased production (neoplasia, myelodysplastic disease, immune mediated) vs increased destruction (ITP vs other primary immune mediated vs infectious vs neoplastic vs toxins vs other) 2) Diarrhea r/o chronic pancreatitis vs chronic gastroenteritis r/o secondary to dietary indiscretion vs IBD vs infectious (GI parasitism vs other) vs neoplasia vs other. 3) Hx of chocolate toxicosis Dec 2021 4) Hx severe hepatopathy 2019

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 (0.75 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 (7.74 cm in length); with a slightly irregular shape and architecture with 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 hydroureter.

The right kidney is normal size (8.85 cm in length); normal shape and architecture with 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 hydroureter.

Adrenal Glands

The left adrenal gland is normal in length (0.55 cm at cranial pole) (0.45 cm at caudal pole) (3.02 cm in length); with a flattened contour; 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 with irregular peripheral contours. A >6 cm irregular isoechoic to slightly hypoechoic mass appears to be arising from the caudal pole. Focal capsular swelling is observed just cranial to the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated



PATIENT

echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Moses Lutz

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.

SPECIES

Canine

Gastrointestinal

The gastric lumen is mildly distended with ingesta and a 3-cm hard shadowing structure. The gastric wall is normal in thickness with a normal layering pattern. A segment of bowel in the right cranial quadrant is moderately fluid distended and hypomotile. Within this segment some shadowing material is observed within the lumen. The remaining small intestinal wall thickness is normal with a normal layering pattern. The remaining lumen is not dilated. Discreet masses are not identified. The colonic wall is normal.

BREED

Newfoundland

SEX

Neutered Male

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.

AGE

10 years

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

WEIGHT

120 lbs

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass with a cranial swelling. Differentials include neoplasia (i.e, round cell tumor), extramedullary hematopoiesis or lymphoid hyperplasia.
- The shadowing material within the gastric +/- small intestinal lumen is most consistent with foreign material. Segmental bowel hypomotility in the right cranial quadrant. Differentials include focal ileus versus obstruction.

INTERPRETED BY

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

Secondary Findings

- The flattened left adrenal gland is likely secondary to corticosteroid use. Minor degenerative renal changes.

IMAGING PERFORMED BY

oetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

Dr India Vannini

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, consider a fine-needle aspirate of the splenic lesions or a splenectomy with submission of the spleen for histopathology. If surgery is pursued, evaluation of the gastrointestinal tract for foreign material as well as acquisition of gastrointestinal biopsies is recommended. If aspirates are pursued, a PT/PTT should be evaluated as well as a buccal mucosal bleed time, if possible. Twenty-five gauge-needles should be used for the procedure. The patient should be monitored sonographically for at least 5-10 minutes post-aspiration to assess for inter-abdominal hemorrhage.

INVOICE

10294

DATE

2/5/22



PATIENT

Moses Lutz

SPECIES

Canine

BREED

Newfoundland

SEX

Neutered Male

AGE

10 years

WEIGHT

120 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

oetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

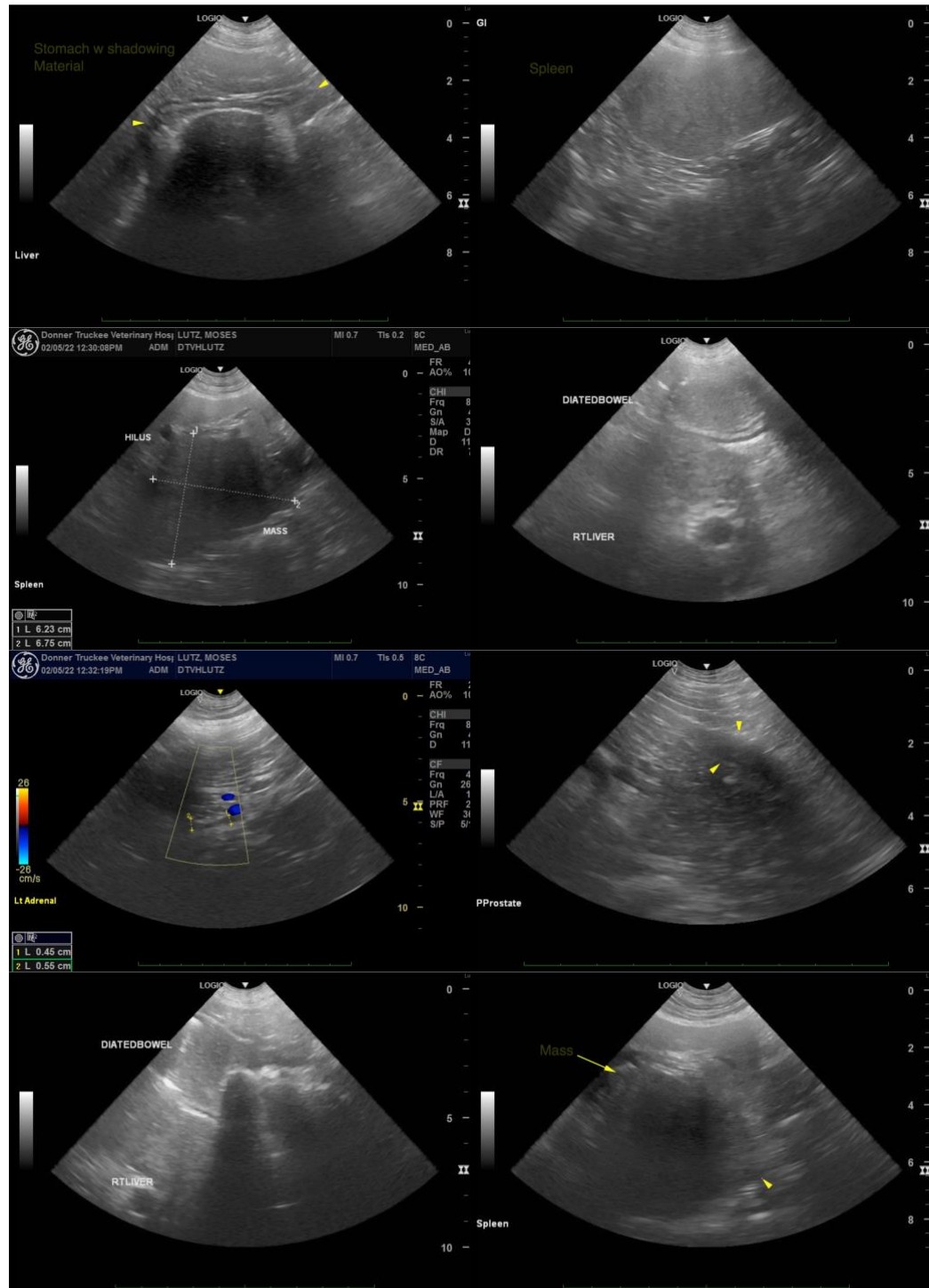
Dr India Vannini

INVOICE

10294

DATE

2/5/22





PATIENT

Moses Lutz

SPECIES

Canine

BREED

Newfoundland

SEX

Neutered Male

AGE

10 years

WEIGHT

120 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

oetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

Dr India Vannini

INVOICE

10294

DATE

2/5/22



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