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Clinical Sonography & Telecytology
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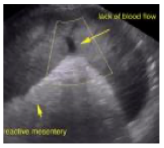
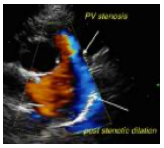
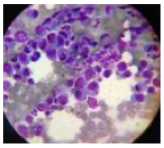
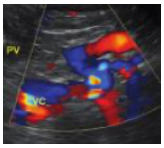

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1-800-838-4268 info@sonopath.com

PATIENT

Tater Kindig

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

11 years

WEIGHT

23.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal EH

REFERRING VET

Laura de Cordon

INVOICE

12156

DATE

2.6.23

PRESENTING CLINICAL SIGNS

History: Bloody diarrhea for 4 days
Splenic mass and low PLT count on 2/1/23 at RDVM
Presented at ER on 2/4/23 for worsening diarrhea

Abnormal PE/Chem/CBC/UA Results: Diagnosed ITP, suspect Splenic mass vs. hematoma

CBC for path review pending. ALP- 152

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 1-2 cm, are normal.

The prostate is normal in size (1.62 cm in width) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.88 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (6.47 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.50 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 in normal size (1.58 cm at cranial pole) (0.51 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

A >8.00 cm heterogenous, slightly cavitated mass is arising from the cranial aspect. The lesion causes severe capsular expansion. The mesentery effacing the serosal surface is slightly hyperechoic. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is homogenous. Splenic vasculature appears normal no obvious evidence of thrombosis.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic to isoechoic relative to the spleen, and diffusely heterogenous in appearance, with numerous ill-defined hyperechoic nodules/areas throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. The lumen of the descending colon contains shadowing fecal material. There is no obvious 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 of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor) is considered likely with a lower possibility of a non-malignant process.

- Diffuse hepatopathy. Differentials include regenerative nodular hyperplasia, vacuolar hepatopathy, inflammatory disease, infiltrative neoplasia, hepatotoxicosis (i.e., copper), other hepatopathy.

Secondary Findings

- Mild bilateral age-related renal changes

- The prostatic changes are most consistent with age-related remodeling

  *An obvious cause for the patient's diarrhea is not definitively identified in this study. Considerations include dietary indiscretion, infectious/parasitic disease, inflammatory bowel disease, underlying metabolic issue, other.

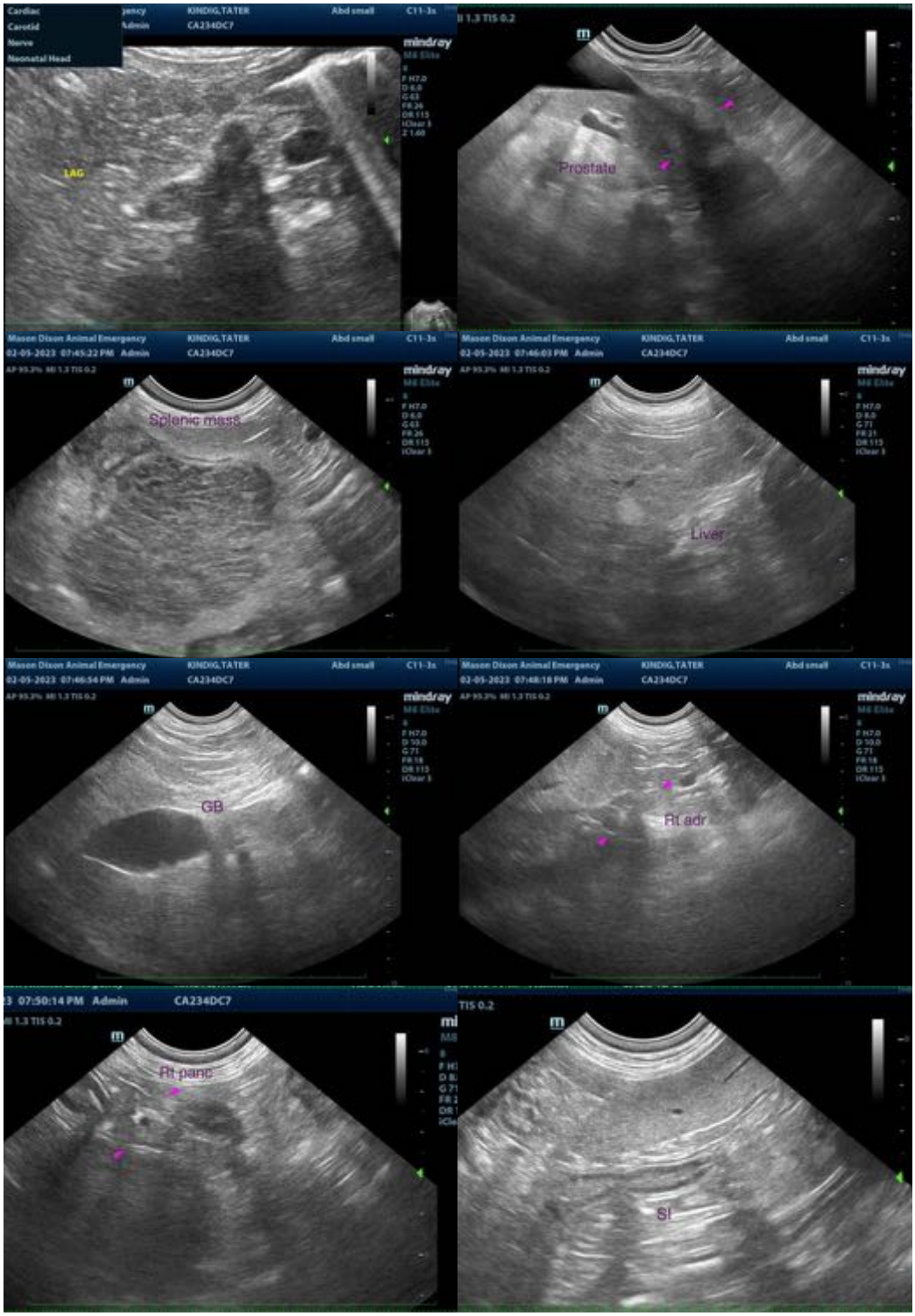
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the diarrhea, consider the following:

  1. Fecal evaluation for ova and Giardia (if not already performed)
  2. Fecal PCR infectious disease panel
  3. Initiation of a probiotic and fiber supplement along with a bland diet
  4. If the above diagnostics are inconclusive and the diarrhea does not resolve with medical management, a more advanced GI workup may be warranted.

- Regarding the splenic mass, consider the following:

  1. Three-view thoracic radiographs to assess for pulmonary metastatic disease.
  2. Splenectomy with submission of the spleen for histopathology. If surgery is pursued, a liver biopsy is also recommended to assess for micrometastatic disease.



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