

**DATE PRESENTING CLINICAL SIGNS**

3.13.23

Patient originally presented on 3/3 for hematuria and picky appetite. On physical examination patient had small amount of green vaginal discharge, 3lbs weight loss (since 11/2021), and tense cranial abdominal palpation. Full BW+ UA was performed, and patient was started on Clavamox for 5 days. Blood work revealed regenerative anemia with nucleated RBCs, mild hyperbilirubinemia, and changes to proteins. UA showed bilirubinuria, hematuria, and moderate bacteria. Patient presented on 3/9 for further workout. Patient remained tense on cranial abdominal palpation but able to palpate large firm structure within left craniodorsal abdomen when sitting down.

PATIENT

Abby Hoover

SPECIES

Canine

Current Medications: Amoxicillin 250mg bid, Entyce 30mg, Trazodone 100mg 1.5 tabs before vet visit
 Gabapentin 300mg 1 capsule before vet visit.

Lab Results: See attached.

BREED

Mixed Breed

Radiographs: I am most suspicious of splenic torsion. Generalized splenomegaly from extramedullary hematopoiesis, lymphoid hyperplasia, or infiltrative neoplasia would be given secondary consideration.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

SEX

Female Spayed

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

AGE

10/20/2012

Urinary System

The urinary bladder wall is minimally to mildly distended. The wall is of appropriate thickness for the level of repletion. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

WEIGHT

16.7kg

The left kidney is normal in size (7.01 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 hydroureter.

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

The right kidney is normal in size (7.25 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 hydroureter.

HOSPITAL NAME

Nexus Vet Specialists

Adrenal Glands

The left adrenal gland is normal in size (0.67 cm at cranial pole) (0.53 cm at caudal pole) (2.14 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.

REFERRING VET

Dr. Steele

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

INVOICE

12412

Spleen

The spleen is severely enlarged (5.87 cm in width at the level of the hilus) with swollen/irregular peripheral contours. The parenchyma is diffusely mottled with a few ill-defined hypoechoic areas. The organ is highly vascular, with no obvious evidence of thrombosis or torsion.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance with a coarse echotexture. No focal lesions are observed. 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. A small amount of aggregated echogenic-to-mineralized, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach is difficult to visualize in its entirety due to obscuring by the splenomegaly. In the visualized portions, the gastric wall appears normal in thickness without luminal distention. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the severe splenomegaly. In the visualized portion no obvious abnormalities are seen.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

A brief visualization of the thorax reveals trace pleural effusion. There is no obvious evidence of pericardial effusion or cardiac masses.

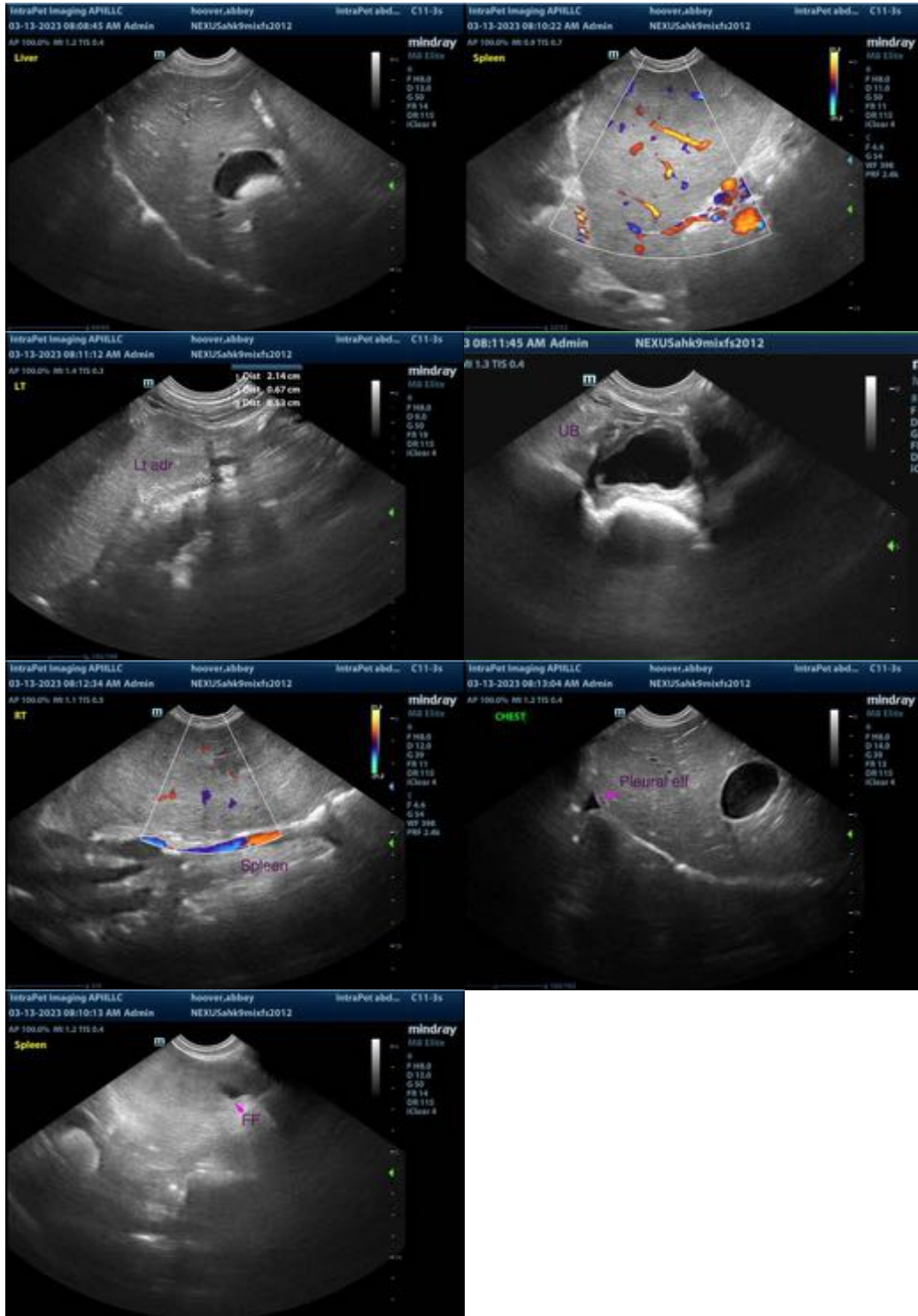
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The severe splenomegaly is concerning for a infiltrative neoplasia (i.e., round cell tumor). However, extramedullary hematopoiesis, lymphoid hyperplasia, splenitis, antigenic stimulation or benign pathology cannot be completely excluded.
- Trace ascites
- Trace pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.



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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