



PATIENT

Miko Perfitt

SPECIES

Canine

BREED

Labrador

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

42 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes

INVOICE

14745

DATE

3/14/23

PRESENTING CLINICAL SIGNS

History: Acute onset of suspect Geriatric Vestibulitis
Abnormal PE/Chem/CBC/UA Results: CBC and Chem unremarkable. 1. The slightly large spleen could be secondary to extramedullary hematopoiesis/lymphoid hyperplasia. Splenic neoplasia cannot be ruled out. 2. Otherwise unremarkable abdomen. 3. Unremarkable geriatric overweight thorax. 4. Mild arthritis of the articular facets of the lumbar spine.

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 mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not completely visualized due to its pelvic location. In the cranial portion, the prostate appears normal in size with normal curvilinear peripheral contours and homogeneous parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.82 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.79 cm at cranial pole) (0.97 cm at caudal pole) (2.97 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 (0.85 cm at cranial pole) (0.73 cm at caudal pole) (2.63 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

The spleen is subjectively normal in width (2.04 cm in width at the level of the hilus) with a 7 cm isoechoic rounding/swelling at the caudal pole. The remaining peripheral margins are normal/curvilinear. The parenchyma is subtly mottled in appearance and the echotexture is coarse. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. 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/not seen.



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Gastrointestinal

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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

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Pancreas

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The diffuse splenic parenchymal changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, splenitis, other). Emerging neoplasia is possible but considered less likely. The differentials for swelling at caudal pole are the same as above with a higher possibility of malignancy (i.e., round cell tumor).

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Secondary Findings:

- Mild bilateral chronic renal changes.
- Mild left adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A fine needle aspirate of the spleen can be considered, if clotting status is appropriate. Ideally, the caudal pole would be aspirated. However, it may not be accessible. If tissue sampling is not pursued at this time, consider a recheck ultrasound in 4-6 weeks to assess for progression.

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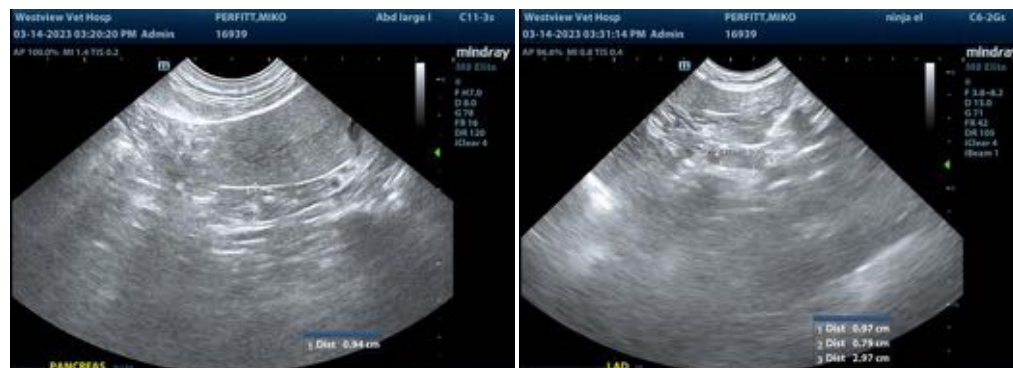
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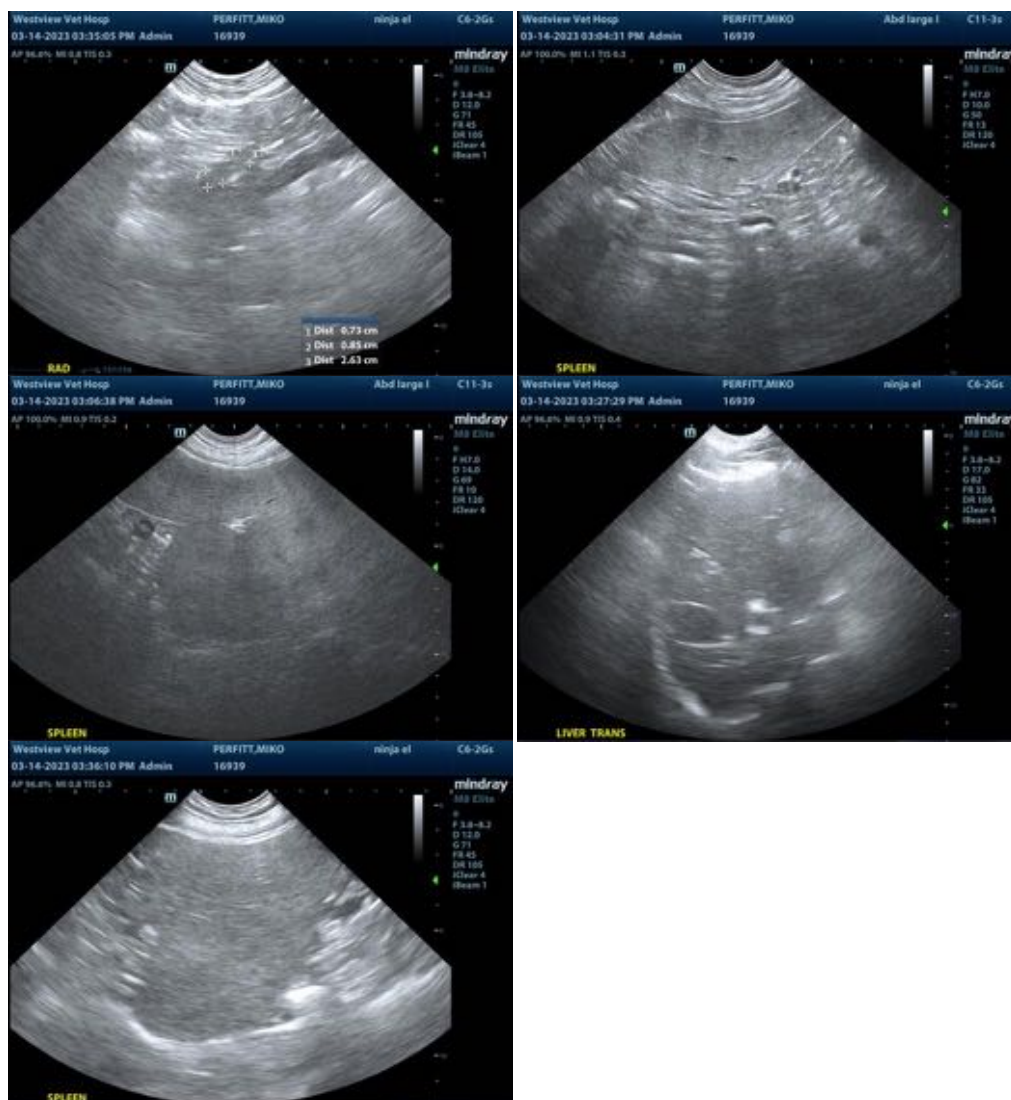
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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