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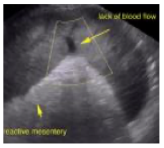
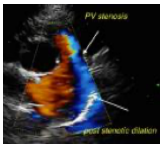
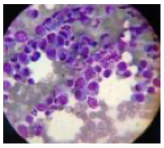
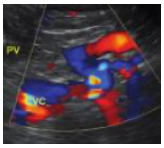
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

**PATIENT**

Tango Capo

**SPECIES**

Canine

**BREED**

Pitbull Terrier Mix

**SEX**

Intact Male

**AGE**

9 years

**WEIGHT**

39 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ferrer DVM

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dra. Alma Alicea

**INVOICE**

12557

**DATE**

3.28.23

## PRESENTING CLINICAL SIGNS

History: Presented as a referral from Animal Emergency Clinic for an abdominal ultrasound to evaluate severe anemia. Pt presented initially to a regular vet with a history of anorexia, fever, and vomiting. They found upon evaluation that pt had ascites and severe anemia. The 4DX was positive for ehrlichia. The regular vet treated with doxycycline, ciprofloxacin, famotidine, and furosemide, but pt did not improve and was sent to the Emergency clinic for management.

Abnormal PE/Chem/CBC/UA Results: BW: HCT: 18.6 ( 37-61), HGB: 6.5 ( 13-20), Monocytes ( 2.77 ( 0.16-1.12)WBC: 30 ( 5-16)neutrophils: 24 ( 2-11), Plt 66 ( 148-484) CHEM:ALP: 442 ( 23-212), ALT : 150 ( 10-125) rest wnl FNA of the liver was done: Pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is 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 cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

The prostate is enlarged (2.70 cm in width) with slightly irregular peripheral contours. Parenchyma is isoechoic relative to surrounding omental fat and slightly heterogenous in appearance. Several ill-defined cystic areas are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.60 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 (7.22 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 (0.45 cm at cranial pole) (0.42 cm at caudal pole) (2.68 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.

The right adrenal gland is in normal size (0.52 cm at cranial pole) (0.53 cm at caudal pole) (2.85 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.

### *Spleen*

The spleen is prominent in size (1.52 cm in width at the level of the hilus) with swollen contours approximately mid-spleen. A >4.00 cm hypoechoic-to-heterogenous mass is observed within the parenchyma. The lesion causes mild capsular expansion. A 0.70 cm isoechoic nodule/swelling is also observed at the caudomedial aspect. The remaining parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.

### *Liver*

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A few ill-defined hypoechoic nodules are observed

throughout the organ (the largest measuring 0.72 cm in diameter). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is mildly thickened (up to 0.19 cm) and hyperechoic. A small amount of echogenic-to-mineralized, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

***Gastrointestinal***
The gastric lumen is moderately distended with echogenic fluid. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

***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***
There is no obvious evidence of free fluid. One to two enlarged, irregular lymph nodes are observed in the right cranial quadrant (the largest measuring 4.74 cm in length). The nodes are slightly cystic in appearance. A few prominent mesenteric lymph nodes are also seen (the largest measuring 1.98 cm in length).

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Large splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is consider likely with a lower possibility a benign process (i.e., focal inflammation, lymphoid hyperplasia, other). The hypoechoic hepatic nodules could be consistent with metastatic disease or a benign process (i.e., regenerative nodules or inflammatory foci).

- The enlarged cranial abdominal lymph nodes are concerning for infiltrative neoplasia with a lower possibility of reactive lymphadenitis or lymphoid hyperplasia.

- The prostate changes are consistent with cystic benign prostatic hyperplasia.

### Secondary Findings

- The gall bladder changes are most consistent with cholecystitis.

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

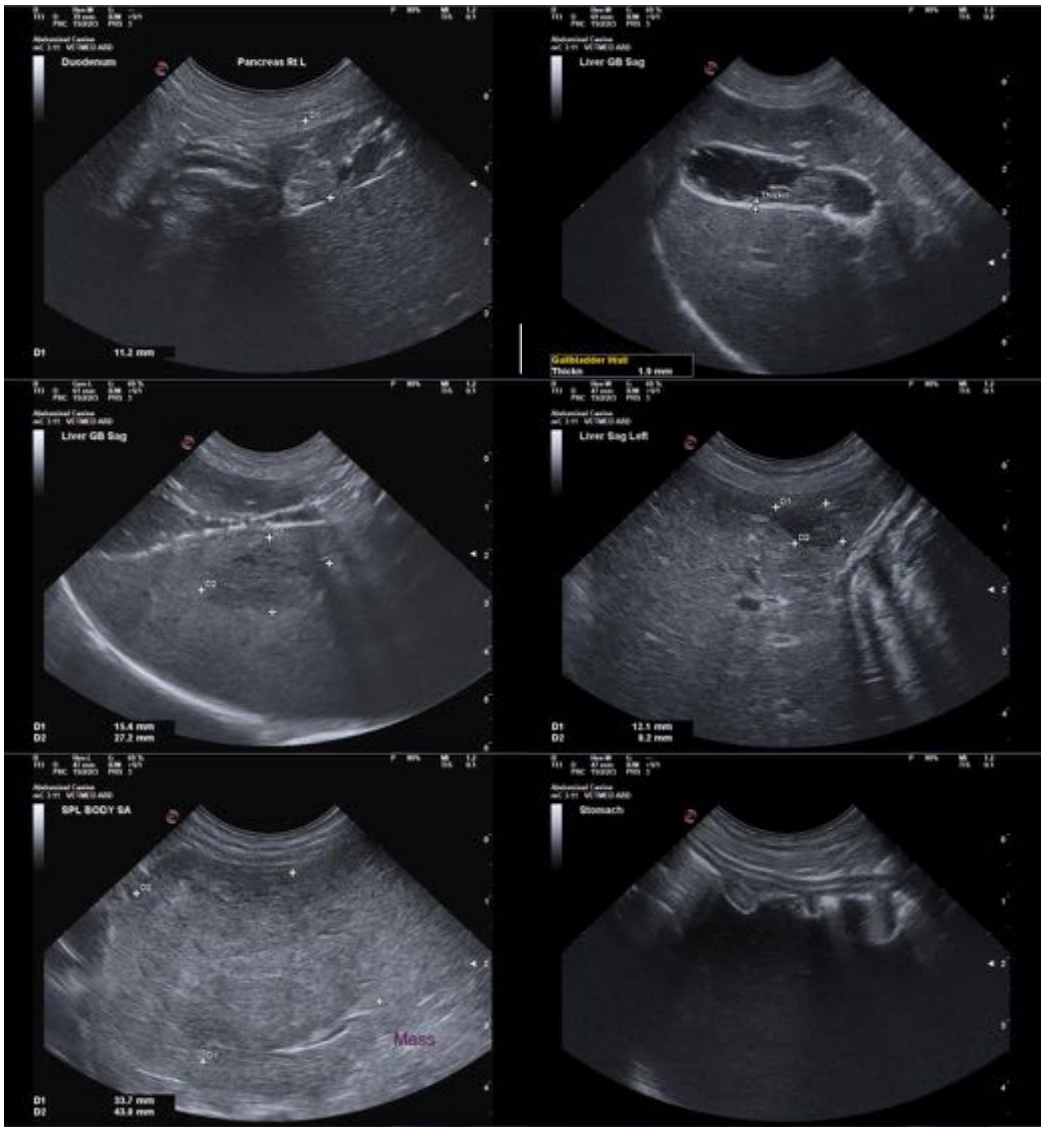
- Bilateral nonspecific chronic age-related renal changes

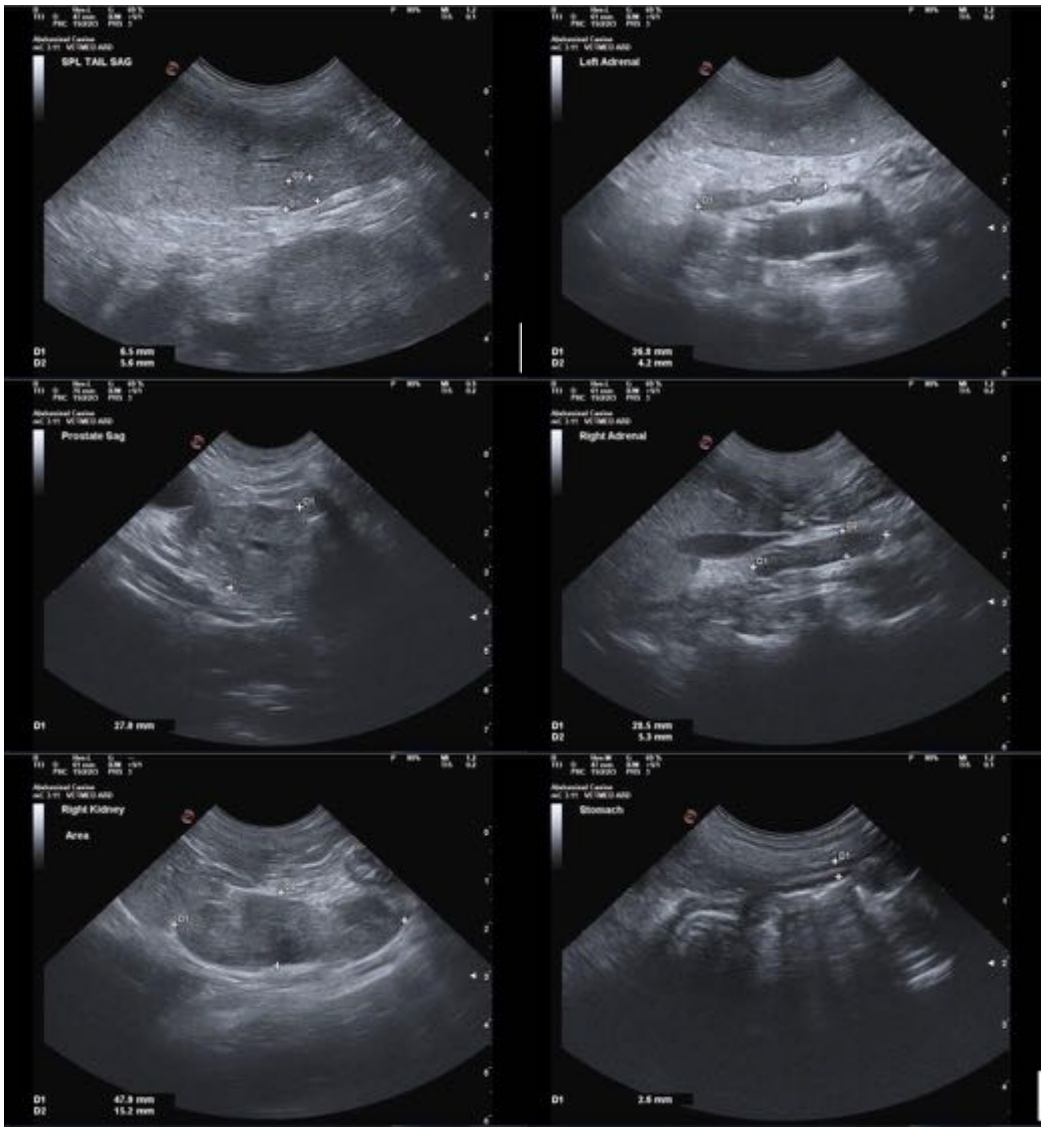
- Gastric ileus

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- If cytology results from the hepatic nodules are inconclusive, consider a fine-needle aspirate of the splenic mass or a splenectomy with submission of the spleen for histopathology. An abdominal CT scan would be useful in presurgical planning, particularly in better evaluating the hepatic nodules for neoplastic criteria. If surgery is ultimately pursued, the enlarged abdominal lymph nodes should also be biopsied.






**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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