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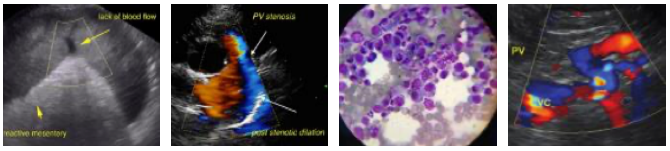

PATIENT
Rudy Speck

SPECIES
Canine

BREED
Bernese Mountain Dog

SEX
Male, neutered

AGE
8 Yrs.

WEIGHT
95 lbs.

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

IMAGING PERFORMED BY
Dr. Rodriguez

HOSPITAL NAME
Bethany Family Pet Clinic

REFERRING VET
Dr. Rodriguez

INVOICE
14805

DATE
4/11/23

PRESENTING CLINICAL SIGNS

History: Rudy showed signs of discomfort about a month ago which improved. Since last week will only eat treats or food with bone broth. He is lethargic and just wants to lay outside in the rain. Abnormal PE/Chem/CBC/UA Results: Pale/yellow gums, sclera, and pinna. Somewhat weak and uncomfortable on exam. Pitting edema lower limbs on right side only it appears. Chest rads are normal. Abdominal rads are hazy on cranial abdomen and difficult to tell for a mass. Hematocrit 28%, ALT 147, reticulocytes 214, WBC 26 k/ul, TP 3/1, albumin, 1.6 , glob 1.5,

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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (6.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

No images of the right kidney provided.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.62 cm at caudal pole); 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.

No images of the right adrenal gland provided.

Spleen

The spleen is enlarged with irregular peripheral contours. The parenchyma is diffusely mottled and heterogeneous with several varying sized irregular heterogeneous masses, the largest measuring approximately 7 cm in diameter.

Liver

The liver is not visualized in its entirety. In the visualized portions, it is enlarged with irregular peripheral contours. Several varying sized heterogeneous masses are visualized, the largest measuring >5 cm in diameter. The parenchyma is otherwise isoechoic relative to the spleen. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall in the region of the fundus is borderline thickened (up to 0.45 cm) with questionable retention of the normal layering pattern. The visible small intestinal segments are unremarkable.

Pancreas

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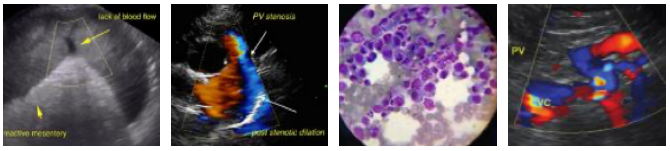

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A portion of the pancreas is obscured by the splenic and hepatic pathology. In the visualized portion of the left limb, no obvious abnormalities are seen. The right limb is not evaluated.

Free Abdomen

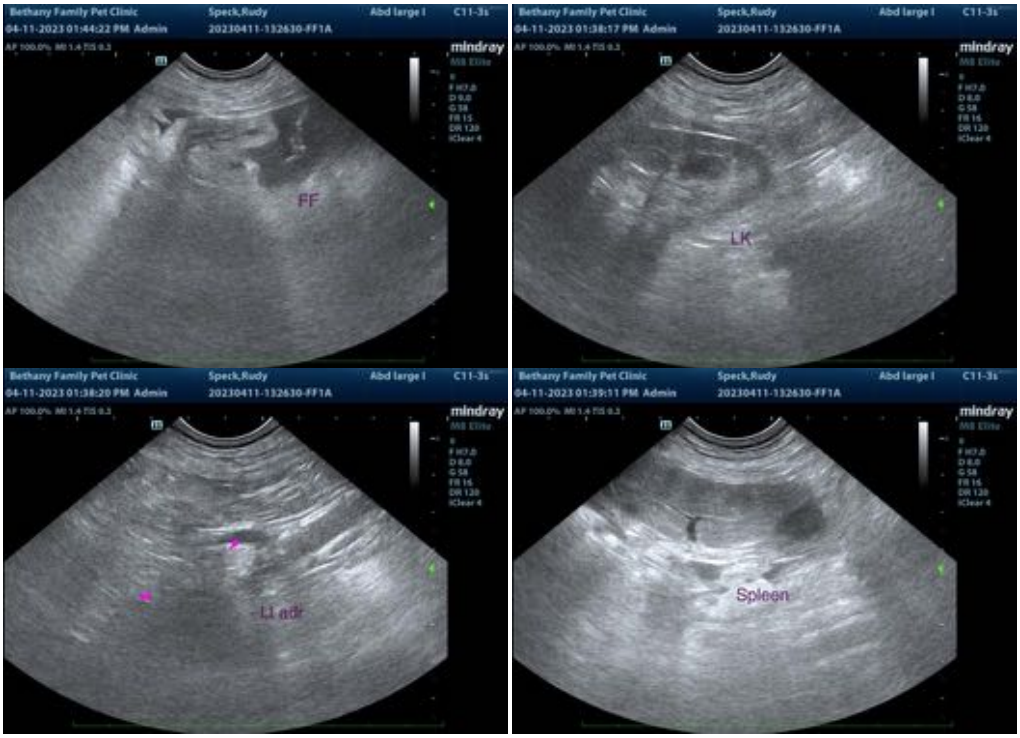
The mesentery throughout the abdomen is hyperechoic and irregular. A small to moderate amount of free fluid is present. There is no obvious evidence of lymphadenopathy in the available images.

ULTRASONOGRAPHIC FINDINGS

Multiple hepatic and splenic masses. Neoplasia such as round cell neoplasia (i.e., histiocytic sarcoma, lymphoma) is suspected with a lower possibility of multifocal inflammatory disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the splenic and hepatic masses (if clotting status is normal). 25 gauge needles should be used. While awaiting test results, symptomatic care is recommended.
- The PCV should also be closely monitored for progressive anemia and blood transfusions administered as needed.
- Consider consultation with a board certified oncologist, if warranted.



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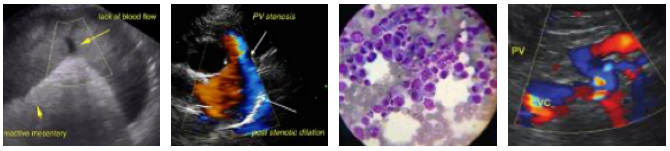

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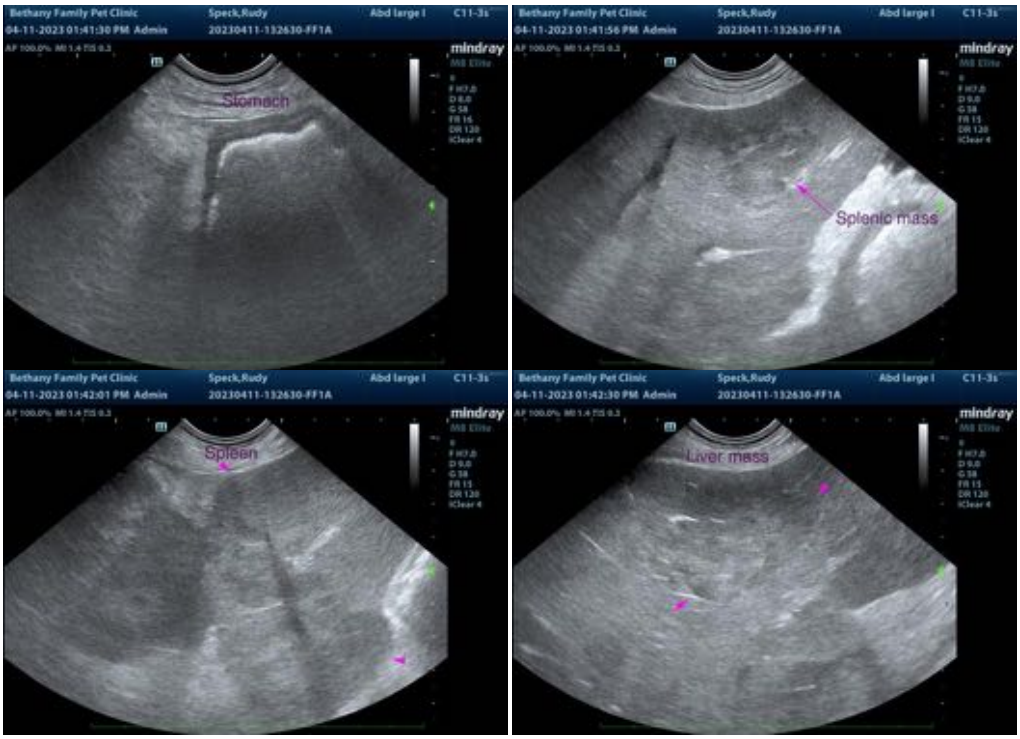

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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