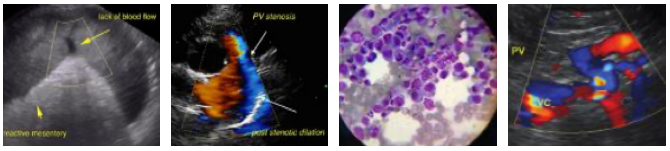
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Isaac Zienowicz

SPECIES
Canine

BREED
Bernese Mountain dog

SEX
Male, neutered

AGE
4 Yrs.

WEIGHT
114.2 lbs.

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

IMAGING PERFORMED BY
Diane McFadden, RVT

HOSPITAL NAME
American AH

REFERRING VET
Dr. Pascucci

INVOICE
13206

DATE
4/18/22

PRESENTING CLINICAL SIGNS

History: lethargy for 1 month, regenarative anemia (PCV 15%) with thrombocytopenia, hyperbiirubinemia/uria, no auto agglutination seen. Ob pred, doxy, aziathioprine
Abnormal PE/Chem/CBC/UA Results: 4dx neg; ALB 2.0, ALT 131, BUN 40, Ca 7.8, tbili 1.5, TP 4.7, HCT 15%, monos 1.3K, platelets 51K. UA: dark urine, bili 3+, USPG 1.060

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

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

The left kidney is normal size (8.37 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.

The right kidney is normal size (8.42 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.

Adrenal Glands

The left adrenal gland is normal size (0.75 cm at cranial pole) (0.53 cm at caudal pole) (3.28 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 to slightly small in size (1.35 cm at cranial pole) (0.38 cm at caudal pole) (3.31 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 enlarged with swollen, irregular peripheral contours and rounding at the poles. The parenchyma is diffusely mottled in appearance. At the cranial aspect, an approximately 5 cm hypoechoic to heterogeneous swelling/mass effect is observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with normal to slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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.

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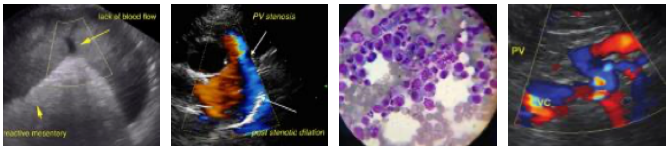

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Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. 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. No obstructive disease is noted.

Pancreas

The pancreas is partially obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The splenic parenchymal changes, particularly the swelling/mass effect at the cranial aspect, are concerning for infiltrative neoplasia (i.e., malignant histiocytosis, lymphoma, mast cell disease). However, a benign process such as extramedullary hematopoiesis, lymphoid hyperplasia or splenitis is also possible.
- The hepatic parenchymal changes are non-specific and could be associated with an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, chronic active hepatitis), infiltrative neoplasia (i.e., round cell tumor), copper hepatotoxicity, Leptospirosis, other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the spleen +/- liver should be considered if the patient's platelet count can be stabilized and if a PT and PTT are normal. Also consider a comprehensive tick panel (send to NC State) to further assess for tick borne disease.

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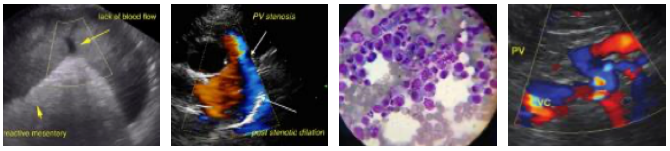

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

andrea_nicastro2@hotmail.com