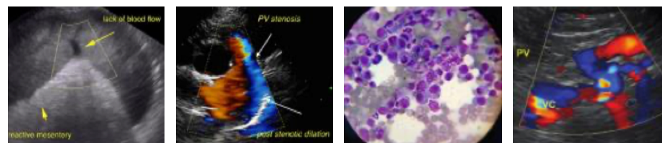


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Isabelle Prince

SPECIES

Canine

BREED

Havanese

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

11.14 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

Dr. Kiera Hanrahan

INVOICE

13268

DATE

4/23/22

PRESENTING CLINICAL SIGNS

History: 4/11: P has been coughing the last 10 -14 days. When first presented, P was around another dog that does go to daycare. P is lethargic at home and is defecating more often. It is mixture of loose and normal. P is reluctant to go down stair which is new behavior. 4/14: no improvement in cough with tussigon dispensed- made very lethargic/inappropriate eliminations in house . continued lethargy and reluctance to go down stairs had discussed steroid trial, antibiotics, repeating bw, abdominal ultrasound, pain meds. o elected for abdominal ultrasound.
Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/UA/T4/FECAL/4DX- unremarkable 3 view chest rads- completely collapsed trachea on all views. heart size wnl. otherwise unremarkable. General appearance: Bright, alert and responsive; good body condition 5/9. LETHARGIC X 5 DAYS PER O Integument: 4 MM PINK DERMAL MASS ON LEFT CAUDAL SHOULDER, CORNIFIED CYST ON LEFT PROXIMAL TAIL, Normal amount of shedding; skin looks normal; hair coat in good condition OVERGROWN NAILS Oral Cavity: GRADE II/IV CALCULUS AND GINGIVITIS Lymphatics: Lymph nodes all normal size Cardiovascular: Regular rhythm; INTERMITTENT GRADE I/IV HEART MURMUR- NOT HEARD TODAY; strong femoral pulses; CRT < 2 sec Musculoskeletal: Ambulates normally. GRADE I/IV LUXATING PATELLA ON THE RIGHT, non-painful on manipulation/palpation of spine Gastrointestinal: Normal eliminations; palpates normally Urogenital: Owner reports normal eliminations; external genitalia appears normal; bladder palpates normally Respiratory: Lungs auscultate clear; trachea clear . DRY NONPRODUCTIVE COUGH X 10 DAYS AFTER DOG SITTING WITH DOG THAT ATTENDS DAY CARE. NO COUGH ELLICITED ON TRACHEAL PALPATION. COUGHING 2-3 TIMES EACH DAY. MOSTLY IN AM PER O. Neurologic: No apparent abnormalities Pain assessment: 0/4 pain

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. A small amount of suspended echogenic debris is observed within the lumen. 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 left kidney is normal size (3.61 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 hydroureter.

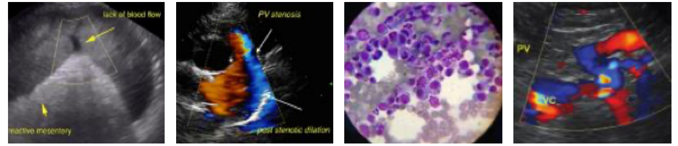
The right kidney is normal size (4.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.52 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.

The right adrenal gland is normal size (1.06 cm at cranial pole) (0.43 cm at caudal pole) (1.60 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



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The spleen is subjectively normal in size (1.04 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled with several varying sized ill-defined hypoechoic nodules/areas, the largest measuring 0.73 cm in diameter. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and 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 to moderate amount of mostly gravity-dependent aggregated echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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. No obstructive disease is noted.

Pancreas

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

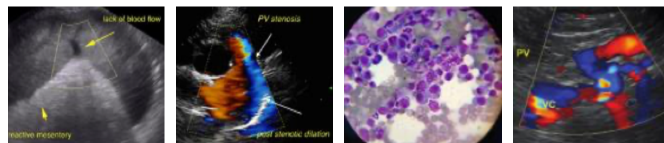
- The splenic parenchymal changes could be consistent with a benign process (i.e., extramedullary hematopoiesis or lymphoid hyperplasia). Alternatively, emerging neoplasia (i.e., round cell tumor) is possible.

Secondary Findings:

- Mild chronic age-related renal changes.
- Urinary bladder debris.
- Suspect benign diffuse hepatopathy. Top differentials include age-related remodeling, vacuolar hepatopathy and/or regenerative nodular hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the spleen can be considered to further evaluate for round cell neoplasia (if clotting status is appropriate).



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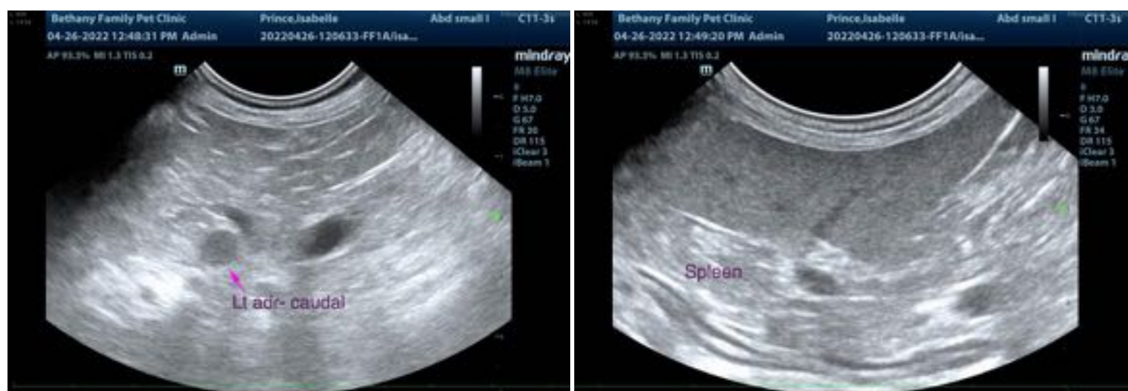
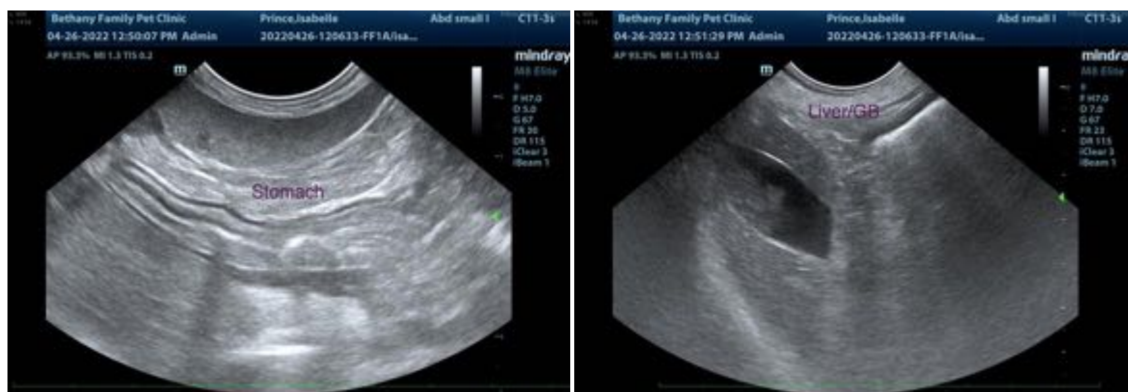
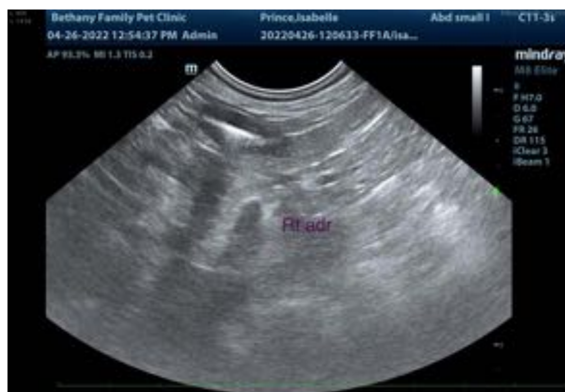
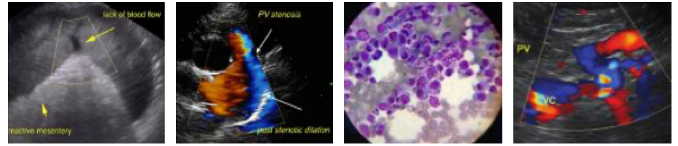
- Also consider thorough orthopedic and neurologic examinations to assess for non-metabolic causes of discomfort.
- Regarding the loose stools, consider a fecal evaluation for ova and giardia, GI panel (i.e., serum cobalamin, folate, TLI and PLI) and supplementation with a probiotic (i.e., Visbiome or Proviable Forte). If GI signs persist, a more advanced workup may be warranted.
- Given the patient's persistent cough and clinical history, consider empirical treatment for infection (i.e., Doxycycline or Azithromycin +/- a bronchodilator. If coughing persists, a more advanced respiratory workup (i.e., bronchoscopy/bronchoalveolar lavage +/- consultation with a board certified surgeon to discuss tracheal stenting) may be warranted.







The information and recommendations provided are based on the images presented by the referring



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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.nicastro@sonopath.com