

PATIENT PRESENTING CLINICAL SIGNS

Jacob Tavares History: Vomiting after eating; weight loss. Diarrhea. Lethargy. On Fluoxetine 40 mg SID
 Abnormal PE/Chem/CBC/UA Results: Plt cnt 136, neut79, lymph 10, urine pH 7.5, protein 1+, Bili 1+

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

BREED

Labrador Retr Mix

The prostate is normal in size (0.90 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

SEX

Neutered Male

The left kidney is normal in size (6.98 cm in length) with a normal shape, architecture and 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.

AGE

9 years

The right 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 minimal to mild loss of corticomedullary distinction. A 1.28 cm cortical cyst is observed at the caudal pole. In addition, a smaller cyst is also seen in this region. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

60.2 lbs

Adrenal Glands

The left adrenal gland is normal in size (0.77 cm at cranial pole) (0.67 cm at caudal pole) 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.

INTERPRETED BY

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

The right adrenal gland is in normal size (0.80 cm at cranial pole) (0.52 cm at caudal pole) 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.

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

Spleen

The spleen is normal in size (3.69 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is observed throughout the organ. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Rhode Isl Animal MC

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Rachel Rogoff, DVM

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.

Gastrointestinal

INVOICE

12622

The 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.

DATE

4.3.23

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. Two medial iliac lymph nodes are visualized (the largest measuring 2.64 cm in length). The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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

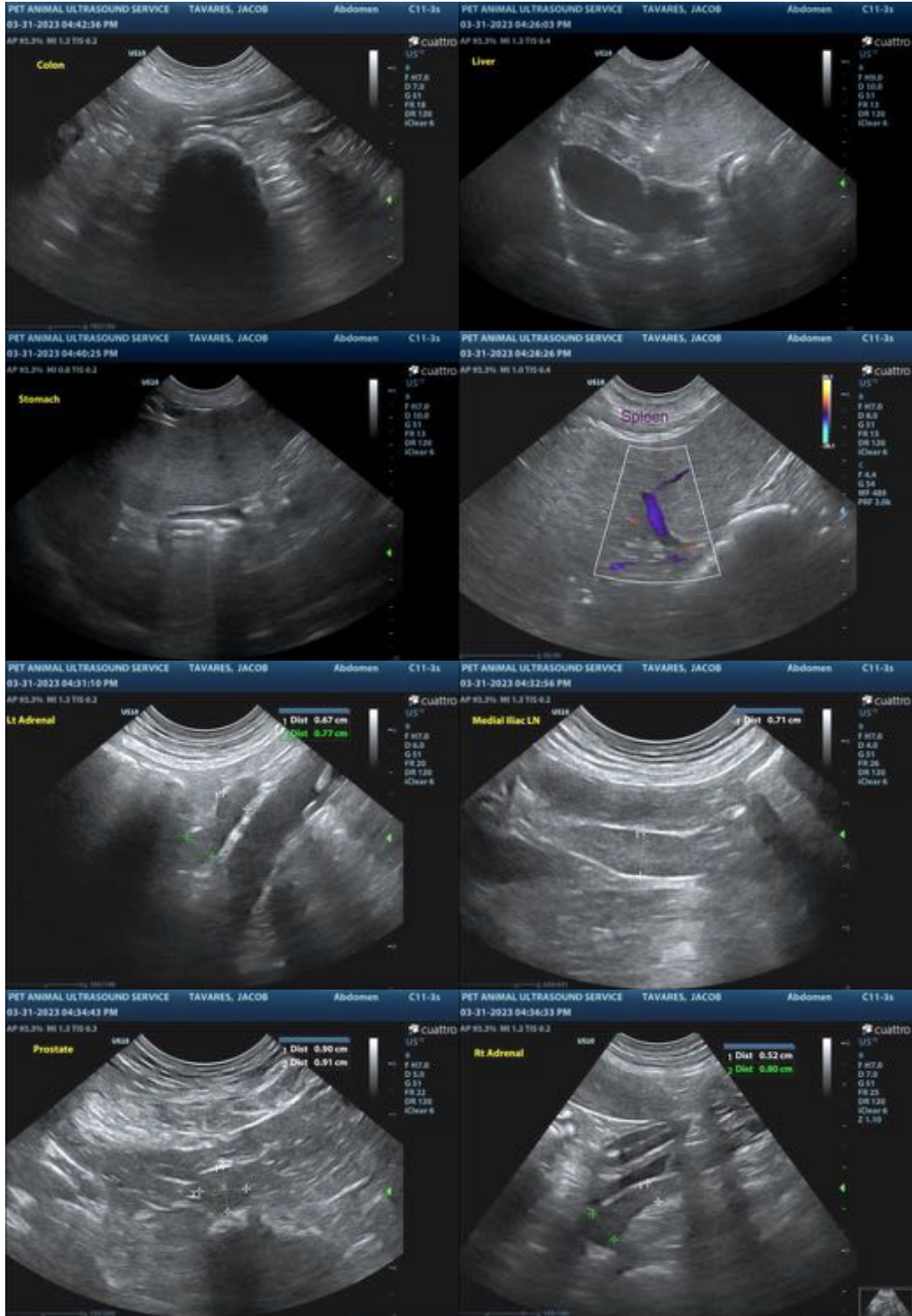
Secondary Findings

- The hepatic parenchymal changes are nonspecific and could be consistent with age-related remodeling, regenerative nodular hyperplasia, or other hepatopathy. Correlation with the patient's liver values is recommended.
- Mild bilateral age-related renal changes with a right cortical cyst
- The medial iliac lymphadenopathy is most consistent with a benign reactive process. However, emerging neoplasia cannot be completely excluded.

*An obvious cause for the patient's GI signs is not definitively identified in this study. Differentials include microscopic gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine-needle aspirate of the spleen to further assess for round cell neoplasia.
- Regarding the GI signs, consider the following:
 1. Fecal evaluation for ova and Giardia
 2. Prophylactic deworming with Fenbendazole
 3. GI panel including serum cobalamin and folate, TLI, PLI and a resting cortisol level (send to Texas A&M).
 4. 2-4-week elimination or hydrolyzed protein diet
 5. Depending on the results of the above diagnostics, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.
 6. In the meantime, consider initiation of a probiotic +/- a fiber supplement (i.e., Metamucil or Konsyl).





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)
info@SonoPath.com