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Clinical Sonography & Telecytology
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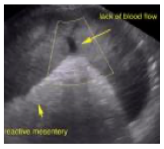
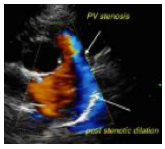
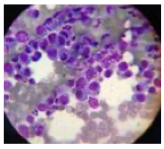
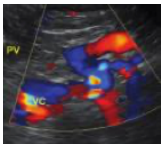

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1-800-838-4268 info@sonopath.com

PATIENT
Lily Holdren

SPECIES
Canine

BREED
American Bulldog

SEX
Spayed Female

AGE
11.5 years

WEIGHT
23.1 kg

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

IMAGING PERFORMED BY
Dr. Alyssa Carver

HOSPITAL NAME
Animal EH Volusia

REFERRING VET
Dr. Alyssa Carver

INVOICE
12921

DATE
5.1.23

PRESENTING CLINICAL SIGNS

History: P presented for lethargy, shaking on 4/29. On presentation, p had fever 105, generalized hives. Radiographs revealed loss of serosal detail, BW revealed mildly elevated ALT, ALP, normal TP, Alb, Glob. AFAST did not reveal peritoneal effusion at that time/possibly scant amount that was not noticed, no GB wall edema, mottled spleen, no masses identified. Rec'd hosp - full AUS - o declined. p treated for allergic reaction with DexSP, Benadryl, Famotidine and discharged. p returned 4/30 AM - temp 104, lethargic, NI food. Repeat CBC: mild leukocytosis, mild neutrophilia Repeat EPOC: mildly elevated BUN PCV/TS: 45/7 4DX: negative AUS performed - moderate peritoneal effusion noted Sample obtained and submitted for review.

Abnormal PE/Chem/CBC/UA Results: Lacuna results abdominal effusion: Septic peritonitis

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

The left kidney is normal in size (6.47 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.11 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen
The spleen is subjectively normal in size (1.90 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled with small, ill-defined hypoechoic nodules throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

Liver
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen (some of which is gravity-dependent and some of which is suspended). The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is not distended. The gastric wall is normal to borderline thickened (up to 0.54 cm) with a retention of the 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.

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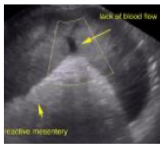
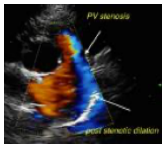
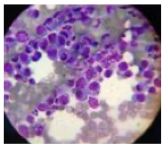
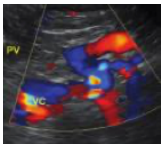

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Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
A small to moderate amount of anechoic free fluid is present. A 1.25 cm lymph node is observed at the aortic trifurcation.

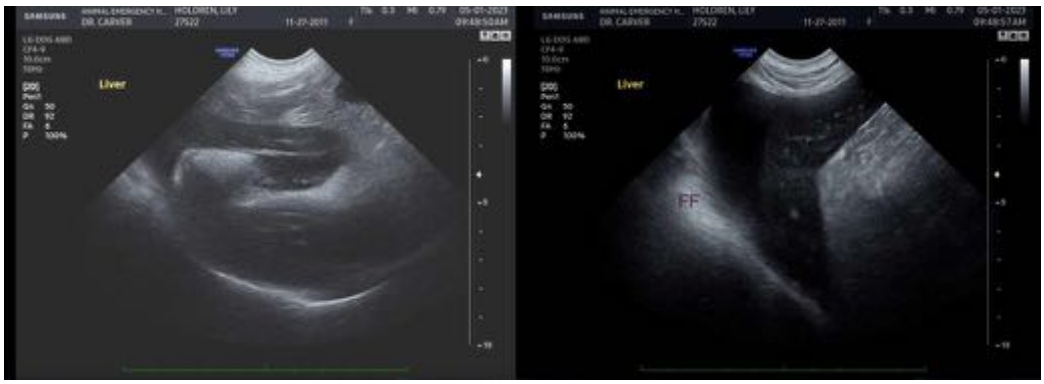
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes could be consistent with emerging neoplasia (i.e., mast cell disease, lymphoma). Alternatively, a non-neoplastic process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar) may be present.
- Ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine-needle aspirate of the spleen (if clotting status is appropriate). A 25-gauge needle should be used. Given the potential for mast cell disease, consider pre-treatment with diphenhydramine if aspiration is pursued.
- Three-view thoracic radiographs are also recommended to assess for occult disease in the chest. Depending on the findings, and echocardiogram may also be warranted.
- If the results from the above diagnostics and the abdominal fluid cytology are inconclusive, consider further work-up for a fever of unknown origin (i.e., comprehensive tick panel, urine culture and sensitivity, +/- joint/spinal taps).



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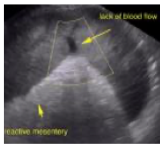
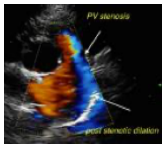
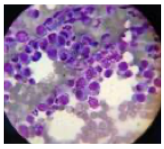
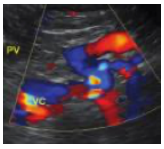

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com