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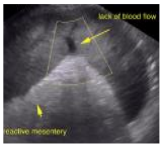
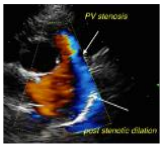
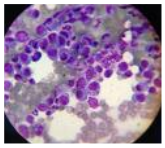
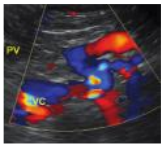
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Tallulah Belle Cairns

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

8.5 years

WEIGHT

62.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh AH

REFERRING VET

Dr. Lauren Eyrich

INVOICE

10950

DATE

5/20/22

PRESENTING CLINICAL SIGNS

History: Patient had a splenectomy in February 2022 following diagnosis of a large splenic mass (biopsy consistent with emerging splenic stromal sarcoma). Since then, has had a mild progressive developing anemia (March HCT 41.8%, April 39.1%, May 37.3%) that appears to be regenerative due to the presence of mildly elevated reticulocytes. O reports that patient is doing fantastic at home with no vomiting diarrhea, no melena, etc. Has had great energy and a fantastic appetite. No evidence of metastasis (intraabdominal or cardiac) was noted during patient's pre-surgery ultrasound performed with ECVI on 2/1/22. Purpose of this ultrasound is to evaluate for any evidence of intraabdominal metastasis.

Abnormal PE/Chem/CBC/UA Results: Mild progressive developing anemia (March HCT 41.8%, April 39.1%, May 37.3%). Persistently mildly elevated ALT (March 165, April 142, May 151).

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 anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (6.59 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 (7.23 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.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.48 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

Previously splenectomized. In the region of the splenic fossa, 2-3 small (approximately 0.50 cm), ill-defined, hypoechoic areas are observed within a focus of hyperechoic mesentery.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the right renal cortex, mildly heterogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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

The gastric lumen is mildly to moderately distended with gas and 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 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

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

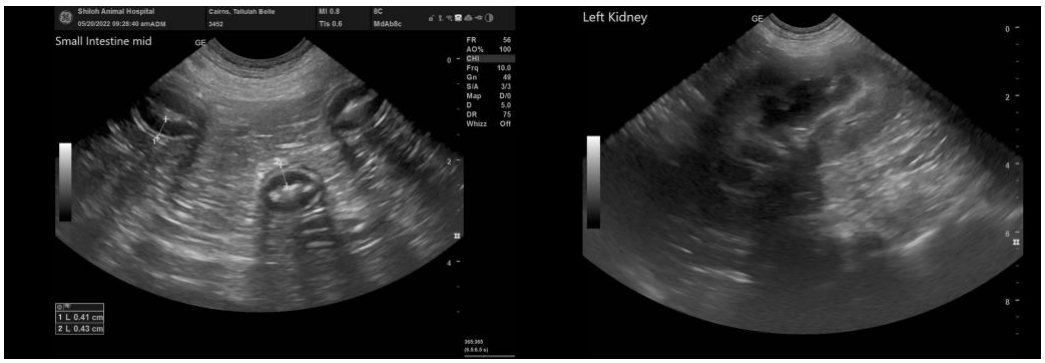
ULTRASONOGRAPHIC FINDINGS

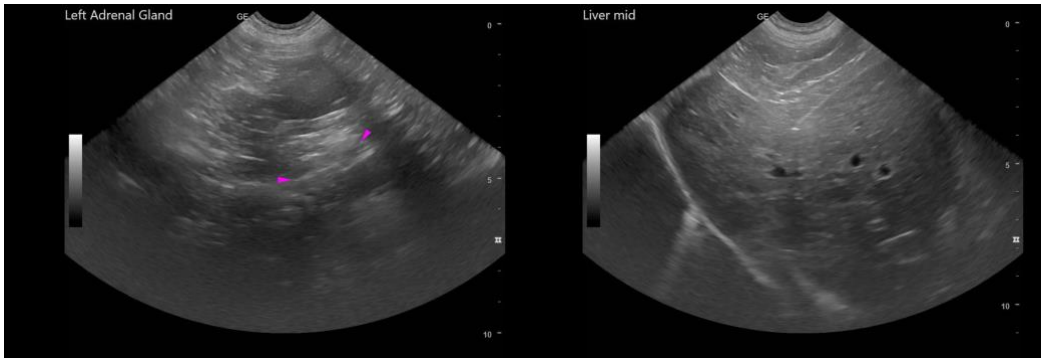
Primary Findings

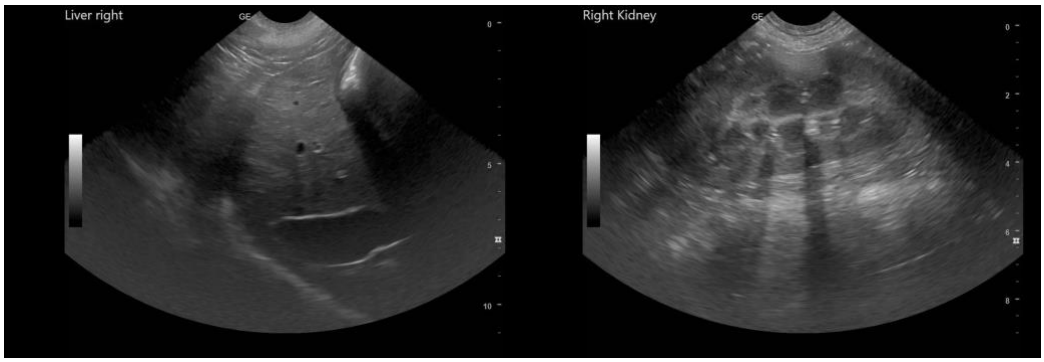
- The hepatic parenchymal changes are nonspecific and could be secondary to a benign process (i.e., regenerative nodular hyperplasia). However, given the mildly elevated ALT, hepatic pathology such as an inflammatory hepatopathy, hepatotoxicosis (i.e., copper), or less likely, metastatic disease, may be present.
- The sonographic changes within the splenic fossa may represent normal post-operative healing tissue. However, early recurrence of disease cannot be excluded.

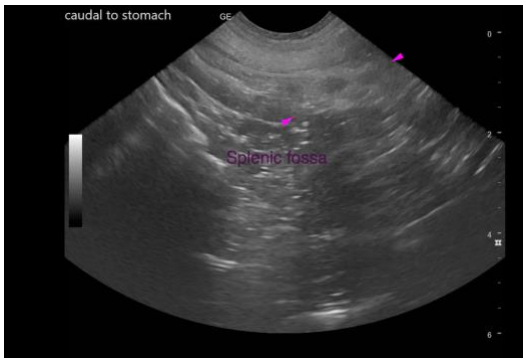
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A repeat ultrasound of the abdomen is recommended in 3-4 weeks to reevaluate the liver and splenic fossa.
- Given the anemia, consider a fecal evaluation for ova and Giardia and thoracic radiographs (to assess for occult disease).









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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com