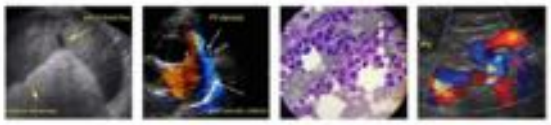
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Charlie McNeil

SPECIES

Canine

BREED

Yorkie Mix

SEX

Neutered Male

AGE

1.10.2010

WEIGHT

6.1.kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

South Reno Veterinary

REFERRING VET

Dr Schmitt

INVOICE

12945

DATE

5.4.23

PRESENTING CLINICAL SIGNS

History: Owner reports no vomiting diarrhea coughing sneezing. Eating and drinking normal. Mobility and activity normal. . recently enucleation was performed and biopsy with histopathologic signs of lymphosarcoma. X-rays indicated hepatomegaly. Patient has had problems with the contralateral eye. Patient is blind. blood pressure 160-

Abnormal PE/Chem/CBC/UA Results: PT/PTT: Normal Heartworm antigen test: Negative Chemistry screen: Slight increased total protein. Increased alkaline phosphatase and phosphorus. Mild increased PSL.

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 prostate is normal in size (0.86 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.
The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (4.44 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.60 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.66 cm at cranial pole) (0.61 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.

The right adrenal gland is mildly enlarged (0.65 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.

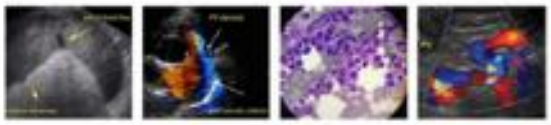
Spleen

The spleen is enlarged with irregular peripheral contours. A 4.52 cm isoechoic mass is visualized. The lesion causes capsular expansion. A few small, hypoechoic nodules are also seen (the largest measuring 0.45 cm in diameter). Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogenous in appearance, with a few ill-defined hyperechoic nodules/areas (the largest measuring 2.10 cm in diameter). A 2.28 cm ill-defined hypoechoic area is also observed. In addition,

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Charlie McNeil

SPECIES

Canine

BREED

Yorkie Mix

SEX

Neutered Male

AGE

1.10.2010

WEIGHT

6.1.kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

South Reno Veterinary

REFERRING VET

Dr Schmitt

INVOICE

12945

DATE

5.4.23

a 2.28 cm cyst is seen. 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. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness 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.

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

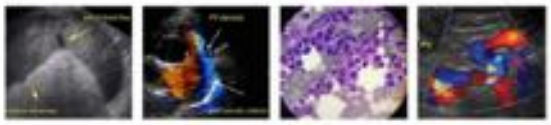
- Splenic mass. Differentials include neoplasia (i.e., round cell tumor, sarcoma) or a non-neoplastic process (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis, inflammation, other).

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. The cystic area likely represents a benign process with a lower possibility of an emerging vascular tumor.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral chronic renal changes with left cortical cysts
- Mild bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- A fine-needle aspirate of the splenic mass is also recommended, if clotting status is appropriate. A 25-gauge needle should be used. If the cytology results are inconclusive, consider a splenectomy



PATIENT

Charlie McNeil

SPECIES

Canine

BREED

Yorkie Mix

SEX

Neutered Male

AGE

1.10.2010

WEIGHT

6.1.kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

South Reno Veterinary

REFERRING VET

Dr Schmitt

INVOICE

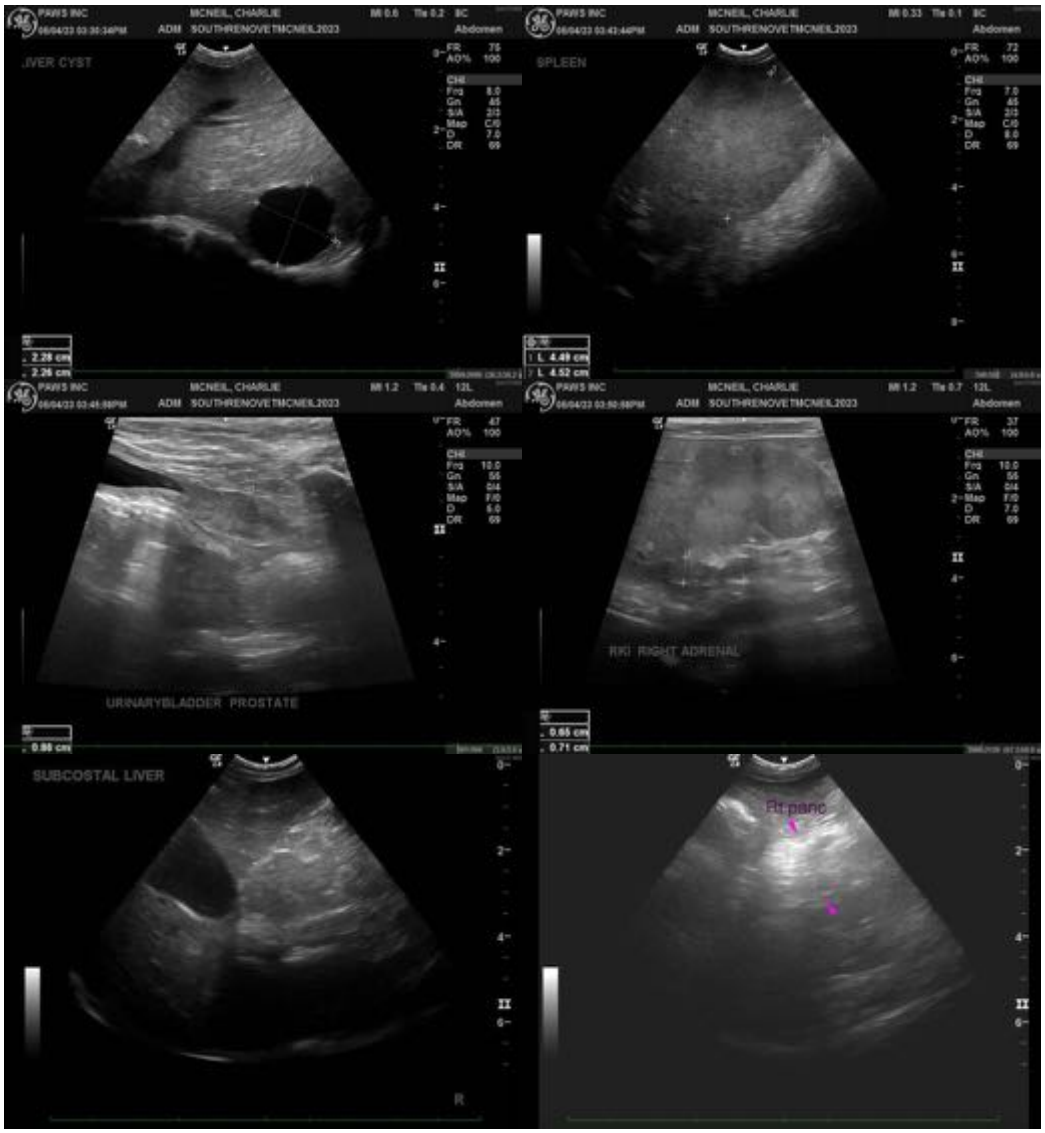
12945

DATE

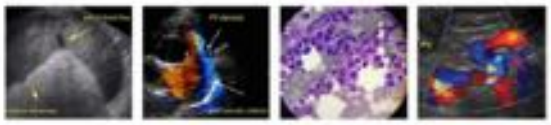
5.4.23

with submission of the spleen for histopathology. If pursued, a liver biopsy should also be considered at the time of surgery.

- Given the presence of ocular lymphoma, consider consultation with a board-certified oncologist for further diagnostic and treatment recommendations.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Charlie McNeil

SPECIES

Canine

BREED

Yorkie Mix

SEX

Neutered Male

AGE

1.10.2010

WEIGHT

6.1.kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

South Reno Veterinary

REFERRING VET

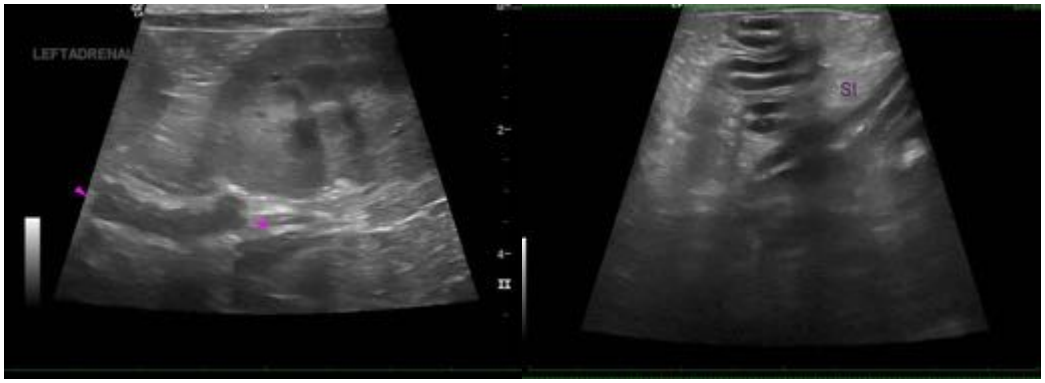
Dr Schmitt

INVOICE

12945

DATE

5.4.23



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