



PATIENT PRESENTING CLINICAL SIGNS

Marmaduke Varga History: Weak, lethargic, pale mucous membranes Regenerative anemia progressing Concerned with tumour as cause, less likely IMHA

SPECIES Abnormal PE/Chem/CBC/UA Results: Please see attached labs
Canine Hematocrit 24%, down from 28% on 6/4/2022. Nucleated red blood cells 10. Neutrophilia with a left shift rare spherocytes.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Boxer Urinary System

SEX The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface in the region of the apex is mildly irregular. The bladder lumen is moderately distended with mostly anechoic urine. 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.

Neutered Male

AGE The prostate is not visualized in its entirety due to its pelvic location. In the visualized portion, the parenchyma appears homogenous. No focal lesions are observed. The prostatic urethra is not overtly dilated.

12 years

WEIGHT The left kidney is normal size (8.22 cm in length); normal shape and architecture with 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.

96 lbs

The right kidney is normal size (9.13 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is mildly enlarged (0.88 cm at cranial pole) (0.98 cm at caudal pole) (2.44 cm in length); with a slightly irregular 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.

IMAGING PERFORMED BY

Kelly Reschny

The right adrenal gland is mildly enlarged (2.24 cm at cranial pole) (1.05 cm at caudal pole) (3.23 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.

HOSPITAL NAME

Gagemount AH

Spleen

A 2.73 x 2.29 cm isoechoic nodule/mass is arising from the caudal aspect. The lesion causes capsular expansion. The remainder of the spleen is normal in size with normal curvilinear peripheral contours and homogenous parenchyma. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Keir

INVOICE Liver

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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.

DATE

6/16/22



PATIENT

Marmaduke Varga

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.

SPECIES

Canine

Gastrointestinal

The gastric lumen is mildly fluid distended and hypomotile. 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.

BREED

Boxer

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.

SEX

Neutered Male

Free Abdomen

There is no evidence of free fluid.

AGE

12 years

Lymph nodes

(See "Other" category)

WEIGHT

96 lbs

Other

A 2.29 cm, irregular, echogenic structure is observed in the right, cranial quadrant. Surrounding mesentery is mildly hyperechoic.

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(Small Animal Internal
Medicine)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic nodule/mass. Neoplasia (i.e., round cell tumor, sarcoma, other) is possible, with a lower possibility of a benign focal lesion (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar). It is unclear if this lesion is related to the patient's clinical signs and lab abnormalities.

IMAGING PERFORMED BY

Kelly Reschny

Secondary Findings

- Mild, bilateral adrenomegaly
- The origin of the echogenic structure in the right, cranial quadrant is unclear. It may represent lymph node, a nodule within the mesentery or pancreas, other. Mild, adjacent peritonitis is present.

HOSPITAL NAME

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*An obvious cause for the patient's regenerative anemia is not identified in this study. Considerations include blood loss (i.e., GI, intrathoracic), hemolysis, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Consider clotting times (i.e., PT/PTT) to assess the patient's coagulation status.

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SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

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WEIGHT

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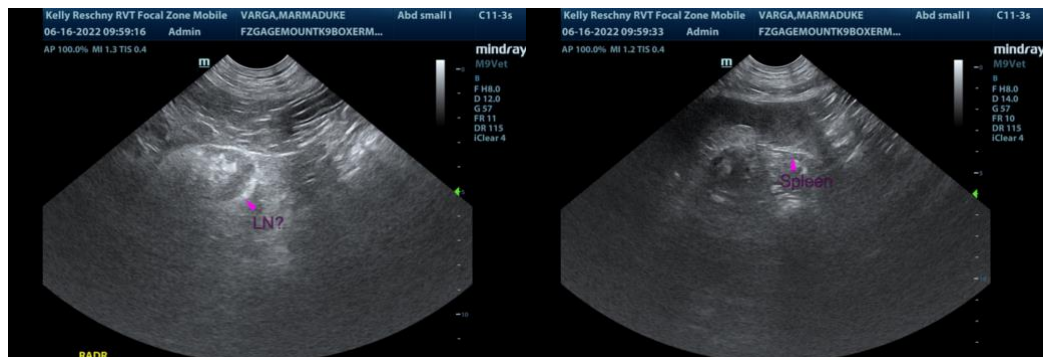
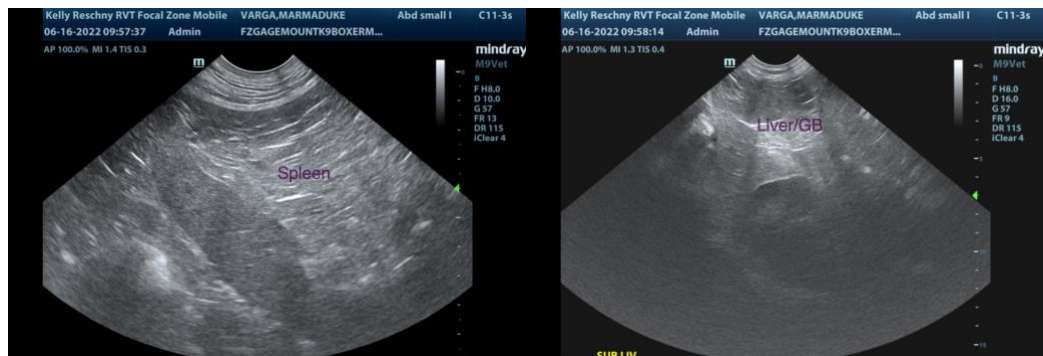
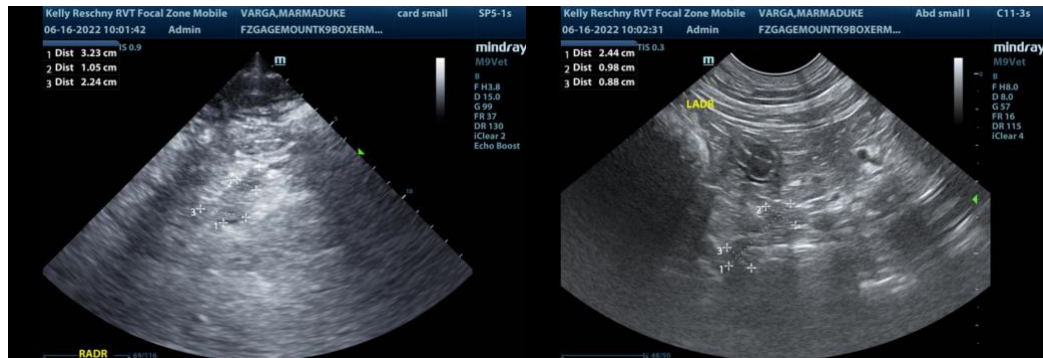
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- A fine-needle aspirate of the splenic nodule is recommended, if clotting status is appropriate. A 25-gauge needle should be used.
- Consider an upper GI endoscopy to assess for GI bleeding, particularly if corticosteroid use is being considered.
- Also consider a comprehensive tick panel (send to NC State University, Vector Borne Disease Lab).





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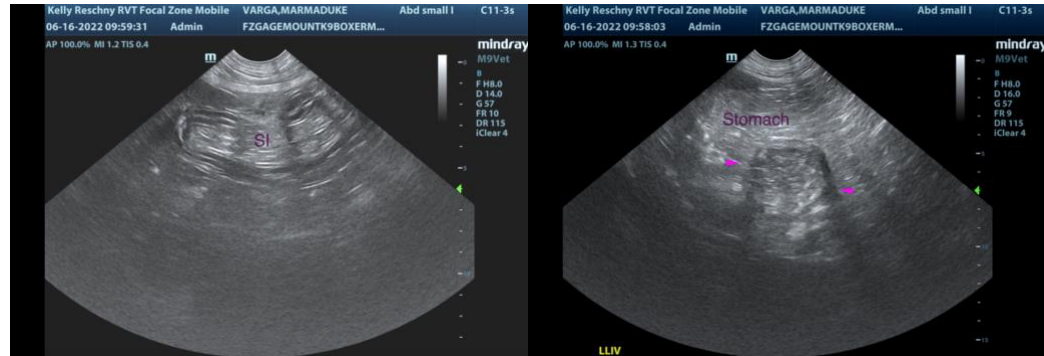
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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