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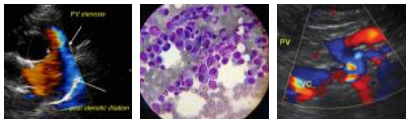

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**DATE**

6/20/2022

**PATIENT**

Aggie Fajardo

**SPECIES**

Canine

**BREED**

Mastiff

**SEX**

Spayed Female

**AGE**

6/7/2013

**WEIGHT**

73kg

**INTERPRETED BY**

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

**HOSPITAL NAME**

Nexus Vet. Specialists

**REFERRING VET**

Dr. Steele

**INVOICE**

11124

## PRESENTING CLINICAL SIGNS

Chronic diarrhea, weight loss, low normal albumin, low B12/folate. Thrombocytopenia (I don't have the rDVM CBC's but notes in record say platelets were 0 and owners report CBC sent to lab last week had count of either 500 or 5000). No evidence of spontaneous bleeding. On chloramphenicol for a UTI prior to first instance of thrombocytopenia. Erlichia and lyme positive chronically. Suspect primary GI disease, probably IBD, either ITP (primary or secondary), possible tickborne disease, possible bone marrow suppression from chloramphenicol.

Current Medications: Gabapentin, Galliprant, Cranadin
Lab Results: 4DX positive for lyme/erlichia. CBC reportedly marked thrombocytopenia confirmed on manual/path review. Albumin 2.6, BUN 25, creat 1.6 with USG>1.050 (pre-renal azotemia), elevated SDMA of 17, B12 241, folate 4.37, normal TLI.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. One to two tiny, cystic calculi are visualized, the largest measuring 0.22 cm in diameter. The remaining luminal contents are anechoic. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (8.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Mild pyelectasia is present (0.47 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (8.52 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.

### *Adrenal Glands*

The left adrenal gland is small in size (0.35 cm at cranial pole) (0.24 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 right adrenal gland is normal size (0.88 cm at cranial pole) (0.74 cm at caudal pole) (3.50 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.

### *Spleen*

The spleen is normal in size (2.34 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

### *Liver*

The liver is subjectively normal in size with a rounded to slightly irregular, contour on the right side. The parenchyma is hypoechoic relative to the spleen. At least two hyperechoic nodules are visualized, both measuring approximately 1.71 cm in diameter. One nodule is on the left side, one is on the right. Additionally, a few, ill-defined hyperechoic areas are observed in the region of the right medial lobe. The remaining parenchyma is subtly heterogenous. 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 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 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.

### *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. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

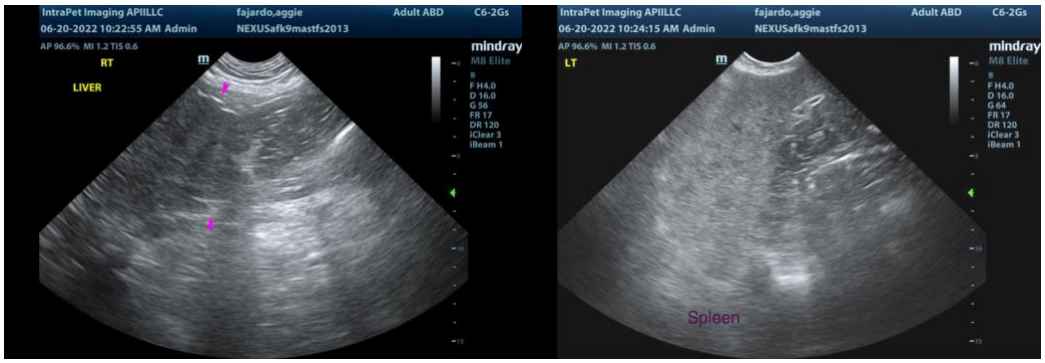
- The hepatic parenchymal changes, including the hyperechoic nodule/areas trends toward the benign (i.e., regenerative nodular hyperplasia), with a lower possibility of emerging neoplasia.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Tiny, cystic calculi

### Secondary Findings

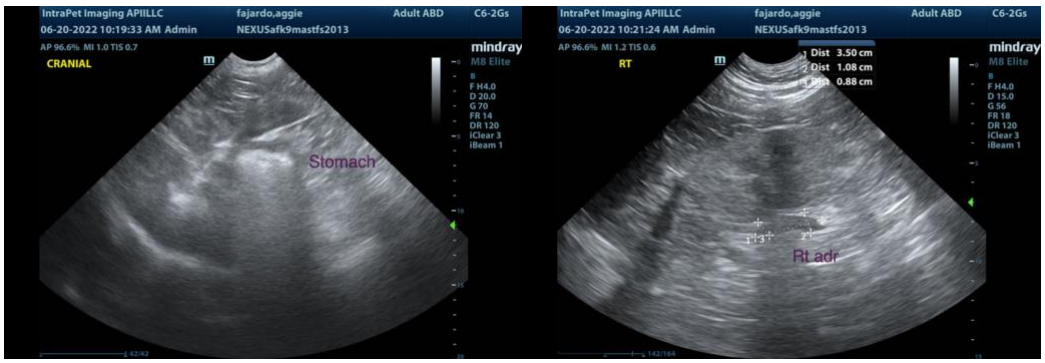
- Minor, age-related renal changes
- The left pyelectasia may be secondary to pyelonephritis, age-related remodeling, PU/PD, fluid therapy (if applicable) or some combination thereof.
- The small left adrenal gland may be a normal variant for this patient or may be secondary to early atrophy (i.e., due to hypoadrenocorticism).

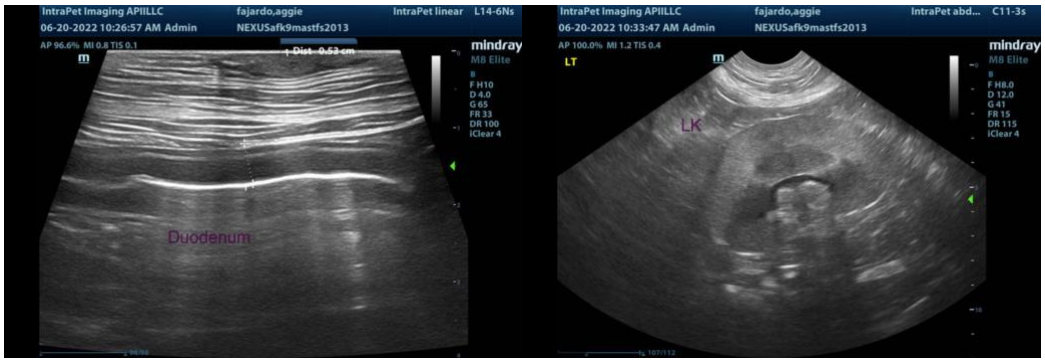
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diagnostic and treatment recommendations to be implemented by Dr. Cara Steele.





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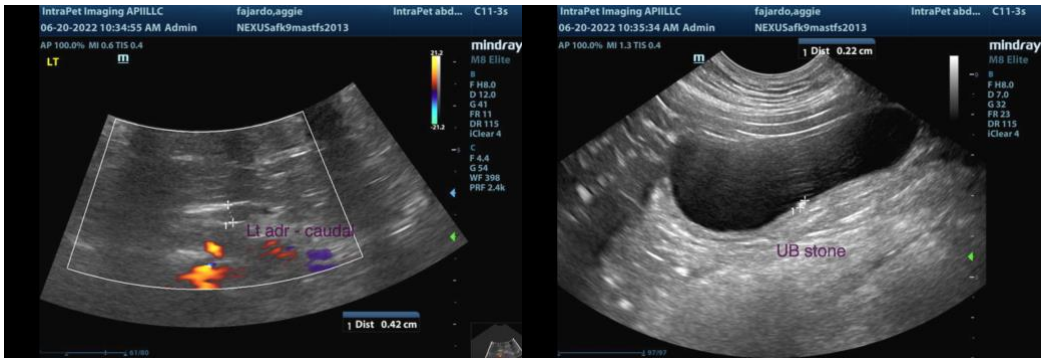


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com