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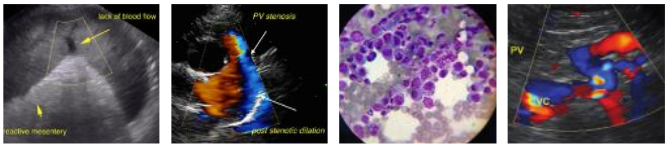

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PATIENT
Summer Gale

SPECIES
Canine

BREED
German Shepherd

SEX
Spayed Female

AGE
9 years, 4 mos

WEIGHT
70.9 lbs

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

IMAGING PERFORMED BY
Dr. Couser

HOSPITAL NAME
Williamette VH

REFERRING VET
Dr. Couser

INVOICE
11112

DATE
6/20/22

PRESENTING CLINICAL SIGNS

History: Presented 6/19 for 1 day duration lethargy, inappetence, & rapid shallow breathing. Went to the dog park 2 days ago and was very active, may have had access to a pond with fish. Up to date on vaccines.

Abnormal PE/Chem/CBC/UA Results: Exam: BAR, MM light pink, slightly tacky. Temp 104.9. Heart & lungs auscult wnl. Cranial organomegaly, suspect spleen. Non painful on abdominal palpation. Abundance of grass present on rectal exam. Peripheral LNN wnl. CBC- HCT wnl 39%, Retic 6.6, WBC 24.75k, Neu 22.13k, Mono 1.48k, Plt 133k Chem 17/lytes- Glob 4.6, Amy 477, Lipase 149 Fecal O&P- pending Rad report (Thoracic + abdominal): Small caudal vena cava, likely due to hypovolemia. The thoracic radiographs are otherwise unremarkable. There are normal abdominal radiographs. Started IVF, IV doxycycline, 1 dose of Dex SP. Temp remains in 102.9 to 103 range.

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 mildly 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 (6.95 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.

The right kidney is normal size (7.61 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.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.63 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

The spleen is subjectively prominent in size (2.72 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 to moderate amount of echogenic to mineralized gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly gas 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 segmentally gas distended. 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

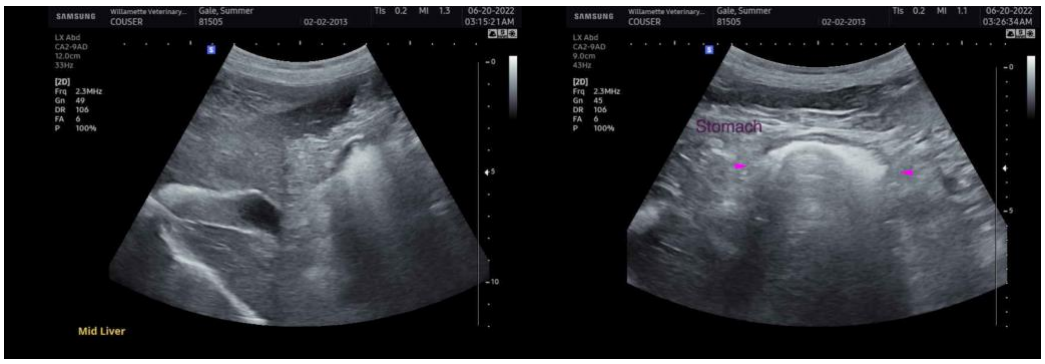
Primary Findings

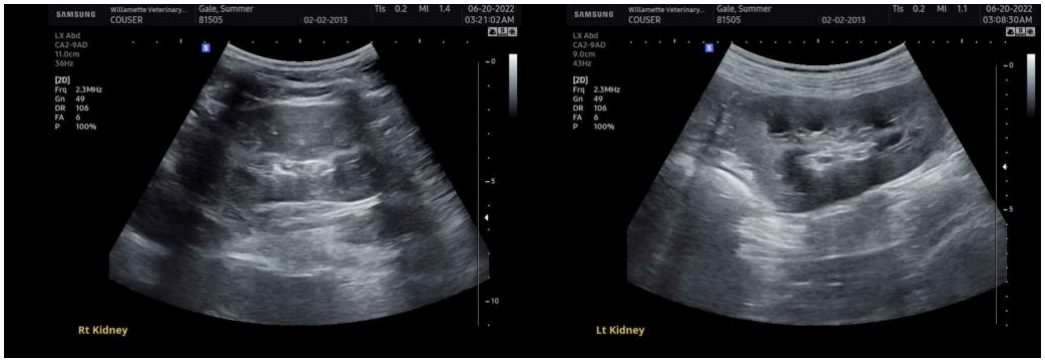
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or a normal variant with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

  *An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a direct fecal smear to further assess for *Nanophyetus salmincola*
- Consider further testing for other infectious diseases (i.e., tick-borne).
- Given the patient's breathing pattern, consider an arterial blood gas (if available).
- A fine-needle aspirate of the spleen can also be considered (if clotting status is appropriate) to further evaluate for round cell neoplasia. A 25-gauge needle should be used.
- Serial monitoring of the patient's liver and kidney values is also recommended to assess for evidence of decline in metabolic functions.
- Thorough orthopedic and neurologic evaluations are recommended to assess for nonmetabolic causes of the patient's clinical signs (i.e., immune-mediated polyarthritis, meningitis, etc.)
- Also consider an echocardiogram to assess for valvular endocarditis.
- Given the fever, consider the addition of an additional broad-spectrum antibiotic (i.e., amoxycillin-clavulanic acid) to cover other infectious 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.

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