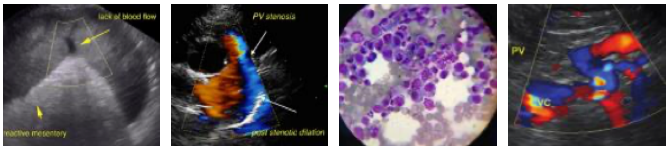
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Teddy Harkins

SPECIES
Canine

BREED
Boxer

SEX
Male, neutered

AGE
8 Yrs.

WEIGHT
40 kg.

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

IMAGING PERFORMED BY
Hayley Heindel

HOSPITAL NAME
Mason Dixon Animal Emergency Hospitala

REFERRING VET
Dr. Hengst

INVOICE
15071

DATE
6/20/23

PRESENTING CLINICAL SIGNS

History: vomiting bile, decreased appetite, leaking urine
Abnormal PE/Chem/CBC/UA Results: WBC 3.1 Neu 1.8 BUN 70 Creat 3.2 calcium >15

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. A small amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is subjectively normal size with normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (8.82 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (2.57 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is mottled in appearance with several ill-defined hypoechoic nodules throughout the organ, the largest measuring 1.52 cm in diameter. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and 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.

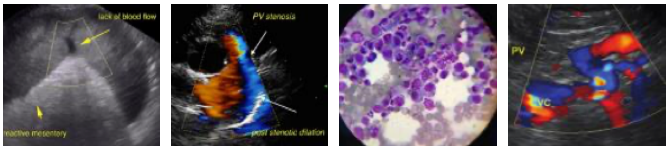
Gastrointestinal

The gastric lumen is not distended. 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.

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



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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 could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation) or emerging neoplasia (i.e., round cell tumor).
- Bilateral chronic renal changes.

Secondary Findings:

- The hepatic parenchymal changes are most consistent with a benign process (i.e., vacuolar hepatopathy) with a lower possibility of emerging neoplasia or other hepatopathy.

* An obvious cause for the patient's hypercalcemia is not identified in this study. Considerations include occult neoplasia, primary hyperparathyroidism, hypoadrenocorticism, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider the following:
  1. Three-view thoracic radiographs to assess for occult neoplasia in the chest
  2. Rectal examination to evaluate for anal gland tumors
  3. Fine needle aspirate of the spleen (if clotting status is appropriate). A 25 gauge needle should be used.
  4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
  5. +/- PTH/PTHRP/ionized calcium (Michigan State)
- Given the azotemia, consider the following:
  1. Urine culture and sensitivity
  2. UPC, if proteinuria is present in the absence of infection
  3. Blood pressure measurement
  4. Leptospirosis testing (i.e., blood and urine PCR, serology)
  5. IV fluid diuresis and symptomatic care with serial monitoring of the patient's renal values to assess for progressive azotemia
- Given the urinalysis findings, consider a urine BRAF test to further evaluate for lower urinary tract neoplasia.
- Serial monitoring of the patient's CBCs is recommended to assess for persistent leukopenia/neutropenia.

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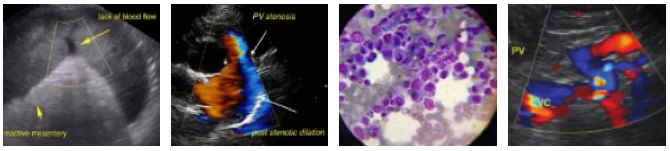

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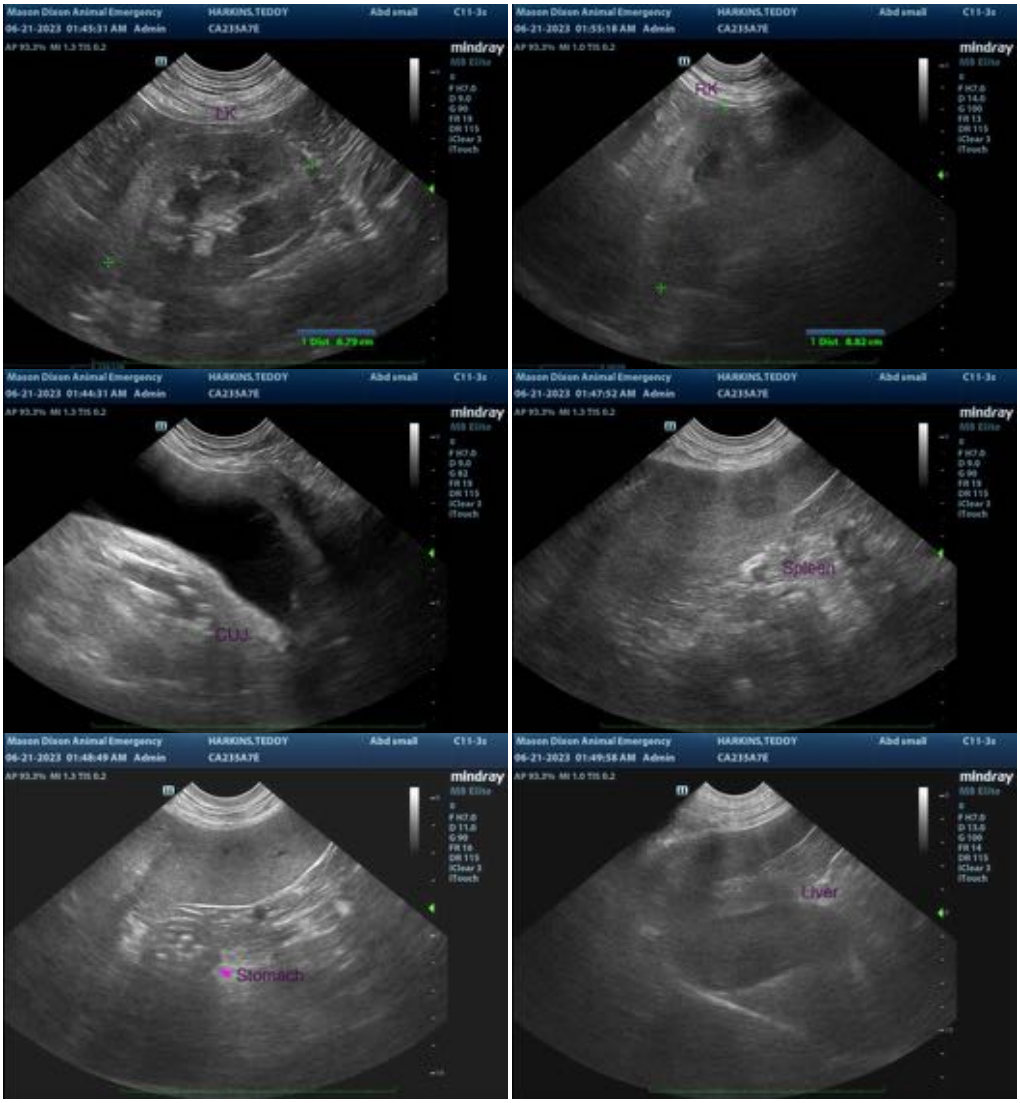

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com