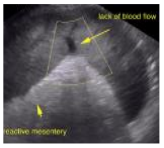
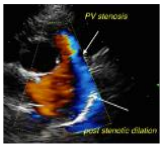
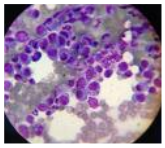
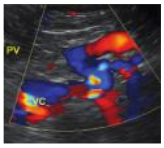
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Maxwell Young

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

8 years

WEIGHT

64 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Velasaco

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Velasco

INVOICE

11045

DATE

6/8/22

PRESENTING CLINICAL SIGNS

History: Maxwell is doing great. He has a 1cm MCT on his lateral tarsus. Screening is being conducted pre-treatment. FNA of popliteal node submitted. Thoracic rads clear.
Abnormal PE/Chem/CBC/UA Results: Chem, CBC, UA, T4 are WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. In one video clip, a 0.72 aggregation of mineralized sand versus distinct calculus is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

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

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

The right kidney is normal size (6.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter

Adrenal Glands

The left adrenal gland is normal size (0.65 cm at cranial pole) (0.67 cm at caudal pole) (2.97 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.

The right adrenal gland is upper limits of normal size (0.96 cm at cranial pole) (0.85 cm at caudal pole) (3.03 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 (1.91 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. There is an increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly 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. No obstructive disease is noted.

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

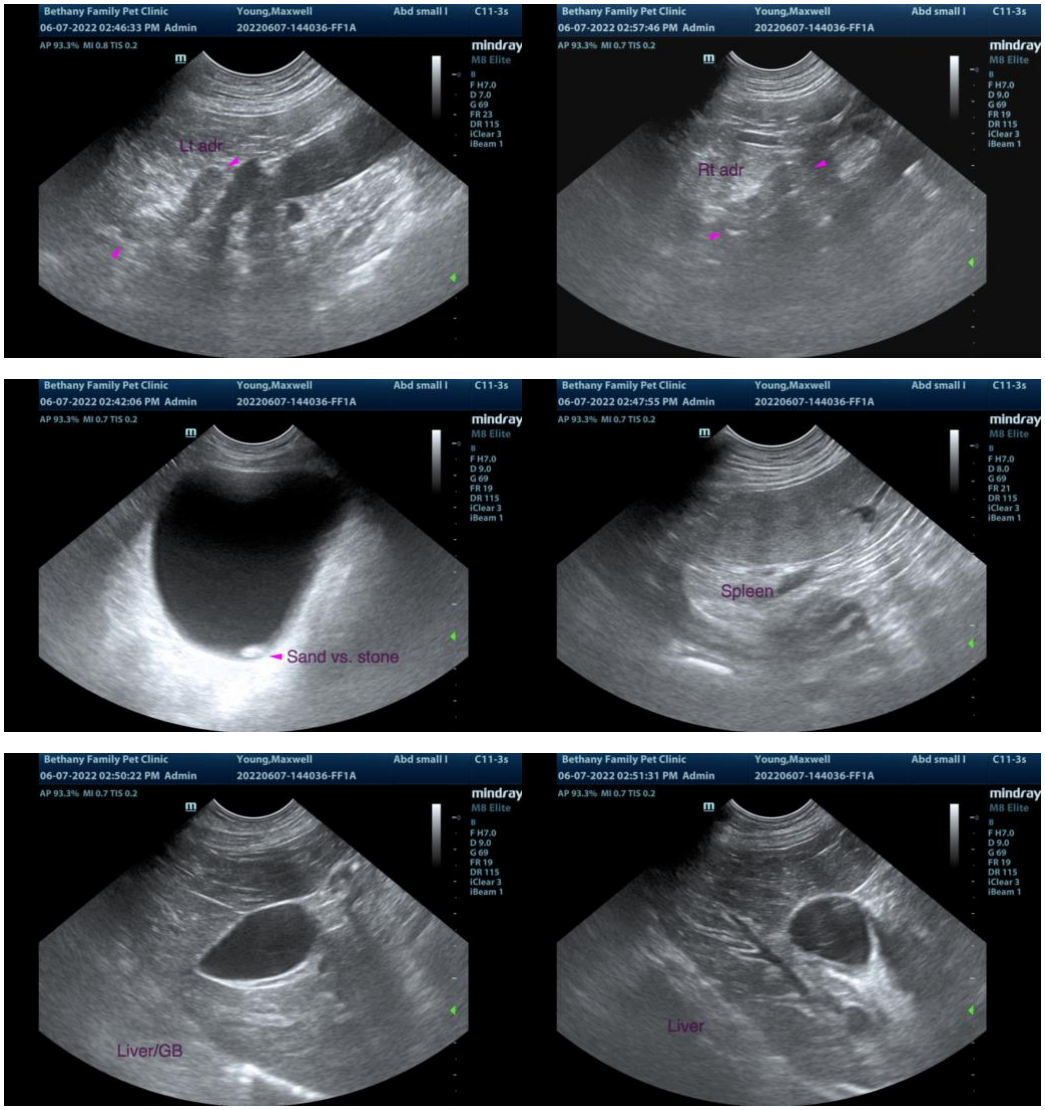
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

Secondary Findings

- The increased hepatic portal markings could be consistent with an inflammatory process or may be a normal variant for this patient. Correlation with the patient's liver values is recommended.
- Minor, age-related renal changes
- Aggregated mineralized urinary bladder sand versus stone versus imaging artifact

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine-needle aspirate of the spleen can be considered to assess for mast cell disease. However, cytology may be of low yield given the various, subtle parenchymal changes seen sonographically. If aspiration is pursued, the patient should be pretreated with diphenhydramine at 2.20 mg/kg subcutaneously 15 minutes prior to the procedure.
- Regarding the urinary bladder sand versus stone, consider and abdominal radiograph, or a repeat ultrasound in 3-4 weeks to determine if still present.



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