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Pet Animal Ultrasound Service
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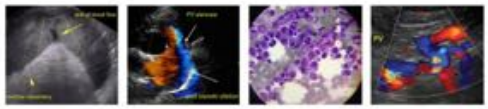


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Jason Wagner

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

14 years

WEIGHT

12.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wignall AH

REFERRING VET

Allison Dietrich, DVM

INVOICE

13678

DATE

7.14.23

PRESENTING CLINICAL SIGNS

History: Chronic vomiting x 6 months. On Rimadyl 25mg: 1T BID.

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. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.92 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.12 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. A 0.29 cm cortical cyst is observed at the medial aspect. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.19 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

The right kidney is normal in size (4.97 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal in size (0.52 cm at cranial pole) (0.65 cm at caudal pole with a normal shape and 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 in normal size (0.50 cm at cranial pole) (0.45 cm at caudal pole) with a normal shape and 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 (2.42 x 1.33 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. Approximately mid-spleen, at the lateral aspect, a heterogenous, slightly cavitated mass is visualized. The mass does nto appear to cause substantial capsular expansion. Splenic vasculature is normal.

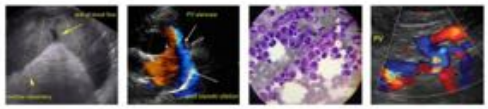
Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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 large amount of aggregated, echogenic, suspended sludge is observed within the lumen. 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 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 not dilated. The small



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intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are 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

- Splenic mass. Differentials include neoplasia (i.e., sarcoma, round cell tumor) versus a benign process (i.e., lymphoid hyperplasia) or similar. A neoplastic process is favored.
- The gallbladder changes could be consistent with an emerging mucocele, cholestasis, or less likely, fasting. A mucocele is favored.

Secondary Findings

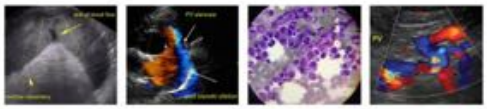
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. Correlation with the patient's liver values is recommended.
- Bilateral chronic renal changes with dystrophic mineralization and mild left pyelectasia.

*It is unclear whether the gallbladder changes and/or the splenic mass are causing the patient's vomiting, or if another concurrent problem is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function.
- Given the splenic mass, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- A fine-needle aspirate of the splenic mass can be considered (if clotting status is appropriate). A 25-gauge needle should be used. The patient should be monitored closely for at least 5-10 minutes post-procedure to assess for iatrogenic hemorrhage. If aspiration is not pursued, consider a splenectomy with submission of the spleen for histopathology. If surgery is pursued, GI biopsies should also be obtained.
- Other diagnostic/therapeutic considerations to further evaluate the vomiting, could include the following:

1. Fecal evaluation for internal parasites
2. Texas GI panel including serum cobalamin and folate, TLI, PLI, and resting cortisol level
3. Hypoallergenic or hydrolyzed protein diet trial
4. Initiation of a probiotic
5. GI biopsies (as stated above)



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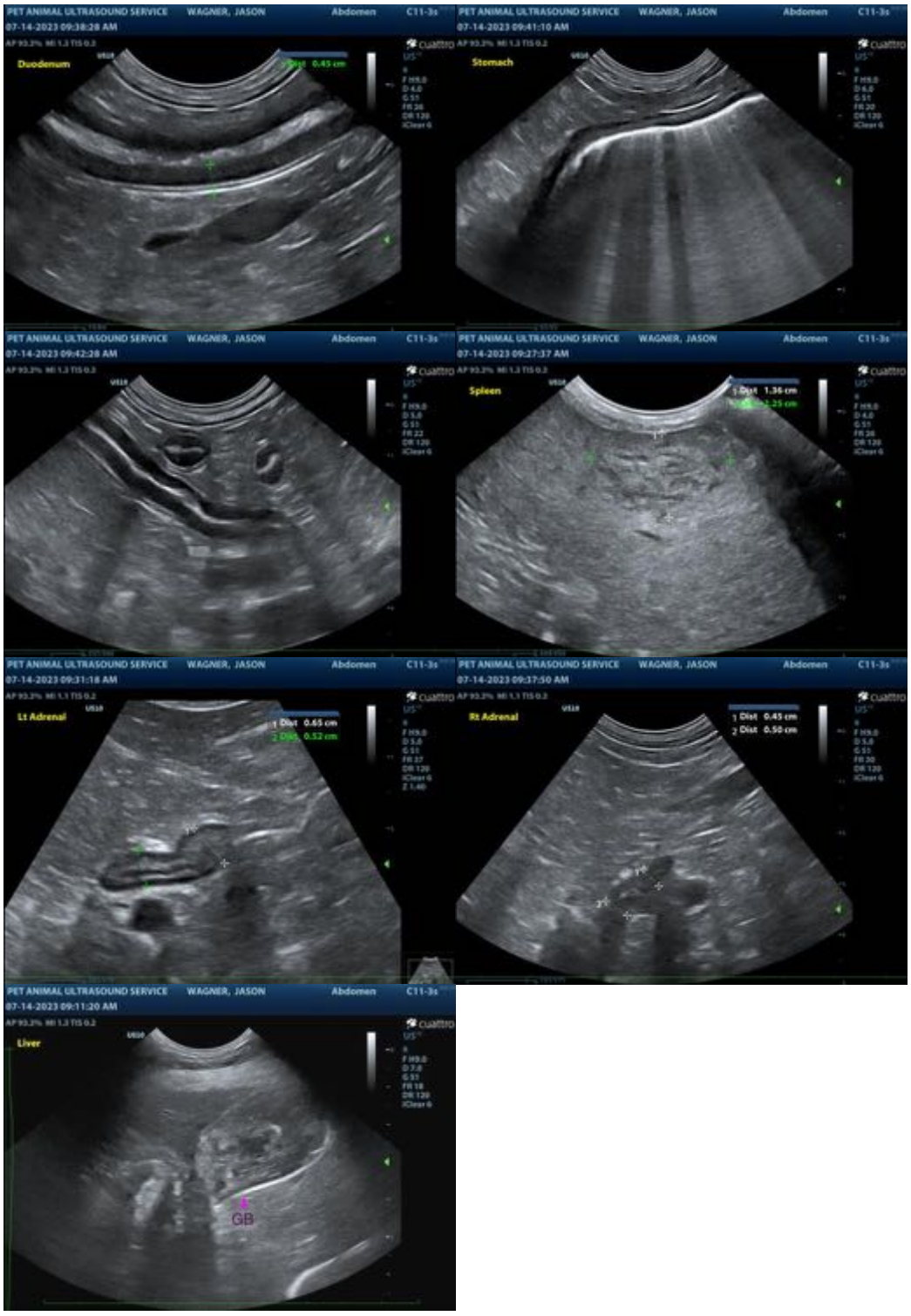
- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.



The information and recommendations provided are based on the images presented by the referring

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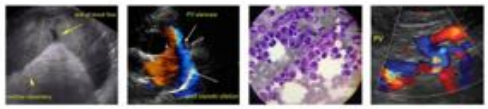

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veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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