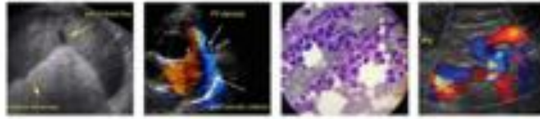


PATIENT

Ginger Simon

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

13 years

WEIGHT

39 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr Sarah Kalivoda

INVOICE

11396

DATE

8.12.22

PRESENTING CLINICAL SIGNS

History: sedated alfaxalone/torb but sedation started to wear off half way through scan- Chief Concern / Provisional Diagnosis: ~thrombocytopenia/neoplasia. ~ Relevant Medical History and

Physical Exam findings: ~ ~gr 3/6 left systolic murmur~ ~gr 4/4 perio w/ heavy calculus throughout. hx of bleeding from the mouth (yesterday). no actively bleeding lesions are noted today, gingiva appears inflamed but no petechiation is noted today. no evidence of acutely fractured or dislodged teeth~ ~abdomen is soft, nonpainful with no mass effect, pain on palpation, or other changes. ~mm atrophy throughout, moderate lameness noted x4 (suspect chronic DJD)~

Abnormal PE/Chem/CBC/UA Results/Relevant Laboratory Results / Abnormalities: ~PT normal PTT >350, repeatable BW abnormalities: thrombocytopenia (56k, confirmed with blood smear) nonregenerative anemia (31%) BUN elevation (mild, suspect 2ary to swallowed blood), ALT elevation (mild) abd radiographs show splenomegaly with no obvious mass effect. thoracic radiographs show appropriate heart size, suspect thoracic nodule at level of 7th rib (r/o summation artifact vs neoplastic) IH hematology today: blood smear 2 X 10^3 wbcs 48% lymphocytes/blasts, 38% neutrophils, 12% monocytes, 2% bands plt est 140,000, automated count 85,000 hct 36.7% automated count Heinz bodies, acanthocytes present, Current medications (include full name, dosage, and frequency): ~7/30/22- Doxycycline Tabs 100 mg 1 tab BID~

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. The region of the trigone is normal. The proximal urethra is thickened (up to 0.97 cm). The lumen is not overtly dilated.

The **left kidney** is normal size (6.31 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. A 1.33 cm cortical cyst is observed at the medial aspect. At least one smaller cortical cyst is also seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (6.28 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. A few, small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

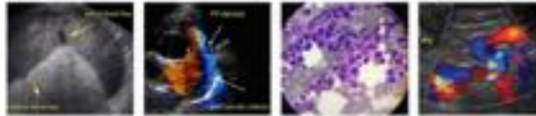
Adrenal Glands

The **left adrenal gland** is normal size (0.49 cm at cranial pole) (0.48 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.

The **right adrenal gland** is normal size (0.34 cm at caudal pole) (1.92 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 (1.95 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled, bordering on a “moth-eaten” appearance. No focal



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lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance. An approximately 3.00 cm ill-defined hyperechoic area is observed deep on the right side. 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. A moderate amount of aggregated, echogenic partially dependent 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 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 right limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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.

Other

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

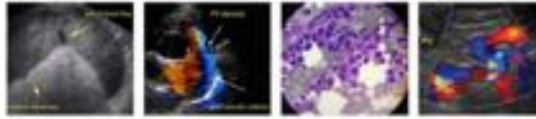
Primary Findings

- The splenic parenchymal changes are concerning for emerging neoplasia (i.e., lymphoma). However, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or similar) cannot be completely excluded.

- Nonspecific diffuse hepatopathy. Differentials include inflammatory disease, reactive hepatopathy, hepatotoxicosis (i.e., copper), infiltrative neoplasia (less likely), other hepatopathy +/- concurrent benign age-related change (i.e., regenerative nodular hyperplasia or vacuolar hepatopathy).

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis



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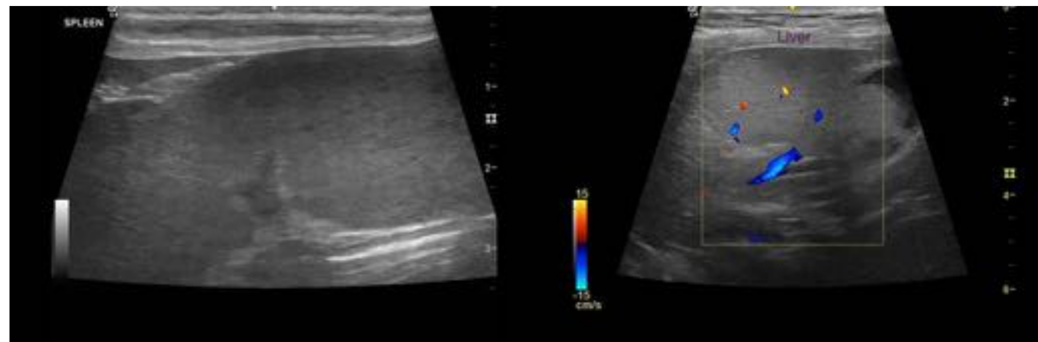
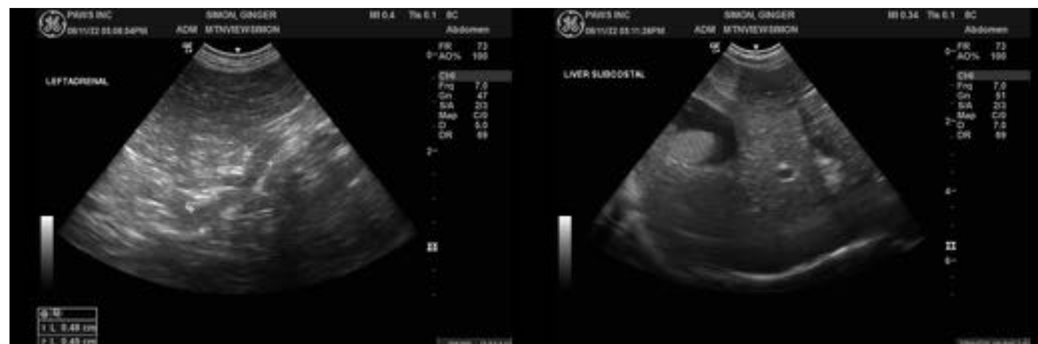
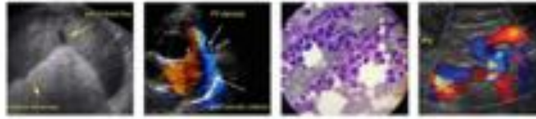
- Minor, age-related degenerative renal changes.
- The significance of the thickened urethra is unclear and may represent urethritis or emerging neoplasia (i.e., transitional cell carcinoma). Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient's clotting status can be stabilized, a splenic aspirate should be considered.
- Also consider a CBC with a clinical pathology review (with a board-certified pathologist).
- A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended. https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease
- Consider a buccal mucosal bleed time to assess for platelet dysfunction.







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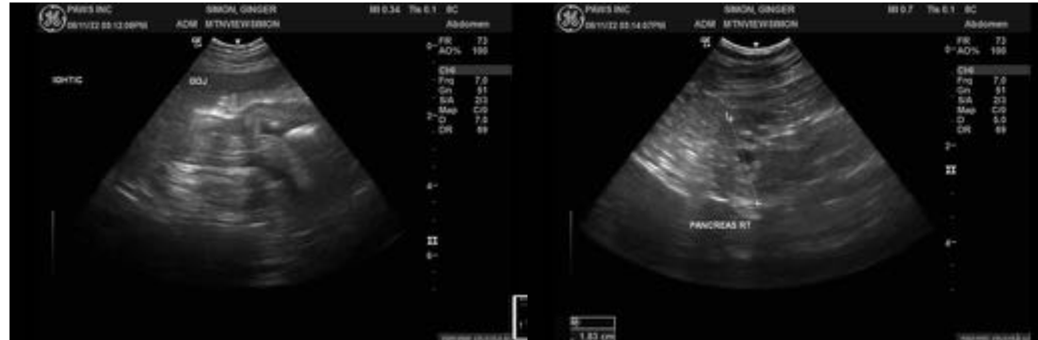

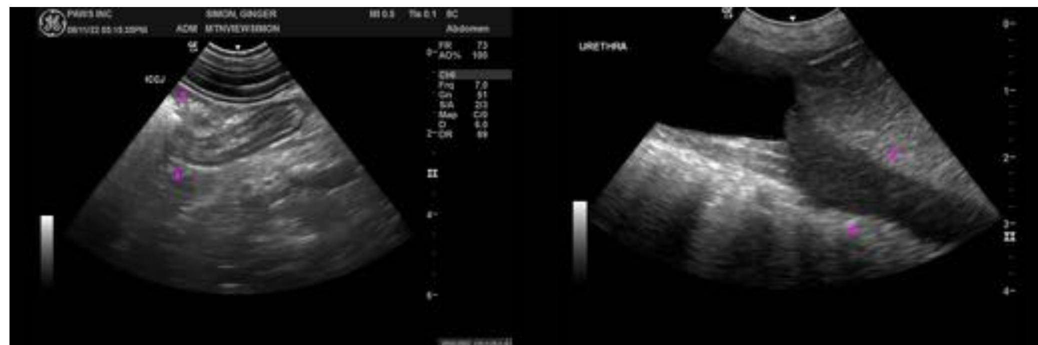

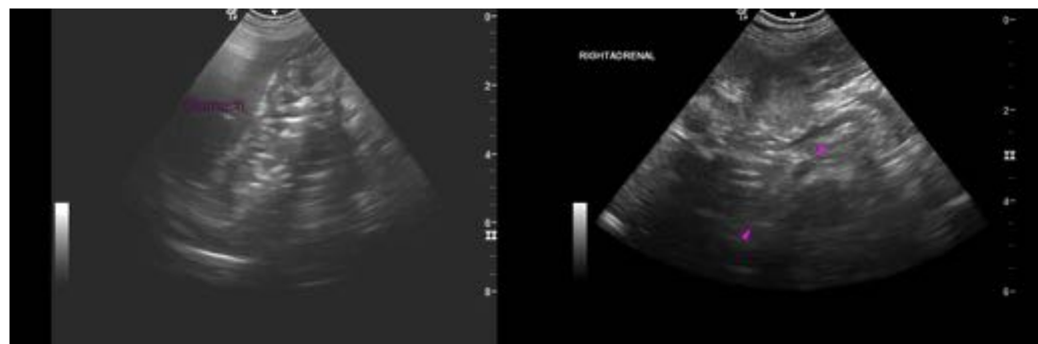

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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