



PATIENT

Bronx Olson

SPECIES

Canine

BREED

English Bulldog

SEX

Male, neutered

AGE

4 Yrs.

WEIGHT

31 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Thomas

INVOICE

13834

DATE

8/16/22

PRESENTING CLINICAL SIGNS

History: About 2-3 weeks ago Bronx started to act off, he was panting a lot, increased water consumption, and decreased O10, pH 9.0, WBC < 1/hpf, RBC < 1/hpf, no bacteria, no crystals
Abnormal PE/Chem/CBC/UA Results: pcDVM records 8/16/2022 Retic: 48,139 T4: 1.5 Chem: Tbili 0.2, BUN 6 (L), Crea 0.7, Cholest 70 (L), Glob 10.7 (H), Glu 98, K 4.3, Alb 1.7 (L) CBC: HCT 22 (L), Plt 86k (L) - visual estimate 15-68k (L), WBC 5.8 UA: USG 1. CBC today revealed a platelet count of 0.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.26 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.97 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.47 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 right adrenal gland is normal size (0.49 cm at cranial pole) (0.57 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.

Spleen

The spleen is enlarged (5.09 cm in width at the level of the hilus) with swollen/rounded peripheral contours. The parenchyma is subtly mottled in appearance. A 0.58 cm hypoechoic nodule is seen. Splenic vasculature appears normal with no evidence of thrombosis.

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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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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 ileocecolic junction and the colonic wall are normal. No obstructive disease is noted.

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Pancreas

A portion of the pancreas is obscured by the splenomegaly. In the visualized portions no obvious pathology is seen.

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Free Abdomen

Trace free fluid is observed.

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A 1.62 cm mesenteric lymph node is visualized.

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ULTRASONOGRAPHIC FINDINGS

The splenic changes are concerning for infiltrative neoplasia (i.e., round cell tumor). However, a benign process (i.e., splenitis, lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation) cannot be completely excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pathology in the chest.
- If the platelet count can be stabilized, a fine needle aspirate should be considered. A 25-gauge needle should be used.
- Given the hyperglobulinemia, a serum protein electrophoresis is also recommended.
- 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/>.
- Given the cytopenias, a bone marrow aspirate may be warranted.

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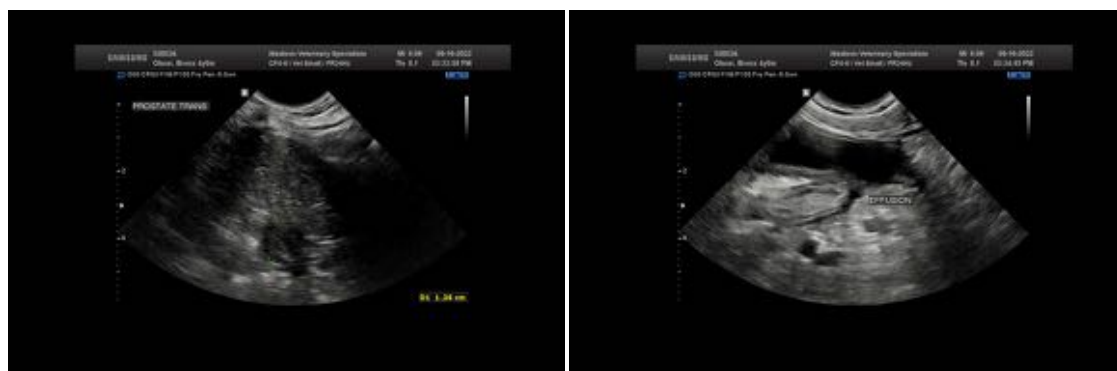
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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