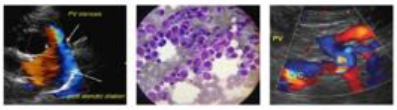


PATIENT

Duke Field

SPECIES

Canine

BREED

Neopolitan Mastiff

SEX

Neutered Male

AGE

7 Yrs. 7 months

WEIGHT

94 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

PMVU

HOSPITAL NAME

Bel Air VH

REFERRING VET

Dr. Cathy Jarrett

INVOICE

13832

DATE

9/14/22

PRESENTING CLINICAL SIGNS

History: Recurring vomiting. History of 2 stable splenic nodules (approx 2-3 cm as of 2020) found on US May 2019 and last checked April 2020. Patient daily on gabapentin and clonidine for anxiety and cauda equina. Galliprant only PRN due to NSAID toxicity in past, pet responded well to medical management for vomiting, but symptoms did recur 1 week later even with Galliprant withheld. Abnormal PE/Chem/CBC/UA Results: (08/03/2022) CHEM/CBC/CPL/SDMA: WNL. U/A: USG 1.051 and everything else WNL.

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 cystourethral junction and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.35 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 (6.90 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. Renal vasculature is normal.

The right kidney is normal size (7.00 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal length with a flattened contour (0.33 cm at cranial pole) (0.37 cm at caudal pole) (3.16 cm in length). The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

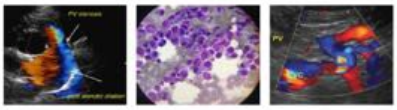
The right adrenal gland is normal size (0.48 cm at cranial pole) (0.48 cm at caudal pole)(2.79 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

At the caudal aspect, a 4.21 x 3.81 cm heterogeneous vascular mass is visualized. In addition, a 2.54 x 1.98 cm heterogeneous slightly cavitated mass is observed mid-spleen. Both lesions cause capsular expansion. The remaining parenchyma is homogeneous. 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



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distended. The wall is thin and smooth. Luminal contents are anechoic. 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 segmentally dilated with gas. The small intestinal wall thickness is normal with a normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. 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

- The bowel pattern is suggestive of inflammatory bowel disease.
- The flattened left adrenal gland may be secondary to early atrophy (i.e., due to hypoadrenocorticism) or also may be a normal variant for this patient.
- Splenic masses (previously reported). Per the history, the masses are similar in size compared to the previous sonogram. Differentials include neoplasia (i.e., sarcoma, round cell neoplasia) vs a benign process (i.e., areas of lymphoid hyperplasia, splenitis or similar). Given that the masses have been present for over 3 years, a benign process is favored despite their sonographic appearance.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the GI signs, consider the following:

  1. A fecal evaluation for ova/Giardia, if not already performed.
  2. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
  3. GI panel (serum cobalamin, folate, TLI and PLI)
  4. 6 week novel protein diet trial
  5. Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult esophageal disease and evaluate cardiopulmonary status.

- Regarding the splenic masses, consider fine needle aspirates (if clotting status is appropriate). Alternatively, a splenectomy with submission of the spleen for histopathology can be considered.

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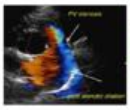
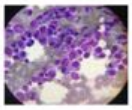
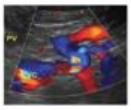

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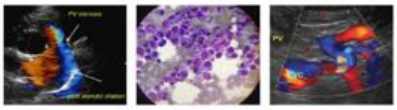

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com