

PATIENT

Pablo Pena-Ariet

PRESENTING CLINICAL SIGNS

History: Very thin. Vomiting and diarrhea. Getting metronidazole and Cerenia. Sedated with Dexdomitor and Torb.

Abnormal PE/Chem/CBC/UA Results: No labwork provided. Anemia.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. A small amount of mineralized sand is present within the lumen along with scant echogenic suspended debris. No distinct calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

BREED

Golden Retriever

SEX

Male, intact

The prostate is normal in size (1.20 cm in length; 1.10 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

7 months

The left kidney is normal size (7.42 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.

WEIGHT

35 lbs

The right kidney is normal size (7.18 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

INTERPRETED BY

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

The left adrenal gland is normal size (0.38 cm at cranial pole) (0.31 cm at caudal pole) (2.28 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 (0.73 cm at cranial pole) (0.32 cm at caudal pole) (1.98 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.

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

Spleen

The spleen is normal in size (1.17 cm in width at the level of the hilus) with a normal capsular contour. A miliary to micronodular pattern is observed throughout the parenchyma. Using the high frequency probe, the parenchyma has a "moth eaten/Swiss cheese" appearance. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Silver Spring Animal
Hospital

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 distended. The wall is normal in thickness. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Dr. Jarrett

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Gastrointestinal

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The gastric lumen is mildly distended with ingesta and hyperechoic shadowing material (oral medications?). The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal to moderately thickened (up to 0.69 cm) with a normal layering pattern. There is evidence of mucosal fogging in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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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.

SEX

Male, intact

Free Abdomen

Trace free fluid is observed. Several prominent mid to caudal abdominal lymph nodes are visualized, the largest measuring 2.94 x 1.39 cm.

AGE

7 months

Other

The testicles are subjectively normal in size (left testicle 1.56 x 0.83 cm; right testicle 1.47 x 0.88 cm) with normal shape and homogeneous parenchyma. A small amount of free fluid is observed within the scrotal sack.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor). However, benign pathology (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) is also possible.
- The prominent abdominal lymph nodes could be consistent with immunologic immaturity, reactive lymphadenitis, lymphoid hyperplasia or possibly, infiltrative neoplasia.
- The bowel pattern is most consistent with an inflammatory process (i.e., inflammatory bowel disease) with lower potential for emerging neoplasia.
- The ascites may be secondary to low oncotic pressure, increased vascular permeability or increased hydrostatic pressure. Correlation with the patient's clinical picture and lab work is recommended.

Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Urinary bladder sand/debris.
- Gallbladder distention, significance unknown.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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- Baseline labwork including a CBC chemistry panel and urinalysis is recommended if not already performed.

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- Three-view thoracic radiographs should also be considered to assess cardiopulmonary status.

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Golden Retriever

- Consider a fine needle aspirate of the spleen (if clotting status is appropriate). A 25-gauge needle should be used.

SEX

Male, intact

- Other diagnostic considerations include the following:
 1. Serum cobalamin, folate, PLI and TLI
 2. A fecal evaluation for ova/Giardia
 3. +/- endoscopic or surgical gastrointestinal biopsies. If surgical biopsies are pursued, biopsies of the prominent abdominal lymph nodes should also be obtained.

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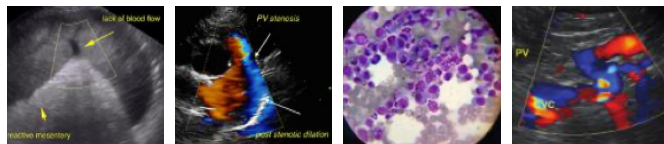
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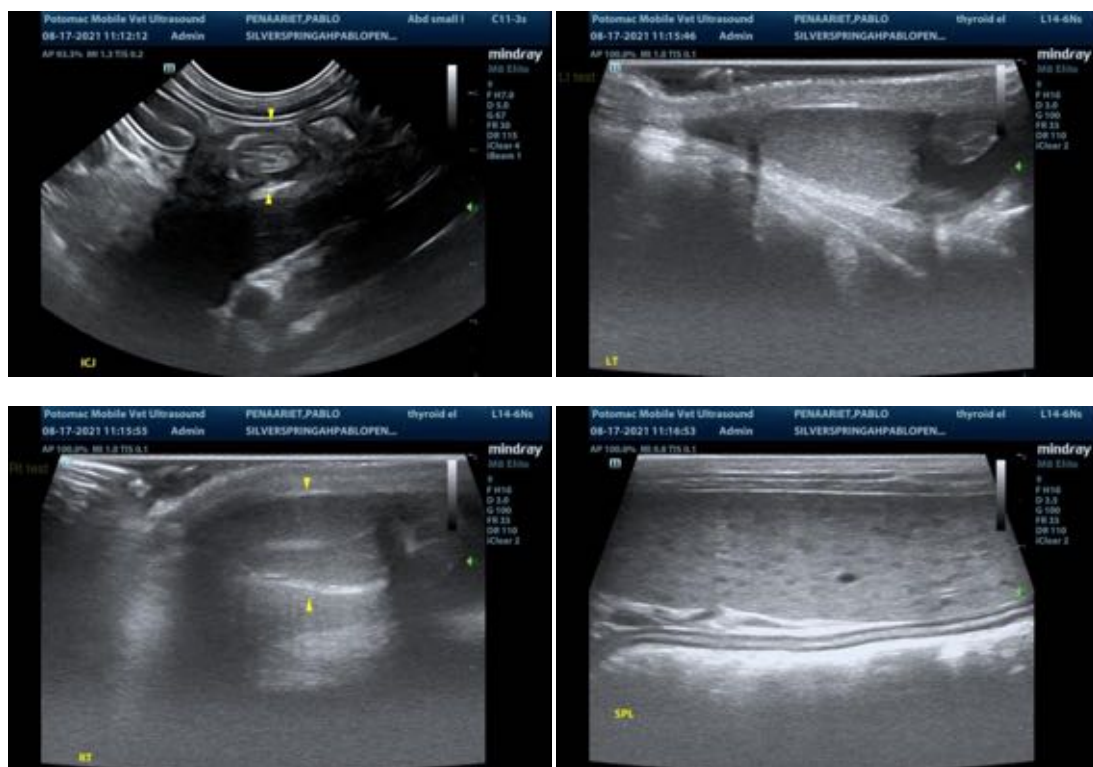
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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