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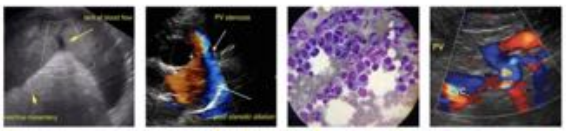

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Daisy Jansen

SPECIES

Canine

BREED

Cockapoo

SEX

Female Spayed

AGE

5/10/15

WEIGHT

24.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Park West VA

REFERRING VET

Butler

INVOICE

13921

DATE

8.3.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Recent history of inappetence and lethargy (since mid-July). Also has a splenic nodule.
Came in for exam 7/29, Loose stools started 7/29, seems unsteady on feet. P treated outpatient with SQ fluids/Cerenia/Metronidazole/FortiFlora SA. P a little better that night, but since Sunday P not eating anything. No vomiting. Continued loose stools. P seems to tremble more.

On PE cranial abdomen is tense, tense on TL palpation.
Hospitalized on IVF 8/1, Cerenia/Gabapentin- P ate readily in hospital.
Went home and ate for O in PM and AM

Abnormal lab-work values: BW 7/29 WNL. Snap CPL 8/1 Normal. CBC chem unremarkable. USG 1.017 with trace proteinuria. 4dx negative. T4 normal.

Radiographs: Ingesta within the stomach in the face of anorexia is of some concern for potential foreign material or other cause of pyloric outflow obstruction. Alternatively, this may simply indicate retained normal ingesta. Other potential causes of vomiting are not ruled out, such as gastroenteritis or intoxication. Increased soft tissue opacity superimposed over the cranial thorax on lateral images is likely artifactual due to superimposition of the thoracic limbs.

AFAST- Splenic nodule observed
UA (free catch) 8/1- USG 1.017, Trace protein, WBC 6-10, Moderate rods, 2+ struvites
Current Medications: Metronidazole, FortiFlora SA, Amoxicillin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly 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, appear normal.

The left kidney is normal in size (5.09 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A thin, ill-defined, hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

The right kidney is normal in size (5.49 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A thin, ill-defined, hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

Adrenal Glands

The left adrenal gland is normal in size (0.46 cm at cranial pole) (0.43 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 appear normal.

The right adrenal gland is normal size (1.08 cm at cranial pole) (0.46 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 appear normal.

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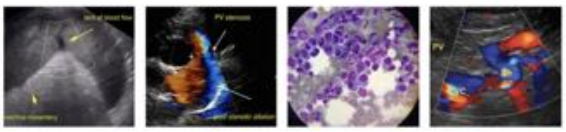

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Spleen

The spleen is normal in size (1.23 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. An approximately 2.00 x 1.50 cm hypoechoic to slightly heterogenous nodule/mass is observed at the craniomedial aspect. Just proximal to the hilus. Splenic vasculature appears normal.

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 portal vein to caudal vena cava ratio is approximately 1: 1.

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. The duodenal papilla is normal in size (0.43 cm in width).

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-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 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 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.

*An ultrasound-guided FNA of the splenic lesion was performed at the end of the study without incident.

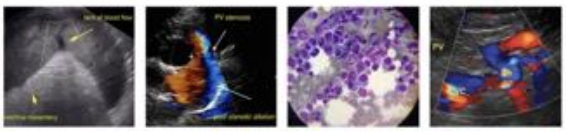
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic nodule/mass. The lesion is concerning for neoplasia (i.e., sarcoma, round cell tumor, other). However, a benign focus (i.e., lymphoid hyperplasia or similar) cannot be excluded.

Secondary Findings

- Minor bilateral chronic renal changes
- 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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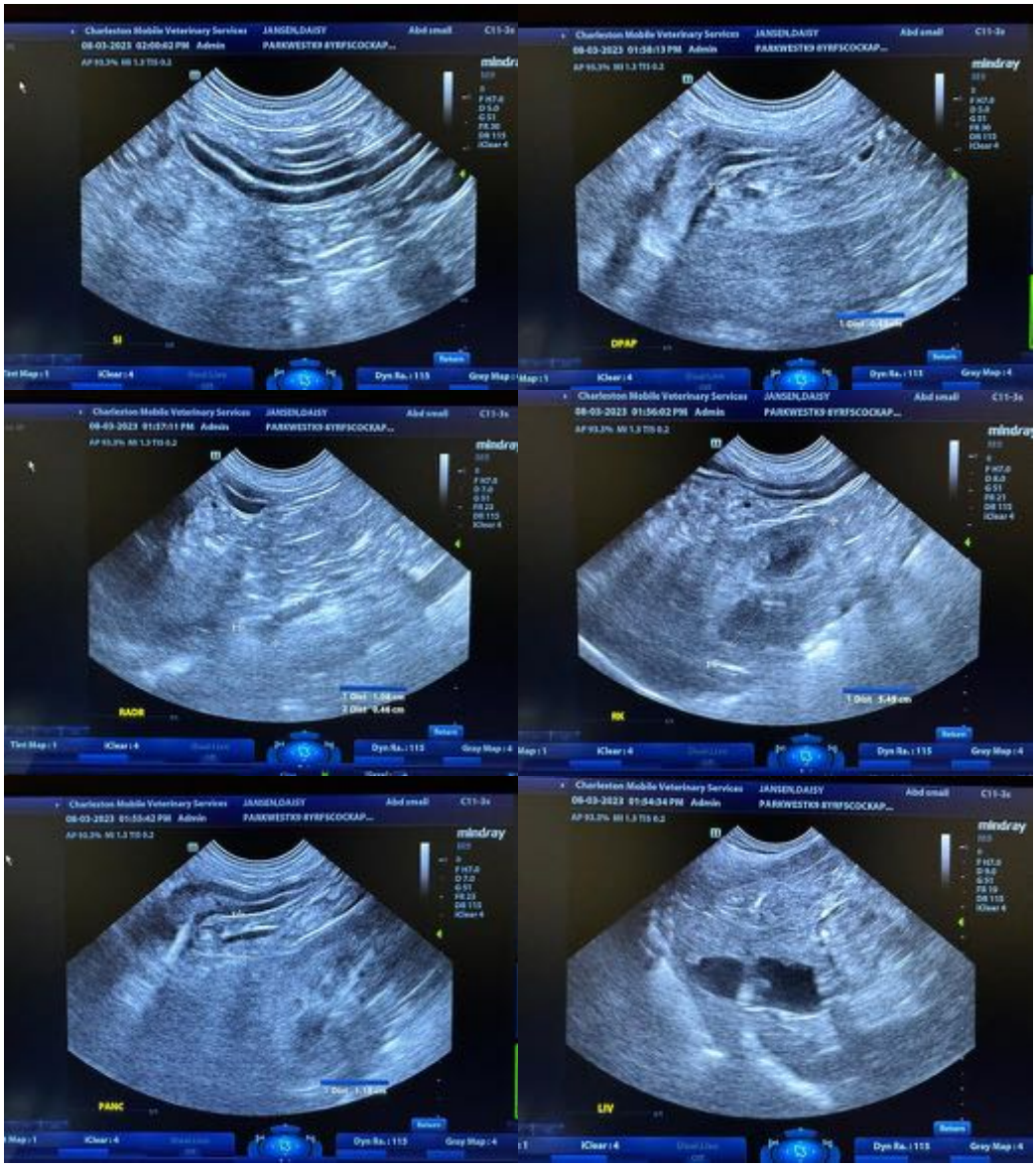
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the splenic nodule, consider the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If splenic cytology results are inconclusive, consider a splenectomy with submission of the spleen for histopathology.



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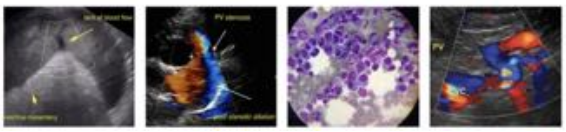

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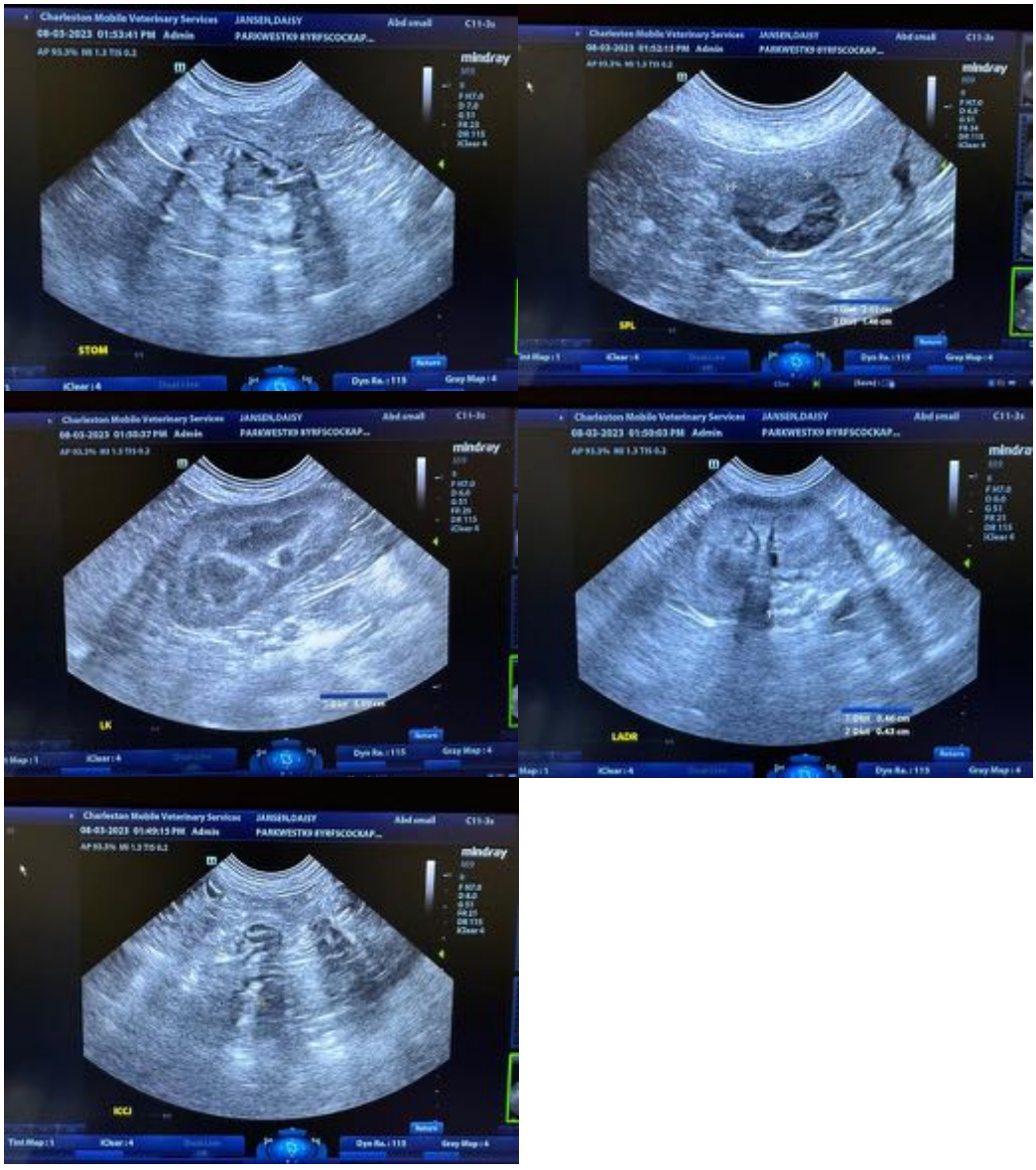

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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