

## PATIENT

Miki Lohmeier-AAH

## SPECIES

Canine

## BREED

Viszla

## SEX

Neutered Male

## AGE

10 years

## WEIGHT

29.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-  
Jacques,  
LVT

## HOSPITAL NAME

Alpine AH

## REFERRING VET

Dr Lindsay Sjolín

## INVOICE

14186

## DATE

8.21.23

## PRESENTING CLINICAL SIGNS

History: No sedation- Presented 8/8/23 for weakness, trouble jumping up. On presentation had fluctuant swelling to R submandibular area (like sq edema, not painful or firm), Hct 38% (had been mid to high 50% 2 months prior). Brief ultrasound showed no free fluid in abdomen at that time. 4dx negative. CBC to idexx - regenerative response present. No spherocytes. Plts 100k but clumped/adequate. CXR - no obvious metastasis. Diphenhydramine given for facial swelling - per O no noticeable change. Recheck CBC 8/16 stable, plts 69k, smear not evaluated manually at that time. Working diagnosis Regenerative anemia - concern for blood loss

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra, visible to a depth of 2-3 cm, are normal.

The prostate is normal in size (1.45 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.84 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.98 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.72 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 are normal.

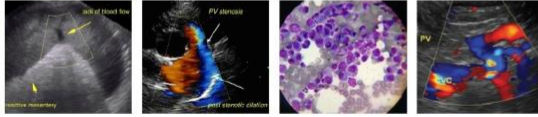
The right adrenal gland is in normal size (1.16 cm at cranial pole) (0.67 cm at caudal pole) (4.05 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

### Spleen

The spleen is overall subjectively normal in size with irregular peripheral contours. Numerous, varying-sized hypoechoic-to-heterogenous nodules/masses are observed throughout the organ (the largest measuring 2.68 cm in diameter). Splenic vasculature appears normal with no evidence of thrombosis.

### Liver

The liver is subjectively normal in size with irregular peripheral contours. A few varying-sized, hypoechoic to heterogenous, nodules/masses are observed throughout the organ (the largest measuring approximately 4.00 cm in diameter). A few of the lesions cause capsular expansion. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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### *Gastrointestinal*

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

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### *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.

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### *Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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### *Other*

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

## INTERPRETED BY

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

## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

- Hepatic and splenic nodules/masses. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is suspected with a lower possibility a multifocal inflammatory process or other benign process.

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### *Secondary Findings*

- Minor bilateral chronic renal changes

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirates of the hepatic and splenic lesions (if clotting status is appropriate). Twenty-five gauge-needles should be used. Depending on cytology results, consultation with a board-certified oncologist may be indicated.

## REFERRING VET

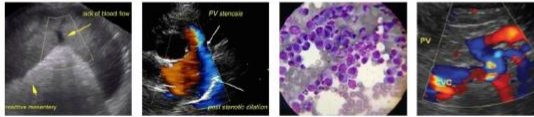
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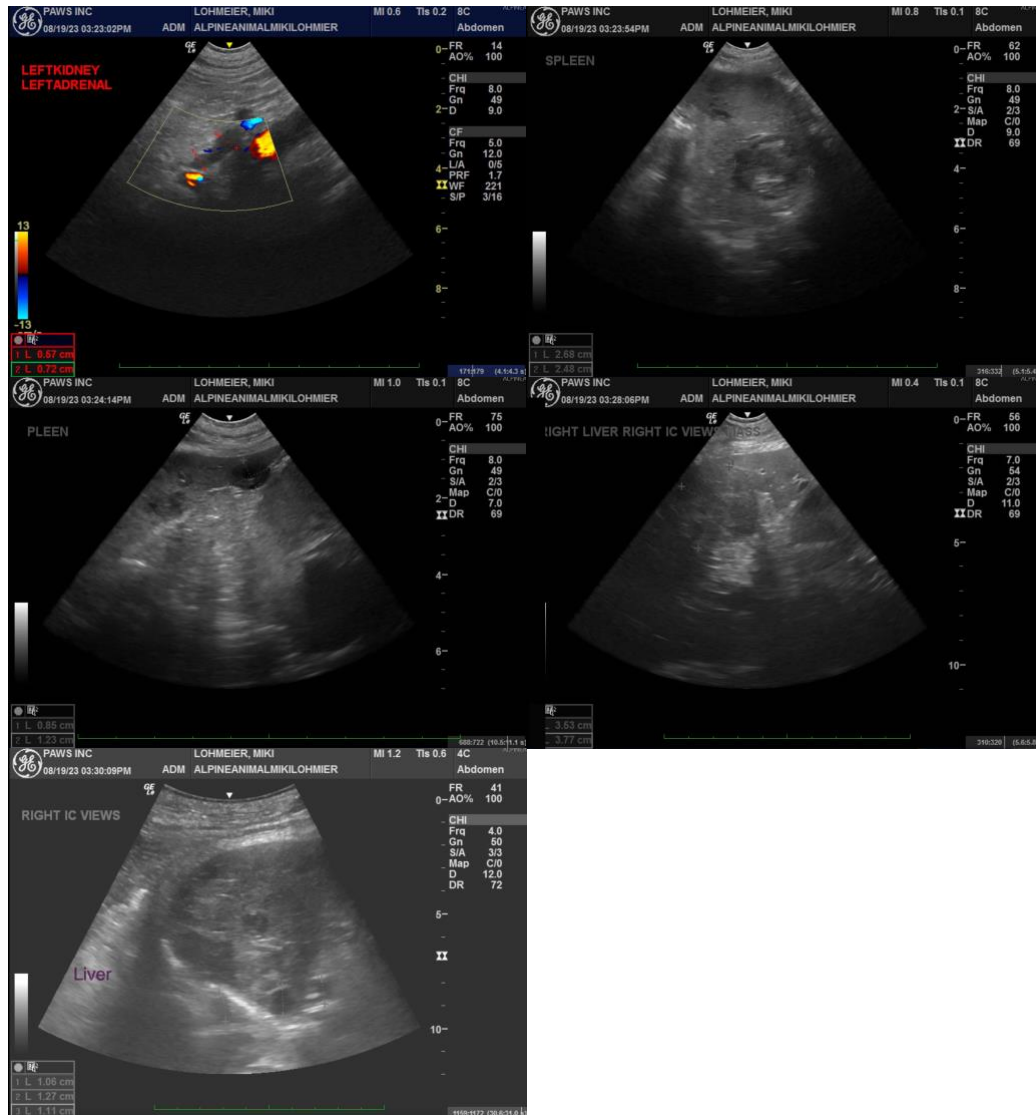
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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