

**DATE**

8/23/22

PRESENTING CLINICAL SIGNS

5 lbs of weight loss despite great appetite and no changes to activity level. Some distant siblings had liver problems early in life. Senior screening baseline ultrasound.
CBC chem/UA/T4- WNL

PATIENT

Snow Oliver

Current Medications: None.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female, spayed

AGE

1/7/2016

WEIGHT

74 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Stay Pet Veterinary

REFERRING VET

Dr. Klimovitz

INVOICE

13874

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (6.32 cm in length); normal shape and architecture with smooth peripheral margins. 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.29 cm in length); normal shape and architecture with smooth peripheral margins. 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.78 cm at caudal pole) (3.00 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 (0.60 cm at cranial pole) (0.74 cm at caudal pole) (2.40 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

The spleen is prominent in size (2.84 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is mottled in appearance. No focal lesions are observed. Splenic vasculature is 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.

Gastrointestinal

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 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

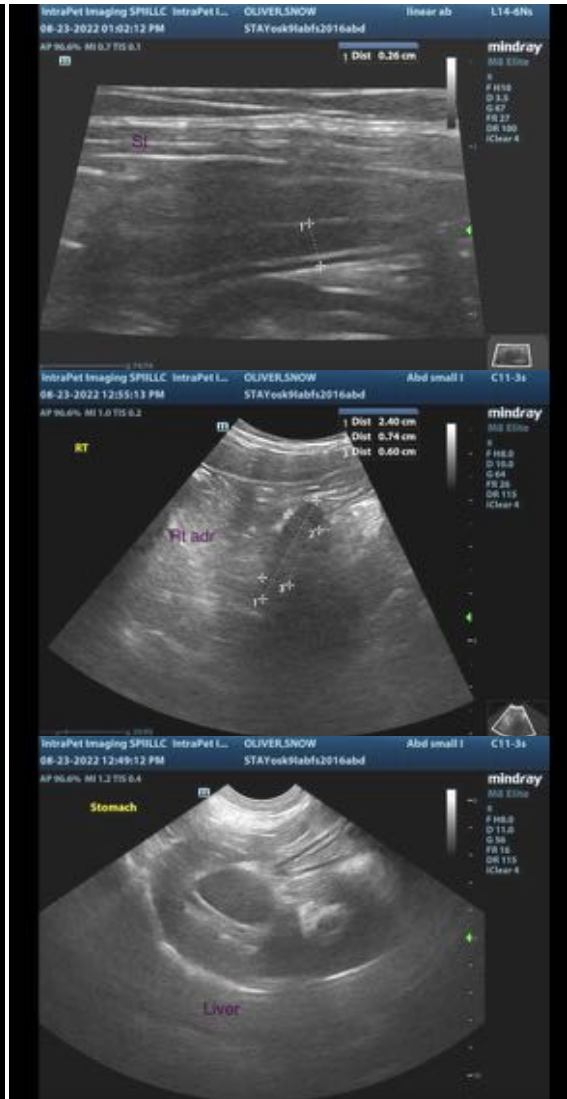
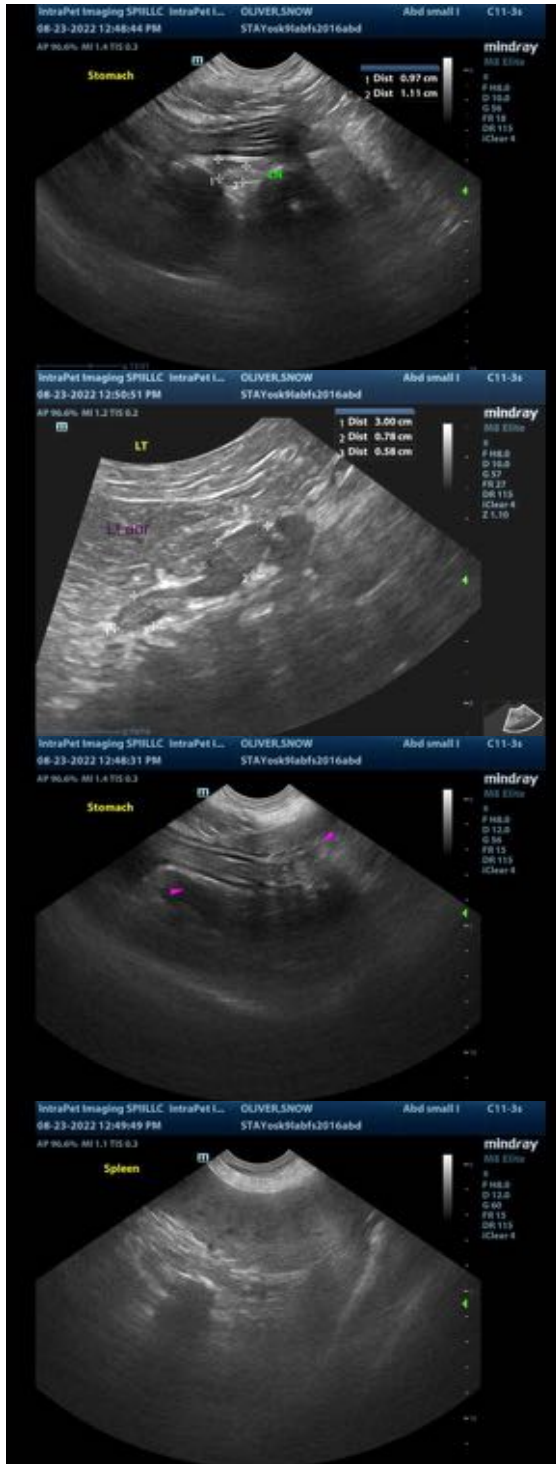
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.11 x 0.97 cm lymph node is observed in the right cranial quadrant, just caudal to the stomach.

ULTRASONOGRAPHIC FINDINGS

- The splenic parenchymal changes could be consistent with a benign process (i.e., splenitis, lymphoid hyperplasia, extramedullary hematopoiesis or similar). Alternatively, emerging neoplasia (i.e., lymphoma) cannot be completely excluded.
- The prominent cranial abdominal lymph node is most consistent with reactive change. However, emerging neoplasia is also possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine needle aspirate of the spleen to help rule out round cell neoplasia (if clotting status is appropriate). A 25 gauge needle should be used.
- Other diagnostic considerations include the following:
 1. Three-view thoracic radiographs to assess for occult disease in the chest.
 2. A fecal evaluation for ova/Giardia.
 3. Malabsorption panel including serum cobalamin, folate, TLI and PLI to help assess for maldigestion/malabsorption and underlying pancreatic disease.
 4. Neurologic examination, as weight loss can be the sole clinical sign in dogs with primary brain tumors.
 5. Given the clinical history of liver disease in the siblings, pre and post prandial serum bile acids can also be considered to assess for occult hepatic dysfunction.



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com