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Clinical Sonography & Telecytology
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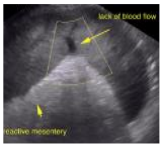
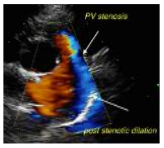
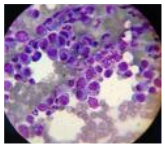
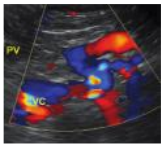

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1-800-838-4268 info@sonopath.com

PATIENT

Sal Chicha Kachnycz

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

10 years

WEIGHT

10.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Van Nieuwal

HOSPITAL NAME

Animal EH Volusia

REFERRING VET

Van Nieuwal

INVOICE

14220

DATE

8.25.23

PRESENTING CLINICAL SIGNS

History: P presented as a transfer for IMHA. P was first diagnosed with IMHA over a year ago, treated with prednisone, mycophenolate and Plavix and did not need a blood transfusion. Tapered off meds and did well until yesterday. Went to rDVM yesterday, HCT at that time was 30%. P was started on 15mg prednisone BID yesterday. Today p seemed worse and PCV is now 18%.

Abnormal PE/Chem/CBC/UA Results: PCV has dropped to 13%. Placed p in oxygen at 3L/min.
CBC shows HCT of 14% and HGB of 4.8. Total bili - 5, was normal yesterday.

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 are normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (4.88 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (4.41 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The cranial pole of the left adrenal gland is visualized and is normal in size (0.47 cm in width), Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

The right adrenal gland is borderline enlarged (0.83 cm at cranial pole) (0.56 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.

Spleen

The spleen is normal in size (1.40 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.00 cm hypoechoic nodule is observed at the mid- to caudal aspect. Splenic vasculature is 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 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.

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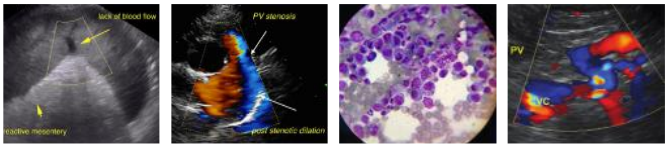

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Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is 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. There is no evidence of an obstructive pattern.

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

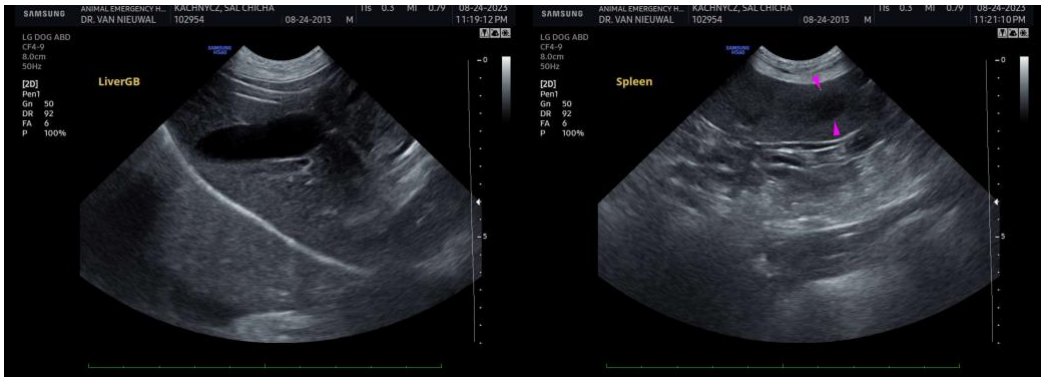
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The splenic nodule could be consistent with a benign process (i.e., focus of lymphoid hyperplasia or similar). Alternatively, an emerging tumor is possible. A benign process is favored. The remainder of the abdomen is unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine-needle aspirate of the splenic nodule to further evaluate for emerging neoplasia.
- Three-view thoracic radiographs are also recommended to assess for underlying pathology in the chest.
- Consider a comprehensive tick panel (Send to NC State vector-borne disease lab).
- While awaiting test results, symptomatic care for relapse of immune-mediated hemolytic anemia is recommended.



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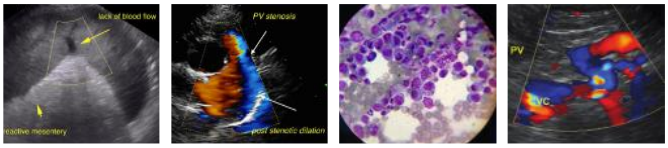

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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