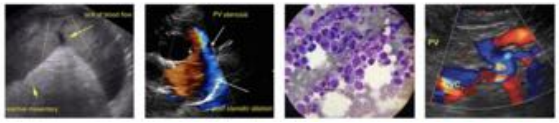


PATIENT

Tex Aiken

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

12/27/14

WEIGHT

29.5 kg

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

Blue Pearl Mt Pleasant

REFERRING VET

Dr Freeman

INVOICE

11494

DATE

8.26.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Tex presents to Neurology/Neurosurgery on the 26th of August for evaluation of pelvic limb weakness and incoordination. Tex was evaluated by his veterinarian on the 22nd of July for these signs and treated conservatively with Carprofen 75mg BID. He was re-evaluated on the 19th of August and had not improved. He was switched to steroids. He is currently on the following medications: prednisone 17.5 mg BID, famotidine 20mg BID, and Gabapentin 200mg-300mg BID. He is continuing to decline and has also lost about 10 lbs in 2 weeks. Tex was neutered a few months ago. He developed a scrotal hematoma and seemed to decline following that surgery. Tex has a history of hip dysplasia diagnosed at about 2 years of age.
CBC/chemistry - unremarkable

Mentation: bright, alert, responsive
Gait: ambulatory without assistance, paraparetic with a proprioceptive ataxia
Postural reactions: delayed in both PL
Reflexes: normal, thin overall with muscle epaxial and PL muscle loss
Cranial nerves: normal
Sensory: unable to detect spinal pain
Neuroanatomic localization: T3-L3 myelopathy
Current Medications: prednisone 17.5 mg BID, famotidine 20mg BID, and Gabapentin 200mg-300mg BID.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is distended. The wall is normal in thickness with a slightly irregular mucosal surface in the region of the apex. A small (0.26 cm) cystic calculus is observed within the lumen. Luminal contents are otherwise anechoic. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

The **prostate** is normal enlarged (2.91 cm in width) with a slightly irregular shape. Parenchyma is heterogenous with ill-defined hyperechoic areas. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (8.07 cm in length); normal shape and architecture with smooth peripheral margins. 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 hydroureter. Renal vasculature is normal.

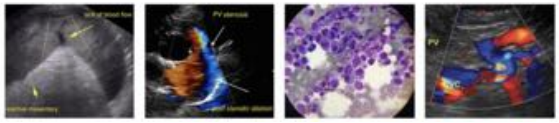
The **right kidney** is normal size (8.45 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.67 cm at cranial pole) (0.62 cm at caudal pole) (2.32 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 (1.20 cm at cranial pole) (0.61 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



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The **spleen** is enlarged (3.17 cm in width at the level of the hilus) with swollen peripheral margins and a folded contour. There is rounding at the poles. The parenchyma is mottled. Splenic vasculature appears 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** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 mildly distended with ingesta. 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. There is no evidence of an obstructive pattern.

Pancreas

The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic changes could be consistent with infiltrative neoplasia (i.e., round cell tumor). Alternatively, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other) may be present.

Secondary Findings

- Minor age-related degenerative renal changes
- Small, cystic calculus
- The prostate changes are most consistent with resolving benign prostatic hyperplasia (particularly given the patient's recent history of castration) with a lower possibility of prostatitis or neoplasia.

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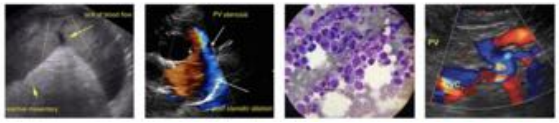

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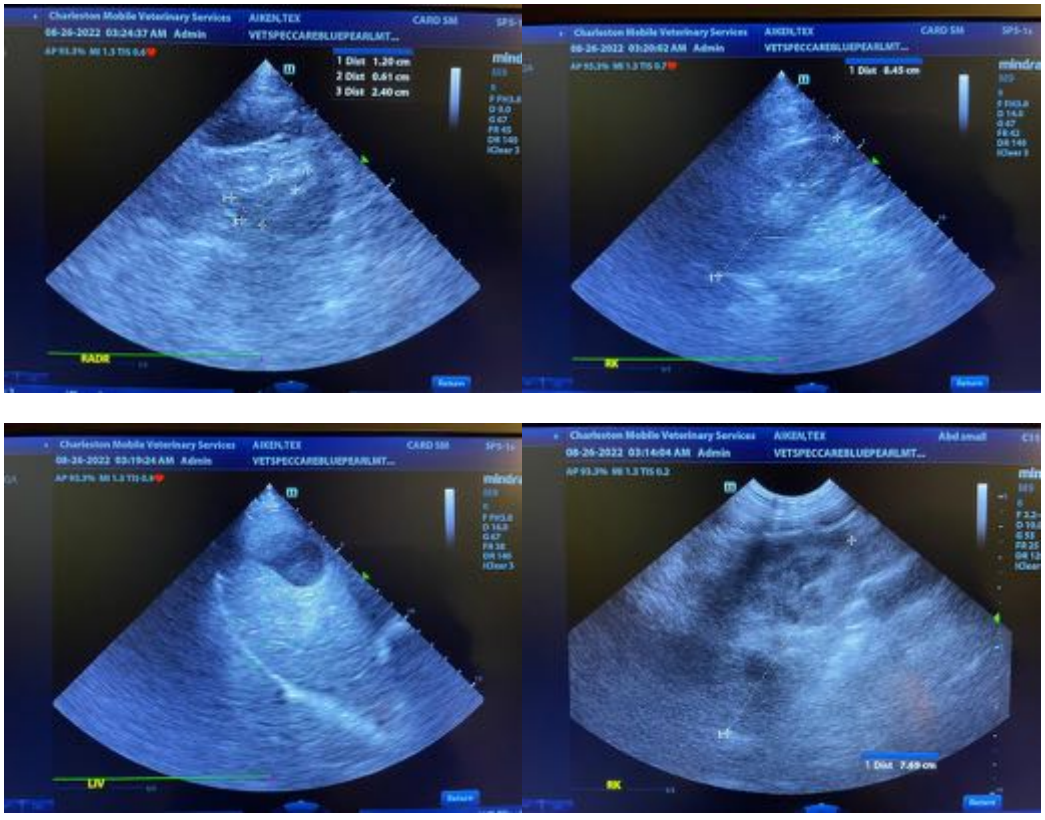
***An ultrasound-guided fine needle aspirate of the spleen was performed at the end of the study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If splenic cytology results reveal a benign process, further work-up for weight loss (i.e., malabsorption panel, GI biopsies) may be warranted.
- Given the cystic calculus, consider a cystotomy with stone removal analysis and culture, if the patient's other clinical conditions are stable. Alternatively, an attempt at medical dissolution can be considered.
- If the patient develops lower urinary tract signs, reevaluation of the prostate (via sonography) may be warranted.



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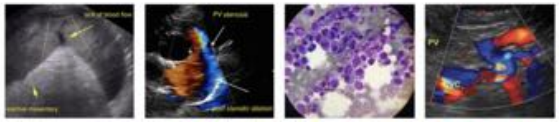

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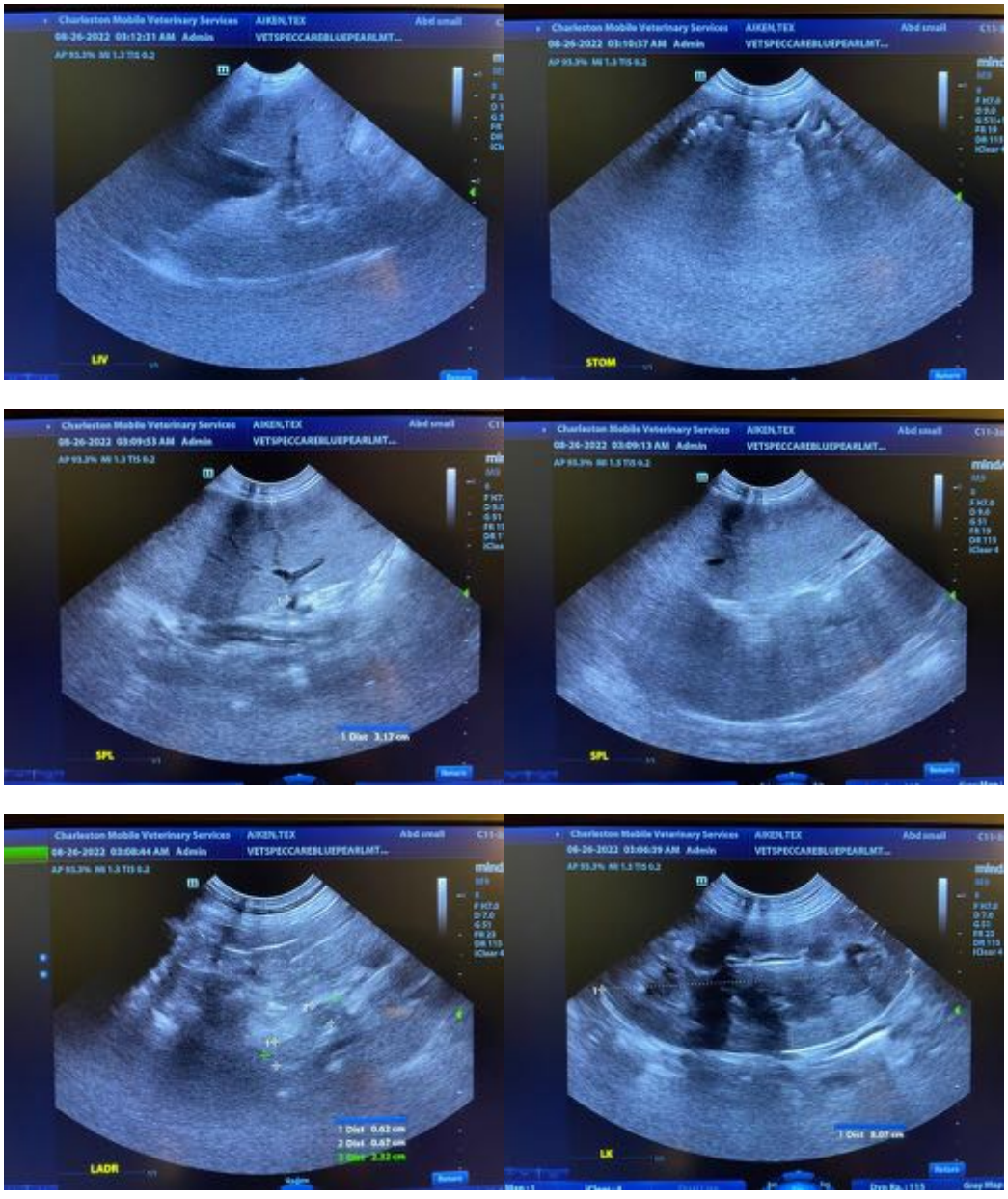

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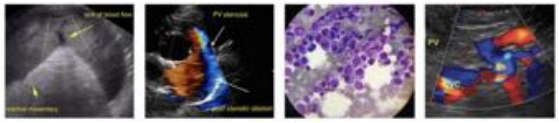

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 m

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