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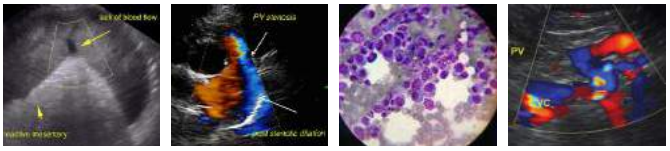


PATIENT
Peyton Siedel

SPECIES
Canine

BREED
Mixed Breed

SEX
Male Neutered

AGE
7 years

WEIGHT
Not given

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

IMAGING PERFORMED BY
Shari Reffi CVT

HOSPITAL NAME
All Creatures Great and Small Denville

REFERRING VET
Dr. Mitrovic

INVOICE
11728kk

DATE
8/31/21

PRESENTING CLINICAL SIGNS

History: Not doing well last couple of days. Weight loss ~ 5-6lbs. No current meds. R eye susp. of glaucoma.

Abnormal PE/Chem/CBC/UA Results: Alt 377, ALKP 3161, GGTP 26, Bun/creat ratio 28, Chol 352, Tri 322, Prec PSL 220, wbc 24.9, PLT 526, Monos 1245

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 prostate is normal in size (1.13 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.03 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. A small cortical cyst is observed at the caudomedial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.83 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 (0.60 cm at cranial pole) (0.82 cm at caudal pole) (3.02 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.

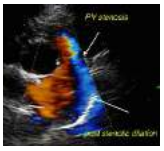
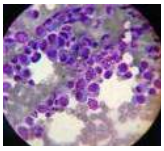
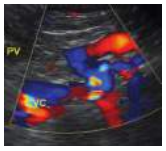
The right adrenal gland is normal size (1.26 cm at cranial pole) (0.83 cm at caudal pole) (3.22 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size with slightly irregular peripheral contours. A 2.68 x 2.62 cm isoechoic to slightly heterogeneous mass is observed approximately mid-spleen. The lesion causes capsular expansion, particularly at the lateral aspect. The remaining parenchyma is homogeneous in appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely and severely mottled in appearance with numerous, varying sized, hypoechoic nodules/areas throughout the organ ("moth-eaten" appearance). A 2.45 x 1.90 cm isoechoic mass is also observed on the left side. Hepatic vasculature and intrahepatic biliary

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tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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. 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. 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

- Splenic mass. Neoplasia (i.e., round cell tumor) is suspected with a lower possibility of benign pathology.
- The diffuse hepatic parenchymal changes are also concerning for infiltrative neoplasia (i.e., round cell tumor). Benign pathology (i.e., regenerative, nodular hyperplasia, vacuolar hepatopathy) is also possible but considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Fine needle aspirates of the splenic mass and hepatic parenchyma are recommended (if clotting status is appropriate). A 25-gauge needles should be used. If cytologic evaluations are inconclusive, an abdominal exploratory with splenectomy and liver biopsy may be necessary to get a definitive diagnosis.

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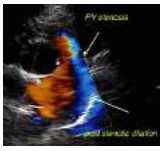
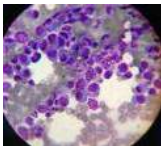
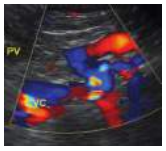

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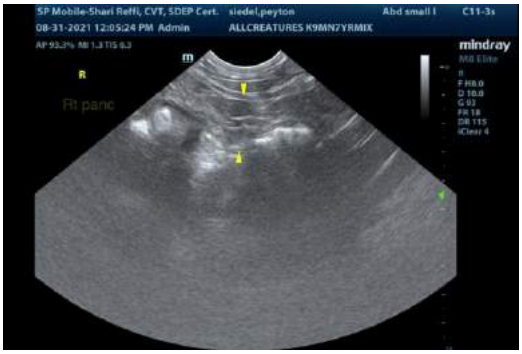

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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