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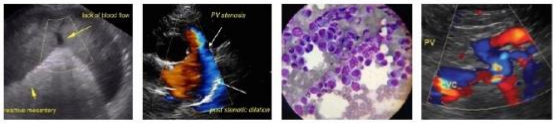


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Toby Horth

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

7 Years

WEIGHT

17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Dowell

INVOICE

12899

DATE

9/2/21

PRESENTING CLINICAL SIGNS

History: started having seizures, US to rule out abdominal causes.
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is thickened up to 0.76 cm and irregular. A large amount of aggregated echogenic to mineralized debris/sand is observed within the lumen.

The prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (5.61 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.

The right kidney presented normal size (5.51 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 presented normal size (0.76 cm at cranial pole) (0.49 cm at caudal pole) (2.57 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.

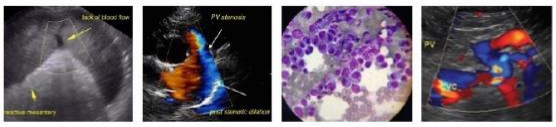
The right adrenal gland presented normal size (1.28 cm at cranial pole) (0.58 cm at caudal pole) (1.78 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

A 1.96 cm x 1.75 cm hypoechoic vascular mass is arising from the medial aspect. The mass causes capsular expansion. In the remainder of the spleen, the peripheral margins are curvilinear and the parenchyma is homogenous. The 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.



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The gall bladder is of normal contours and contains some gravity dependent debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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 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 or overt infiltrative 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.

Other

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

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

- Assessment of the splenic/mass- neoplasia i.e., sarcoma, round cell tumor is considered likely. However, benign pathology (i.e., focus of extra medullary hematopoiesis or lymphoid hyperplasia) cannot be completely excluded.
- The urinary bladder wall changes are most consistent with cystitis, urinary bladder debris/mineralized sand

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the spleen is recommended if clotting status is appropriate, a 25-gauge needle should be used. If cytologic evaluation is inconclusive and an aggressive approach is desired, consider a splenectomy with submission of the spleen for histopathology. A liver biopsy should also be obtained at the time of surgery to assess for micrometastatic disease. If a more conservative approach is desired, consider a recheck abdominal ultrasound in 3-4 weeks so assess for progression of the splenic mass.

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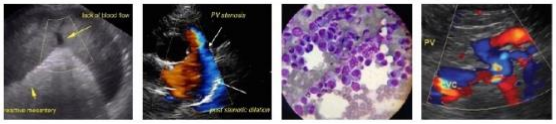

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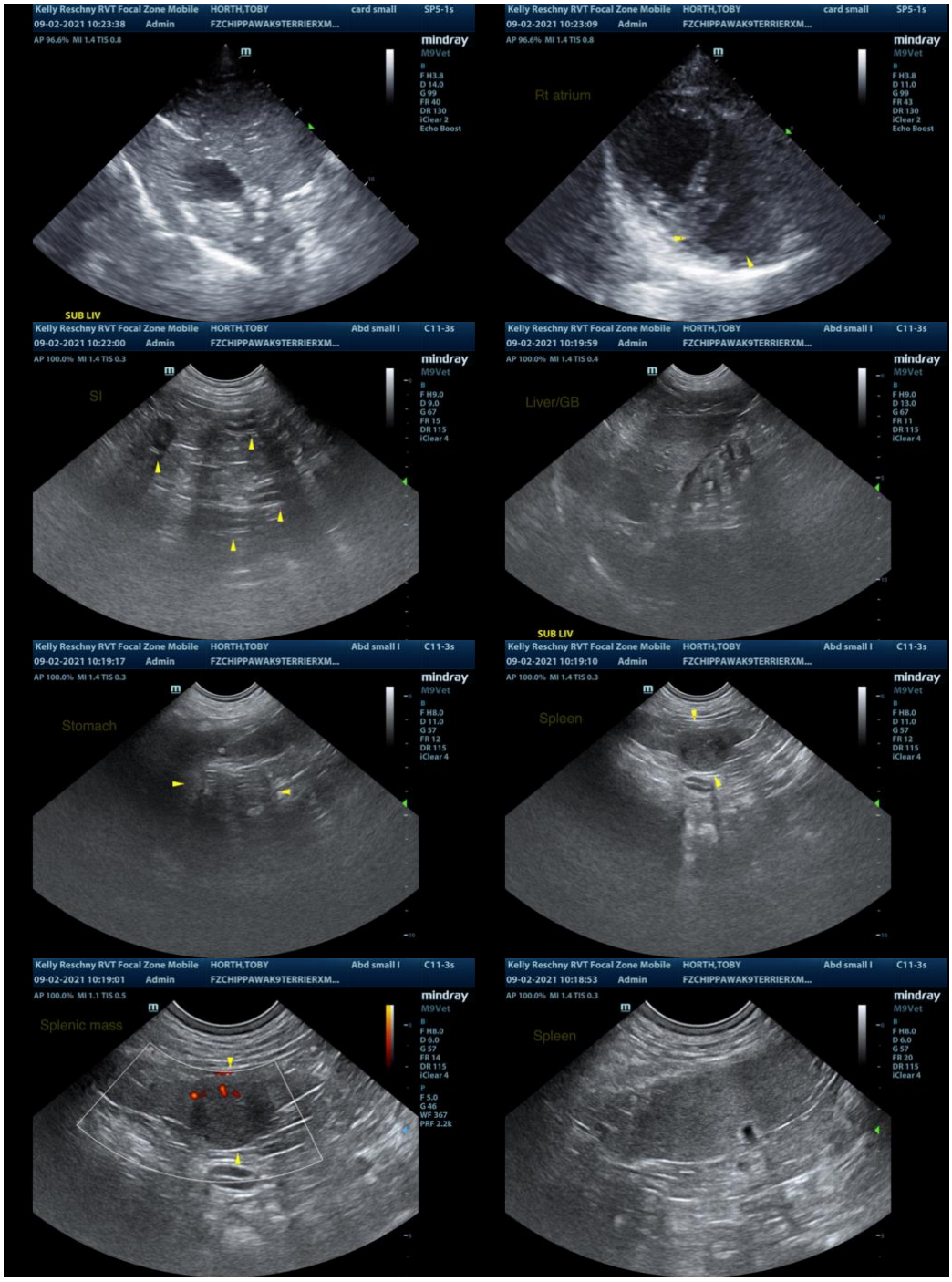

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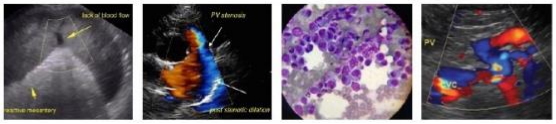

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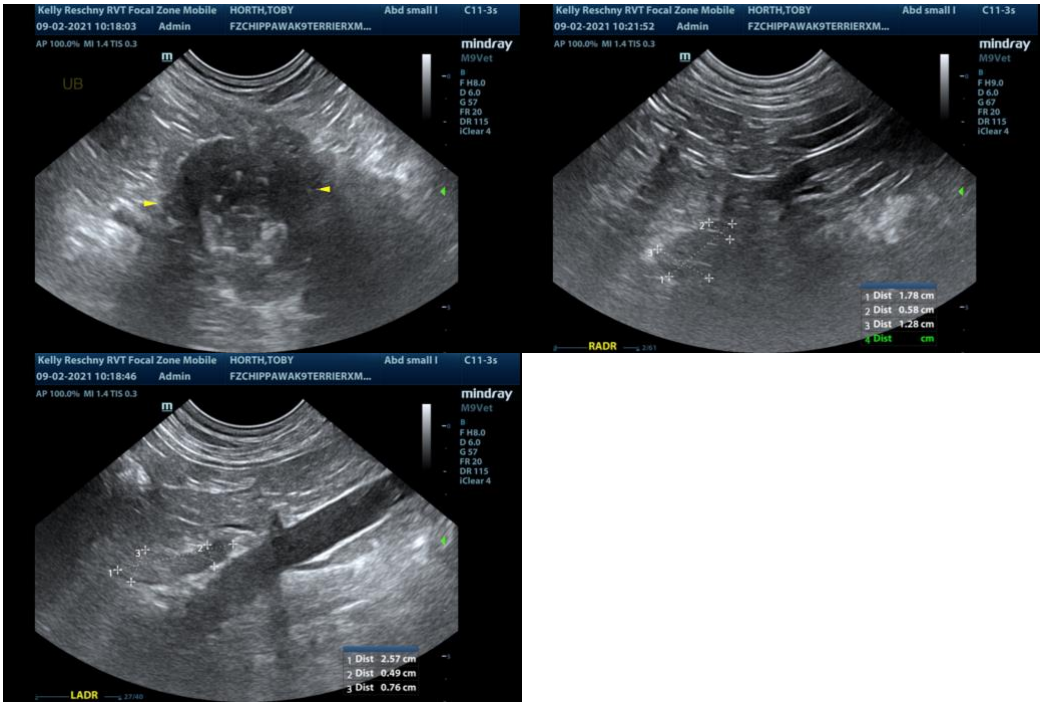

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

andrea_nicastro2@hotmail.com