



PATIENT

Snowy Ford

PRESENTING CLINICAL SIGNS

Presented at our hospital this morning for: Fine before bed, but did not come upstairs for bed. Since 2am, not getting, panting a lot. Treated for UTI currently. Drank a lot of water last night.

SPECIES

Canine

Previous Health Concerns: UTI. Had a seizure at home possibly, off balance. Did have 1 seizure in hospital this morning.

Current Medications/Supplements/OTC: Enrofloxacin, Gabapentin (over a month)

BREED

Great Pyrenees

Appetite/When did they eat last: Normal last night

SEX

Female spayed

Abnormal PE/Chem/CBC/UA Results:
CBC: Lym 0.44; RBC 12.35; HGB 28.4; HCT 77.7
Chem: Pi 1.8; ALB 2.1; ALB 2.1
Epoc: K 3.4; Crea 1.74; HCT >75

Rads: enlarged spleen

AGE

9 Years

Palpable spleen, painful cranial abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

37 kgs.

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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 (7.70 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (8.84 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.56 cm at caudal pole); 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.

HOSPITAL NAME

Shores Veterinary
Emergency Center

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

REFERRING VET

Dr. Lupole

Spleen

INVOICE

11878kk

The spleen is abnormally positioned in the abdomen. It is diffusely enlarged (2.66 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is hypoechoic to slightly mottled in appearance. No distinct focal lesions are observed.

DATE

9/23/21



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Liver

Snowy Ford

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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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.

SEX

Female spayed

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.

AGE

9 Years

Free Abdomen

The mesentery at the medial aspect of the spleen is hyperechoic. A small amount of anechoic free fluid is visualized. The abdominal lymph nodes are normal/not visible.

WEIGHT

37 kgs.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Primary Findings:

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

- The splenic changes could be consistent with a torsion, infiltrative neoplasia (i.e., lymphoma), extramedullary hematopoiesis, lymphoid hyperplasia, or splenitis. Regional peritonitis is present.

Secondary Findings:

- Minor, bilateral, age-related renal changes.

IMAGING PERFORMED BY

Erin Wicks

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Shores Veterinary
Emergency Center

1. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
2. The use of Doppler flow over the splenic hilus and parenchyma is strongly recommended to determine if blood flow is impeded, which would support a splenic torsion. If a torsion is present, emergency splenectomy is recommended. If there is no evidence of a torsion, a fine needle aspirate of the spleen is recommended (if clotting status is appropriate). A 25-gauge needle should be used.
3. A thorough neurologic examination is recommended.
4. Depending on the result of the above diagnostics, further workup for the hypoalbuminemia may be warranted.

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REFERRING VET

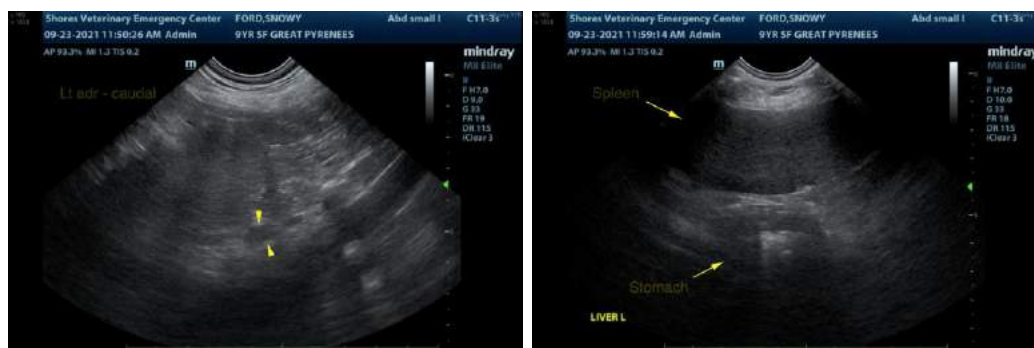
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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