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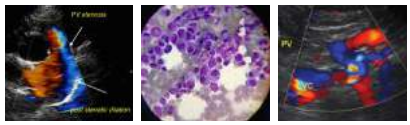

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DATE

9/9/21

PATIENT

Lilly McBride

SPECIES

Canine

BREED

Standard Poodle

SEX

Female Spayed

AGE

2011

WEIGHT

61.7 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Dr. Buchanan

INVOICE

11788kk

PRESENTING CLINICAL SIGNS

History: "kennel cough" from end of August. Responded to cough tabs, doxy, Cerenia and if needed Entyce and had no further issues. On vacation this past weekend patient became acutely PU/PD. ER vet ruled out UTI, but incidentally found severely elevated liver enzymes- ALT 1796, ALP 2108. Reportedly there are many mushrooms and things in yard where patient was this past weekend - but unclear if patient ingested any (patient does not typically eat things she shouldn't and is generally a picky eater).

Current Medications: Fluids LRS (go home) 1000mL, Amoxicillin 500mg Caps, Metronidazole 500 mg, Cough Tabs, Entyce 15ml Bottle, Cerenia 24mg (4 pack tablets), Doxycycline 100 mg Tabs
Lab Results: Attached

Radiographs: thoracic radiographs from kennel cough episode showed bronchial pattern, no obvious mets.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not needed.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**Gas within the gastric lumen is obscuring visualization of the cranial abdominal organs. **

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 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 (5.66 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.63 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.70 cm at cranial pole) (0.93 cm at caudal pole) (2.64 cm in length) with a prominent caudal pole. Peripheral contours are curvilinear. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The caudal pole of the right adrenal gland is visualized and is mildly enlarged (0.87 cm in width) with a normal shape, glandular echogenicity, and detail. Surrounding vasculature appears normal.

Spleen

A 3.85 x 3.81 cm hypoechoic to heterogeneous, vascular mass is arising from the cranial aspect. The mass causes capsular expansion. In the remainder of the spleen, the peripheral contours are curvilinear. A light micronodular pattern is observed throughout the parenchyma. Splenic vasculature appears normal with no evidence of thrombosis.

Liver
The liver is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. A 2.02 x 1.19 cm irregular, hypoechoic nodule is observed in the deep left to mid-liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, mostly gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is distended with fluid and gas. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas-distended. The small intestinal wall is normal in thickness 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
A portion of the pancreas is obscured by the gastric distension. In the visualized portions, no obvious pathology is seen.

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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor) is considered likely with a low possibility of benign pathology.
- Non-specific diffuse hepatopathy. Differentials include inflammatory/immune-mediated disease, hepatotoxicosis (i.e., copper, metastatic neoplasia), and other hepatopathy. The hypoechoic nodule may represent a benign process (i.e., regenerative nodule). Alternatively, an early neoplastic process is possible.

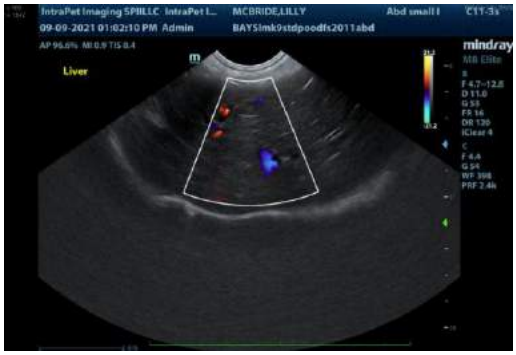
Secondary Findings:

- Mild bilateral adrenomegaly.
- Bilateral, age-related renal pathology.
- Gastric distension/stasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Leptospirosis testing (i.e., blood and urine PCR; serology) is recommended, particularly if the disease is endemic in the patient's geographic region.

3. If an aggressive approach is desired, an abdominal exploratory with a splenectomy, liver biopsies,and aerobic, and anaerobic bile cultures can be considered. If the patient is unstable, it is reasonable to empirically treat the patient for cholangiohepatitis/Leptospirosis/hepatoxicosis. When stabilized, consider a splenectomy at that time.



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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