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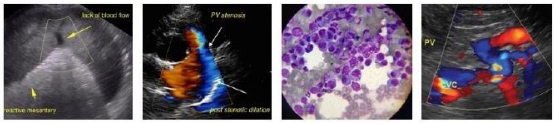


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Mea Boccaccio

SPECIES
Canine

BREED
Shih Tzu

SEX
Female Spayed

AGE
8 Years

WEIGHT
6.9 kgs.

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

IMAGING PERFORMED BY
Kelly Reshny, RVT

HOSPITAL NAME
Beattie Pet Hospital
Stoney Creek

REFERRING VET
Dr. Salib

INVOICE
11797kk

DATE
9/10/21

PRESENTING CLINICAL SIGNS

History: Not eating since few days and started vomiting and diarrhea since 4or 5 days as per owner very painful by mid abdomen palpation esp around right kidney Quiet, dull lethargic, 8%dehydration currently on: Cerenia, Buprenorphine, Metronidazole, Ampicillin, Famotidine.

Abnormal PE/Chem/CBC/UA Results: Mild anemia at 36%. Non-regenerative. White count is high at 39,000 with many unclassified cells. Mild thrombocytopenia. Clinical pathology review of the CBC shows atypical round cells suggestive of acute leukemia or stage 5 lymphoma.

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 is distended. A moderate amount of aggregated, echogenic debris is suspended within the lumen. 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 (4.47 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.73 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.54 cm at caudal pole) (1.72 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.

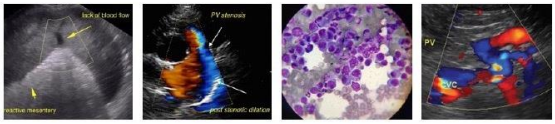
The right adrenal gland is normal size (1.44 cm at cranial pole) (0.48 cm at caudal pole) (2.03 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (2.15 cm in width at the level of the hilus) with swollen, undulating peripheral contours. The parenchyma is diffusely mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen, slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. No distinct focal lesions are observed. 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. Luminal contents are mostly 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.

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 mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic changes are most concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of benign change (i.e., lymphoid hyperplasia or extramedullary hematopoiesis).
- The hepatic parenchymal changes could be consistent with vacuolar hepatopathy, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.
- The diffuse peritonitis is likely sterile and secondary to splenic pathology.

Secondary Findings:

- Bilateral, age-related renal changes.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A fine needle aspirate of the spleen is recommended (if clotting status is appropriate). A 25-guage needle should be used.
3. Also consider flow cytometry on the CBC as per the clinical pathologists recommendations.

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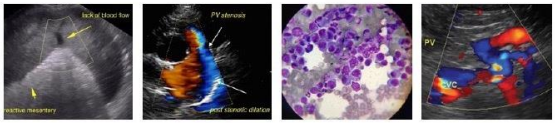

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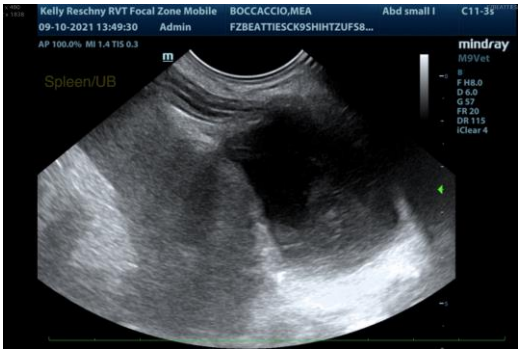

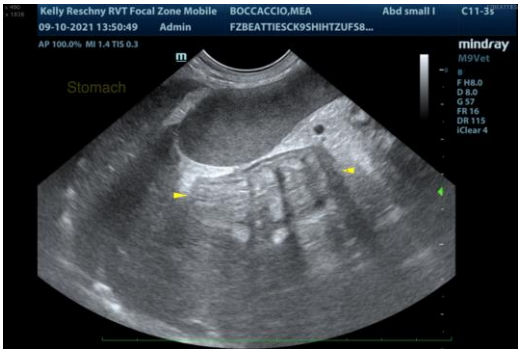

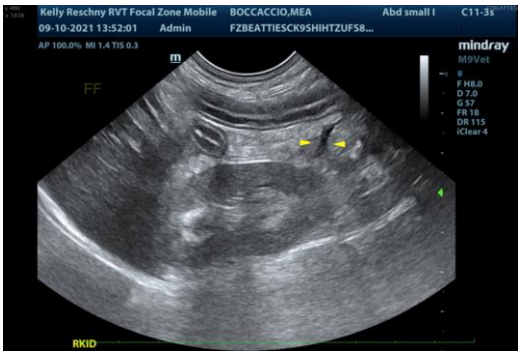

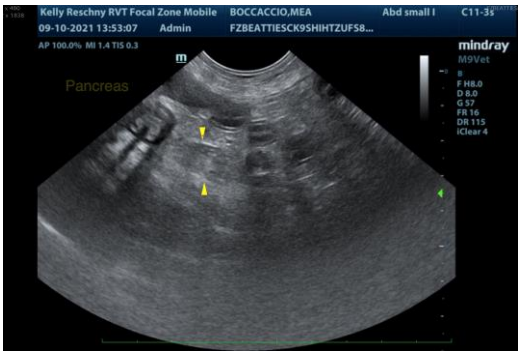

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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