

**DATE PRESENTING CLINICAL SIGNS**

2/13/23

History: Presented for drooling and decrease appetite. QAR on exam, mm pk/moist, CRT < 2 sec. H/L clear. Bruising on ventral chest; Significant pain on TL spine.

PATIENT

Boo Simpkins

Current Medications: Started on 02/12/23: 20mg Prednisone BI D, 150mg Doxycycline SI D, 200mg Gabapentin BID, 500mg Methocarbamol BID.

SPECIES

Canine

Lab Results: Mild regenerative anemia + thrombocytopenia on CBC. Chemistry WNL. Saline agglutination test neg and about 1-2 platelets/hpf on blood smear (path review pending). Lyme positive on 4Dx, but has been positive in the past. 59k PLTS, PCV 35%/ TS 6.8 (212k reticulocytes).

BREED

Bichon Frise

Radiographs: No signs of pulmonary mets on chest rads. Mixed echogenic nodules in spleen on abdominal US, no free fluid.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Trazadone.

Stat Report: Not requested.

SEX

Neutered Male

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

2/15/15

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

WEIGHT

30 Pounds

The area of the prostate is examined without evident prostatic pathology.

INTERPRETED BYBeth Johnson, DVM
DACVIM

Left kidney is normal is size (5.17 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (5.32 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

HOSPITAL NAME

Everhart VH

Adrenal Glands

Left adrenal gland is normal in size (2.17 cm long x 0.46 cm at cranial pole and 0.54 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. DelFavero

Right adrenal gland is normal in size (2.21 cm long x 0.46 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INVOICE

21094

Spleen

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing mixed hypo- to anechoic (some cystic) nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. A discrete homogenous 0.5 cm hyperechoic nodule is noted in the superficial liver. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. A prominent ovoid shaped cystic sublumbar lymph node is noted, measuring 1.0 cm thick.

Other

There is no evidence of pericardial or heart base pathology noted in these images at this time.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Honeycomb Spleen – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease, such as extramedullary hematopoiesis cannot be ruled out, however, especially given the reported anemia and thrombocytopenia.
- Cystic sublumbar lymphadenopathy. Both reactive lymphadenopathy, as well as infiltrative neoplasia are differentials and cannot be differentiated without tissue sampling.

Secondary Findings

- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Liver nodule – Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, myelolipoma, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

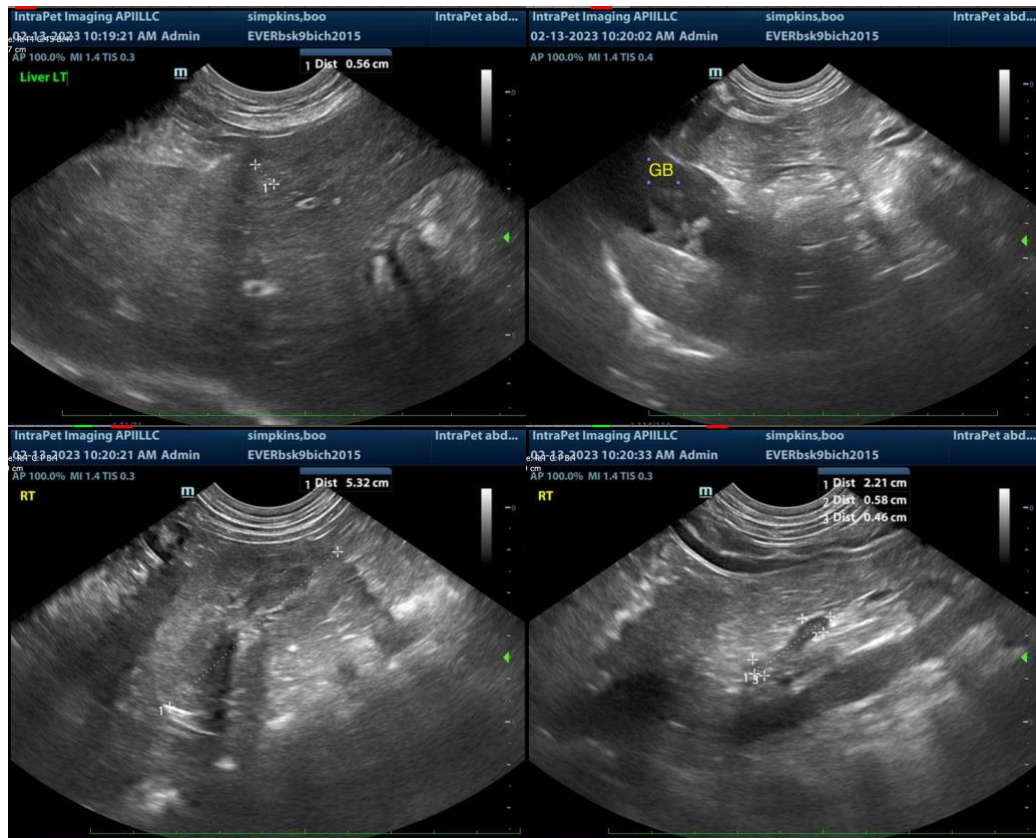
If not recently evaluated, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

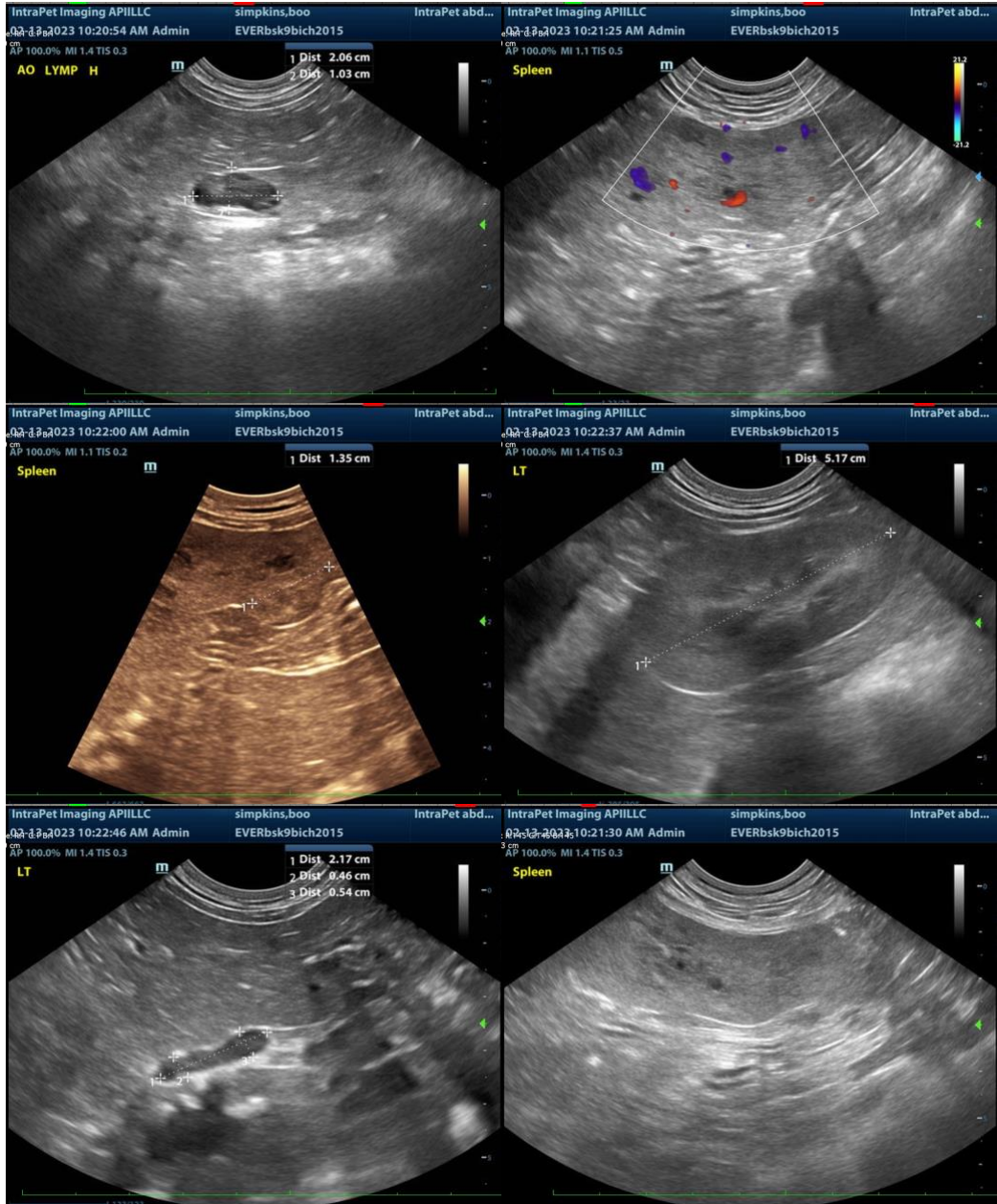
Additional comprehensive infectious disease testing is recommended if not already evaluated.

Ultimately, a fine needle aspirate of the spleen would be ideal if platelet count reaches a safe level to do so.

Alternatively, a bone marrow cytology could possibly be considered in the meantime.

This patients reported thoracolumbar pain could be an unrelated incidental finding or could potentially be a primary source of disease, and therefore potentially advanced imaging of that area may be helpful.







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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