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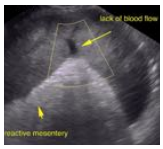
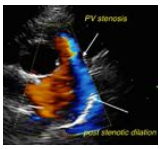
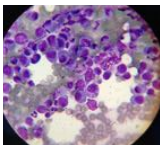
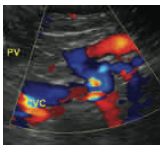

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1-800-838-4268 info@sonopath.com

PATIENT
Oliver Kolm

SPECIES
Canine

BREED
Labradoodle

SEX
Neutered male

AGE
7 years

WEIGHT
85.1 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Westwood Regional VH

REFERRING VET
Dr. Hartwick

INVOICE
30967

DATE
6/13/22

PRESENTING CLINICAL SIGNS

History: Patient presented with fever of 105.5 degrees on 6/12 in the morning. No eating, no vomiting or diarrhea. Cranial abdomen "full". Radiographs: prominent spleen, liver - caudal edge rounded, decreased detail cranial abdomen. CPLI=abd, mildly elevated ALT. History of vestibular s/s /ataxaia/head tilt - improving. R/O pancreatitis/ all other. In O2 support therapy, on Baytril, famotadine, cerenia, buprenorphine. Will be going home on Clavamox/Cerenia/famotadine.
Abnormal PE/Chem/CBC/UA Results: 6/12/22: CBC: WNL. Chem 17: ALT 153, lipase 2039, CPLI=abnormal. 6/13 CPLI: abnormal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal in size (7.73 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (6.97cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (2.48 cm long, 0.75 cm at cranial pole and 0.88 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (3.63 cm long, 1.44 cm at cranial pole and 0.73 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively enlarged in size with slightly, irregular scalloped contour and enhanced hyperechoic, surrounding fat. A 2-2.5 cm, heterogenous, hypoechoic nodule was appreciated mid body and does not disrupt the capsule. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

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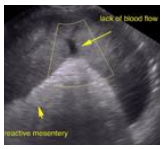

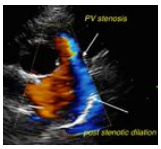

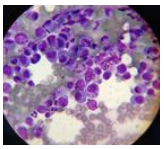
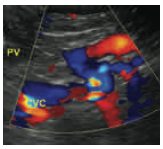

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Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas is visible and prominent with normal homogenous echotexture and normal echogenicity with smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement. No appreciable free fluid was noted including pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Splenomegaly with enhanced, hyperechoic, surrounding fat and a splenic nodule. Concerning for infiltrative neoplasia such as round cell neoplasia. Inflammatory or autoimmune disease potentially secondary to an infectious process should also be considered.

Prominent pancreas and very mild, acute or acute on pancreatitis cannot be ruled out, but is not considered the primary cause of this patient's fever and clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend FNA of the spleen. If the patient's coagulation status is appropriate then three view thoracic radiographs are recommended for further evaluation of metastatic disease as well as other causes for the fever including pneumonia, etc. are also recommended if not recently evaluated. If a FNA of the spleen is not diagnostic for infiltrative round cell neoplasia then testing for infectious disease including tick borne disease could be considered. Testing for Leptospirosis can also be considered given the mildly increased ALT. In the meantime, continue supportive care as is reportedly in place with gastrointestinal support, fluid support, pain management if necessary and broad-spectrum antibiotics is recommended. If the fever persists anti-inflammatory steroids could be considered; however, it is strongly encouraged to obtain samples for a diagnosis prior to administering steroids if possible.

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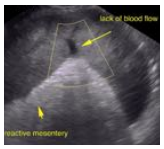

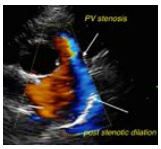

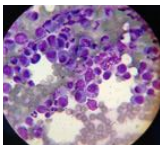
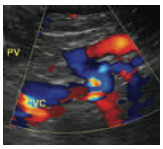

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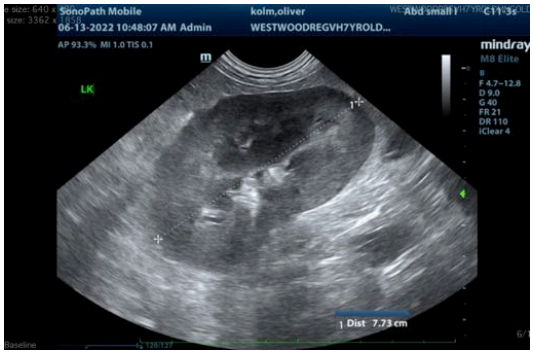

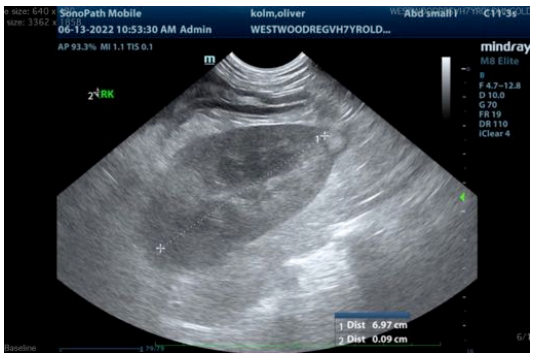

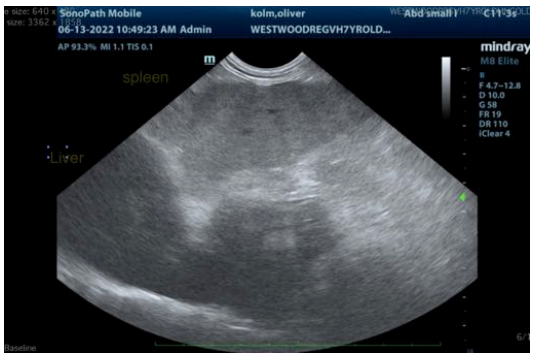

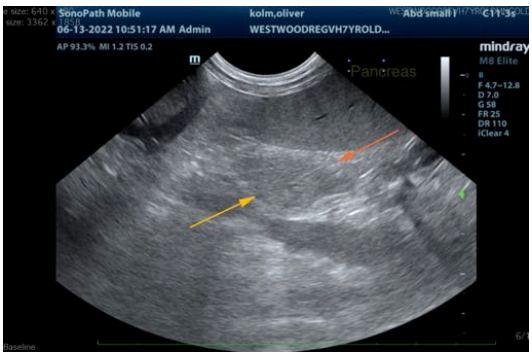

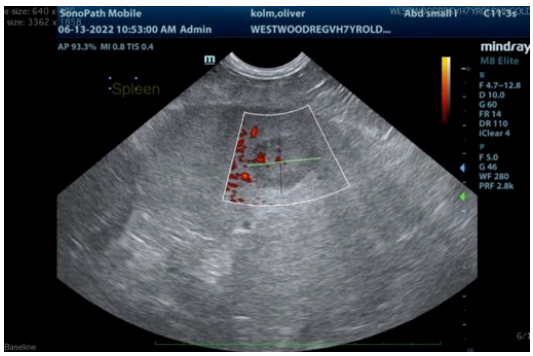

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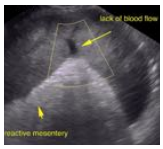
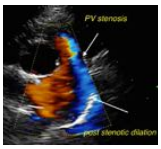
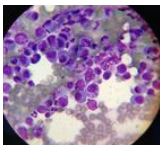
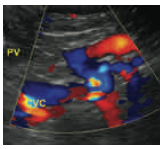

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com