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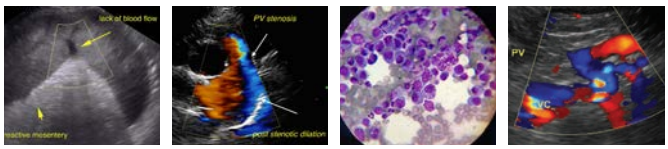
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Wilson Ziffra

SPECIES
Canine

BREED
Maltese

SEX
Neutered Male

AGE
5 Years

WEIGHT
8.71 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Alyssa Carver

HOSPITAL NAME
Animal Emergency Hospital Volusia

REFERRING VET
Dr. Alyssa Carver

INVOICE
42751

DATE
11/11/22

PRESENTING CLINICAL SIGNS

p has history of refractory IMHA. P on 3rd relapse and had 3rd blood transfusion yesterday. P on immunosuppressives since August including Leflunomide, Mycophenolate, and Prednisone.

Abnormal PE/Chem/CBC/UA Results: ALP: 178 PCV increased from 9% to 27% post blood transfusion Radiographs: mild splenomegaly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.6 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The **left adrenal gland** was flattened and isoechoic, measuring 0.50 cm.

The **right adrenal gland** was flattened, measuring 0.30 cm in width.

Spleen

The **spleen** revealed a focal target type nodule at the mid body measuring 1.2 cm. A separate nodule measured 1.5 cm with target type appearance. The spleen was folded upon itself cranially.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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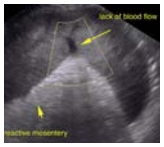
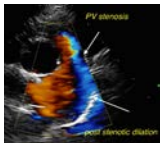
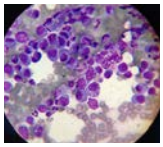
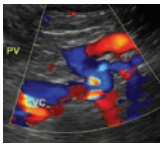

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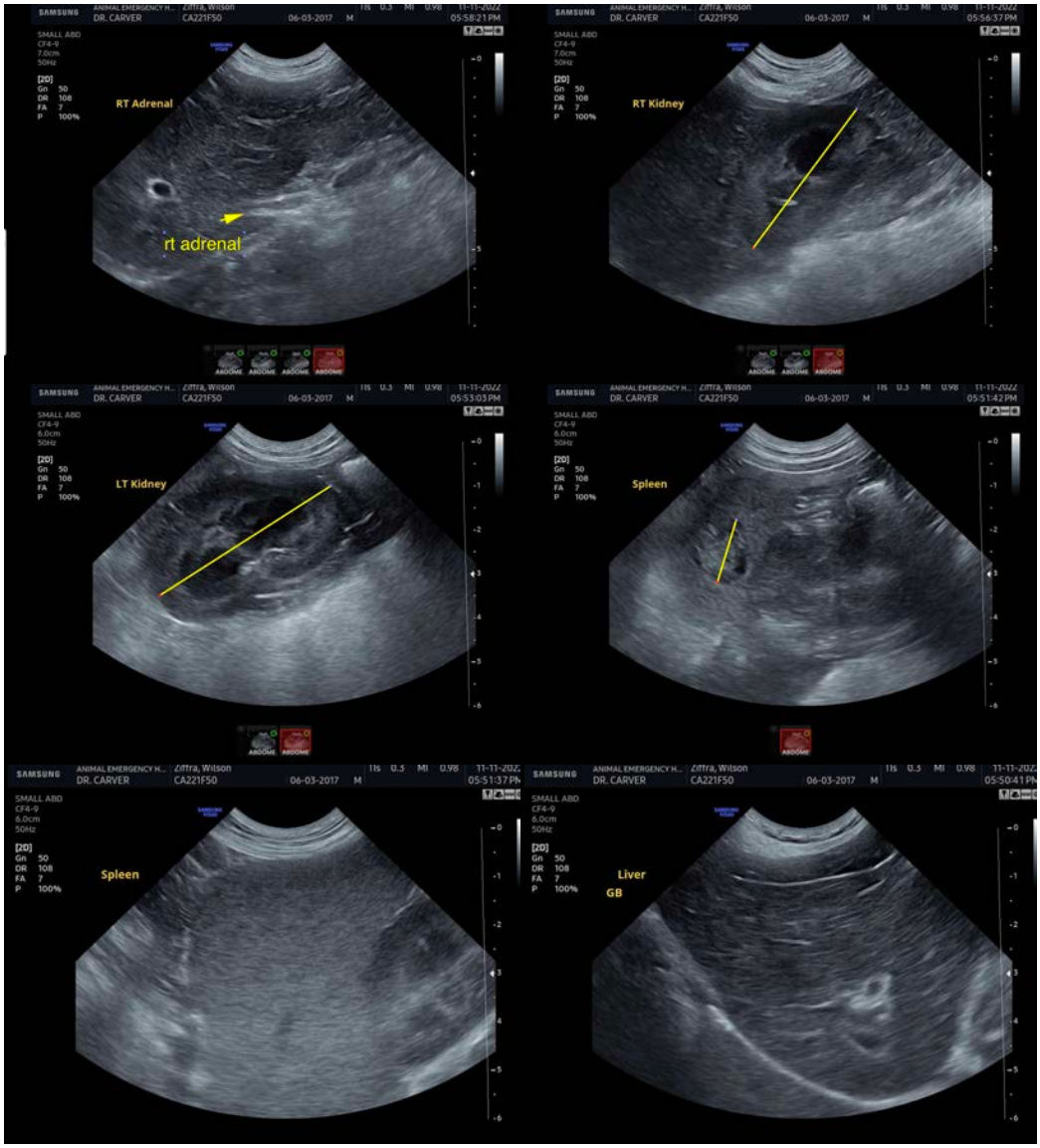
ULTRASONOGRAPHIC FINDINGS

- Flattened adrenal glands – likely owing to Prednisone therapy.
- Two separate splenic nodules – partially suppressed round cell neoplasia or hemangiosarcoma possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of hemorrhage. However, underlying hemangiosarcoma or round cell neoplasia could be playing a role in this patient. CBC path review, bone marrow aspirates, 25-gauge FNA of the splenic nodules recommended. Chest radiographs and echocardiogram warranted to assess for potential metastatic disease.



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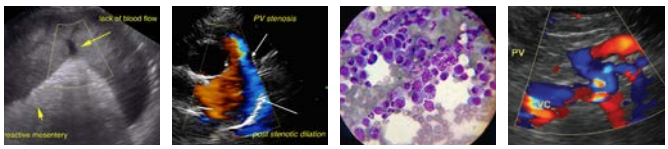

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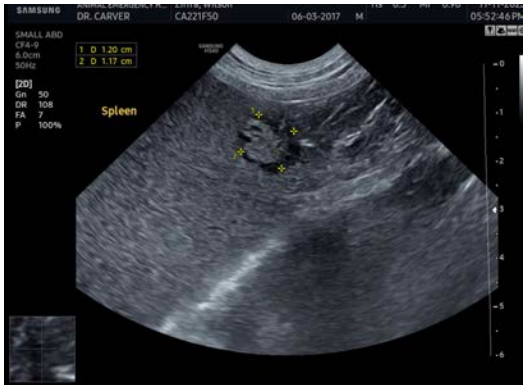

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com