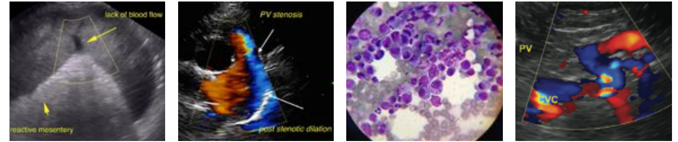
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

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

PATIENT

Roxy Mattson

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Spayed female

AGE

10 years

WEIGHT

76 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Katara

INVOICE

42192

DATE

1/17/23

PRESENTING CLINICAL SIGNS

History: Patient with history of Immune Mediated Thrombocytopenia (was in remission, but no longer), presents for vomiting. Current meds: Prednisone 20 mgs BID.
Abnormal PE/Chem/CBC/UA Results: PLTs 14, Neu 20672, Mon 2448, BUN 34, ALP 267. U/A: Cocci, USG 1.030.

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 was 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 right kidney revealed a subcapsular proliferative pattern. This created a halo and is strongly suggestive for infiltrative disease. Distorted architecture was noted. The right kidney measured 8.01 cm. The left kidney revealed a target lesion that is consistent with metastatic disease.

Adrenal Glands

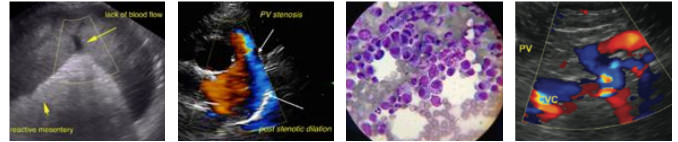
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.46 x 0.61 cm at the caudal pole and 0.5 cm at the cranial pole.

Spleen

The **spleen** was largely uniform, yet presented a subtle, micronodular reticular pattern.

Liver

The **liver** revealed multi-focal, nodular changes and a 3.9 cm, mixed, hypoechoic, undifferentiated mass in the right cranial liver. Other nodular, target type lesions are noted throughout the liver and measured up to 2.15 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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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

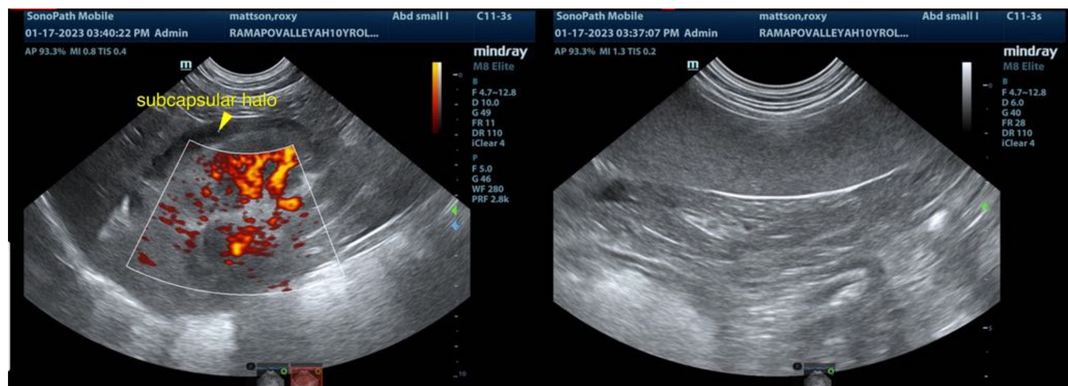
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

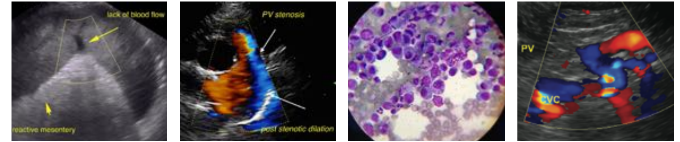
ULTRASONOGRAPHIC FINDINGS

Multi-centric neoplastic pattern involving the kidneys and liver, possible early splenic involvement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the renal nodule and liver are strongly recommended. There is a minor potential for suppurative or fungal disease depending on the patient's travel history. The prednisone is likely suppressing a more significant presentation. Platelet count needs to be at least 70000 for sampling to occur as well as normal coagulation panel. Plasma transfusion is necessary in this patient. Round cell neoplasia with consumption related thrombocytopenia or paraneoplastic immune mediated thrombocytopenia is suspected in this patient.





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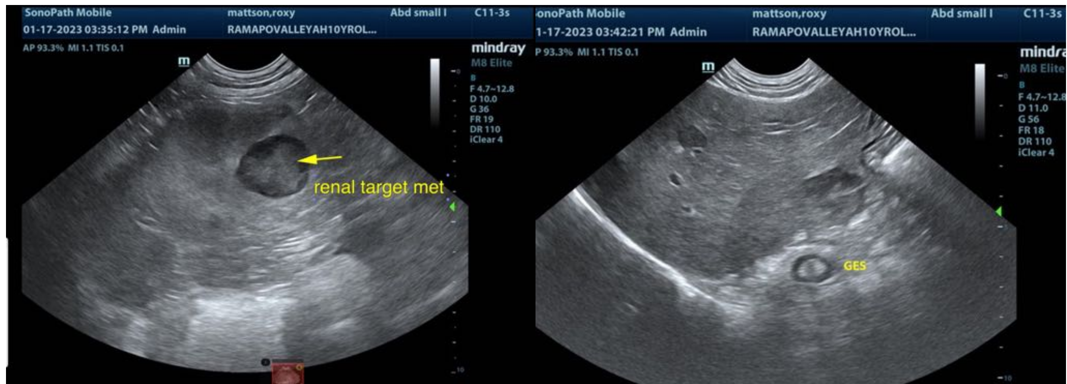

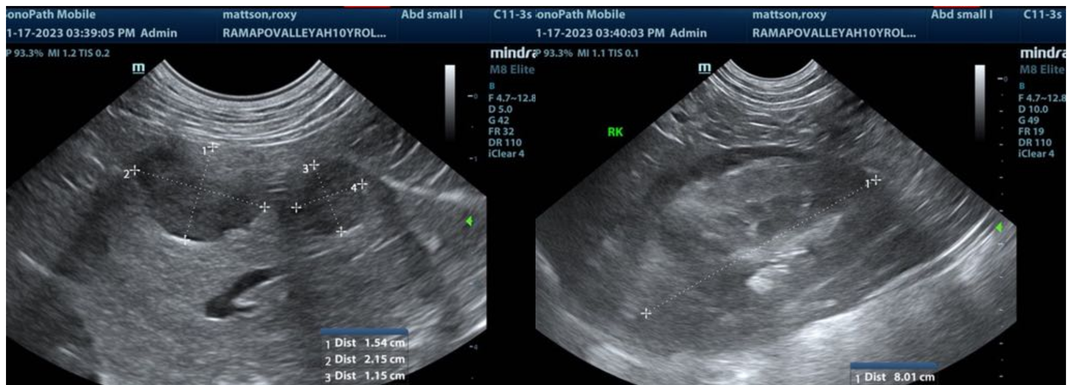

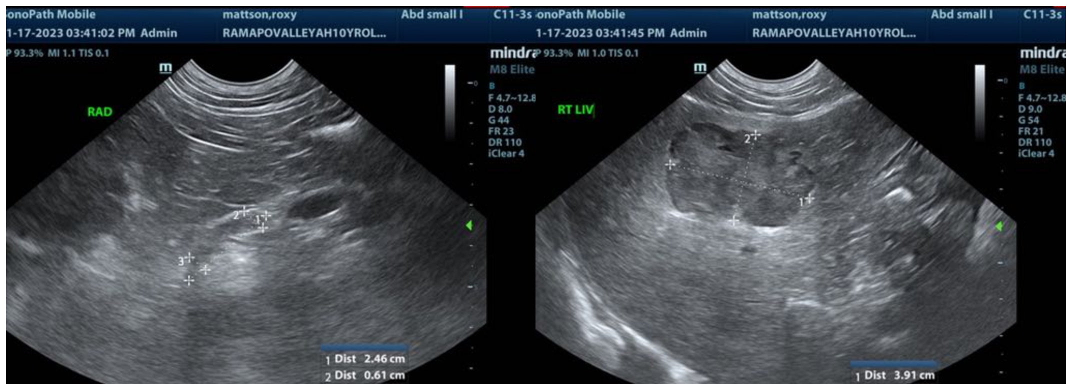

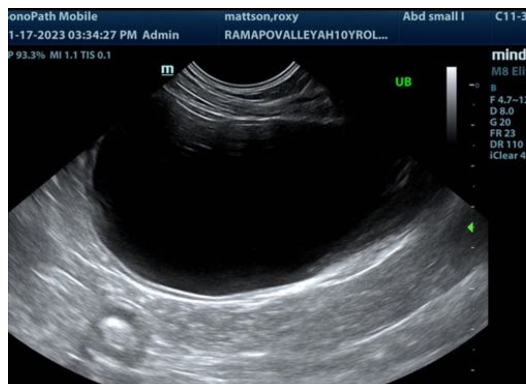

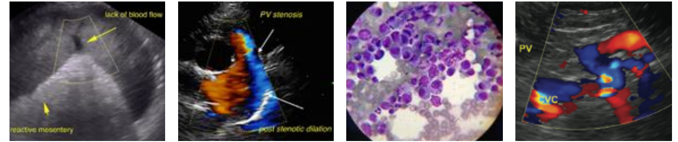

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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