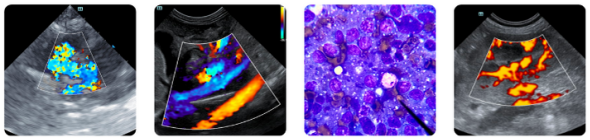

PATIENT

Frankie Oucharek

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

7 years

WEIGHT

60.7 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

- Decreased appetite since Monday.
- Drinking frequently (baseline for patient).
- No vomiting or diarrhea.
- Normal bowel movement Monday night.
- Marked weight loss (152 lbs → 132–133 lbs).
- Behavioral changes (growling, reluctance to enter vehicles).

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temp: 38.0°C, HR: 128 bpm, RR: Panting, MM: Pink, moist, CRT: <2 sec, Mentation: BAR, Hydration: Adequate CBC • Hemoconcentration present. • Microcytosis (breed-related vs chronic process). • Leukopenia with neutropenia. • Marked thrombocytopenia (47 x10^9/L) Chemistry • Renal values normal. • Electrolytes within normal limits. • Liver enzymes within reference range. • Total protein and albumin normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. The urinary bladder wall largely appears normal thickness with a smooth mucosal surface. In the dependent region of the urinary bladder, there's some hyperechoic material which appears somewhat adhered to the gallbladder wall. Most consistent with a large amount of dependent debris. Abnormal tissue in this region cannot be definitively ruled out. The region of the trigone appears normal with no evidence of a mass lesion, or calculi at this time.

The prostate is normal in size (1.22 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

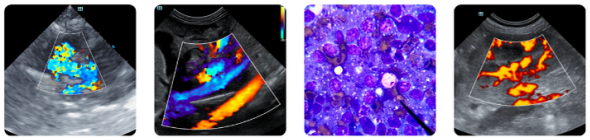
The left kidney is normal in size, and slightly irregular in shape (likely due to a previous infarct in the caudal pole, and it measures at 8.92 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (8.82 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline flat in size measuring 0.59 cm at the cranial pole and 0.49 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is borderline flat in size measuring 0.63 cm at the cranial pole and 0.52 cm at the caudal pole cm at the caudal pole. It is observed in its normal position between the cranial aspect



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of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal/borderline large in size (2.41 cm in width at the level of the hilus) and irregular in shape. There are numerous, sometimes slightly coalescing appearing, well demarcated hypoechoic, slightly mottled lesions visualized in the spleen. The three most prominent lesions include a lesion opposite the hilus, measuring 3.04 cm x 1.62 cm (#1), a lesion towards the tail of the spleen measuring 2.56 cm x 2.11 cm and a lesion in the medial aspect of the spleen near the hilus measuring 1.72 cm x 2.56 cm. General blood flow to the spleen appears normal and the parenchyma appears well vascularized but the hypoechoic lesions subjectively have reduced vascularity, possibly consistent with infarcts. Although atypical neoplastic lesions cannot be ruled out.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is mildly mottled in appearance and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Suspect dependent and echogenic debris in the urinary bladder. Correlate with a urinalysis and culture. Abnormal tissue in this region cannot be definitively ruled out.
- Suspect previous infarct in the left kidney.
- Large, irregular spleen with numerous large hypoechoic lesions. Findings are suggestive of splenic infarcts although poorly vascularized neoplastic lesions cannot be ruled out.
- Pancreatic changes consistent with mild pancreatic remodeling.
- Borderline flat adrenals. Subjectively, the adrenals appear somewhat small and flat for this large of a dog. Consider a baseline cortisol to screen for Addison's.

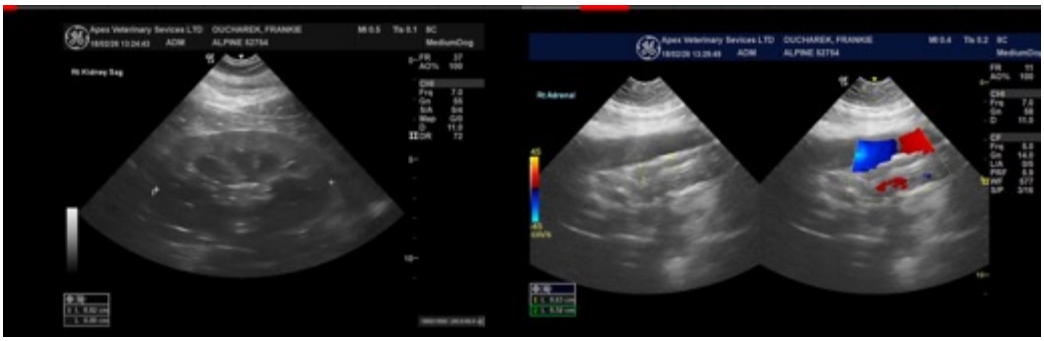
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous large well demarcated, somewhat coalescing, hypoechoic lesions in the spleen. Some of these lesions are associated with deviation of the splenic margins. Overall vascularity of the spleen appears adequate but the hypoechoic lesions appear poorly vascular. The appearance is subjectively consistent with splenic infarcts, although underlying neoplastic lesions cannot be ruled out. Recommend a fine needle aspirate to further evaluate while assessing the patient for possible hypercoagulable state.

Consider screening for significant proteinuria, liver function testing, etc. as well as a coagulation panel to assess clotting times, a definitive platelet count, and D-dimer's. If a cause for a hypercoagulable state is identified, consider empirical treatment. Depending on patient's status, splenectomy may need to be considered (particularly if lesions worsen).

There appears to be a significant dependent debris associated with the urinary bladder. On some views this obscures the appearance of the bladder wall (likely due to adhered debris.) A focal mass lesion in this region cannot be ruled out. Correlate findings with urinalysis and culture results and consider reevaluation of the bladder in the future looking for any progression or the development of a more distinct mass lesion.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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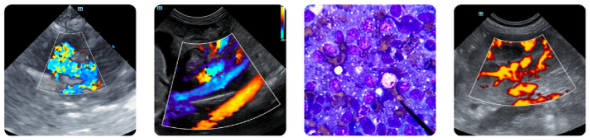

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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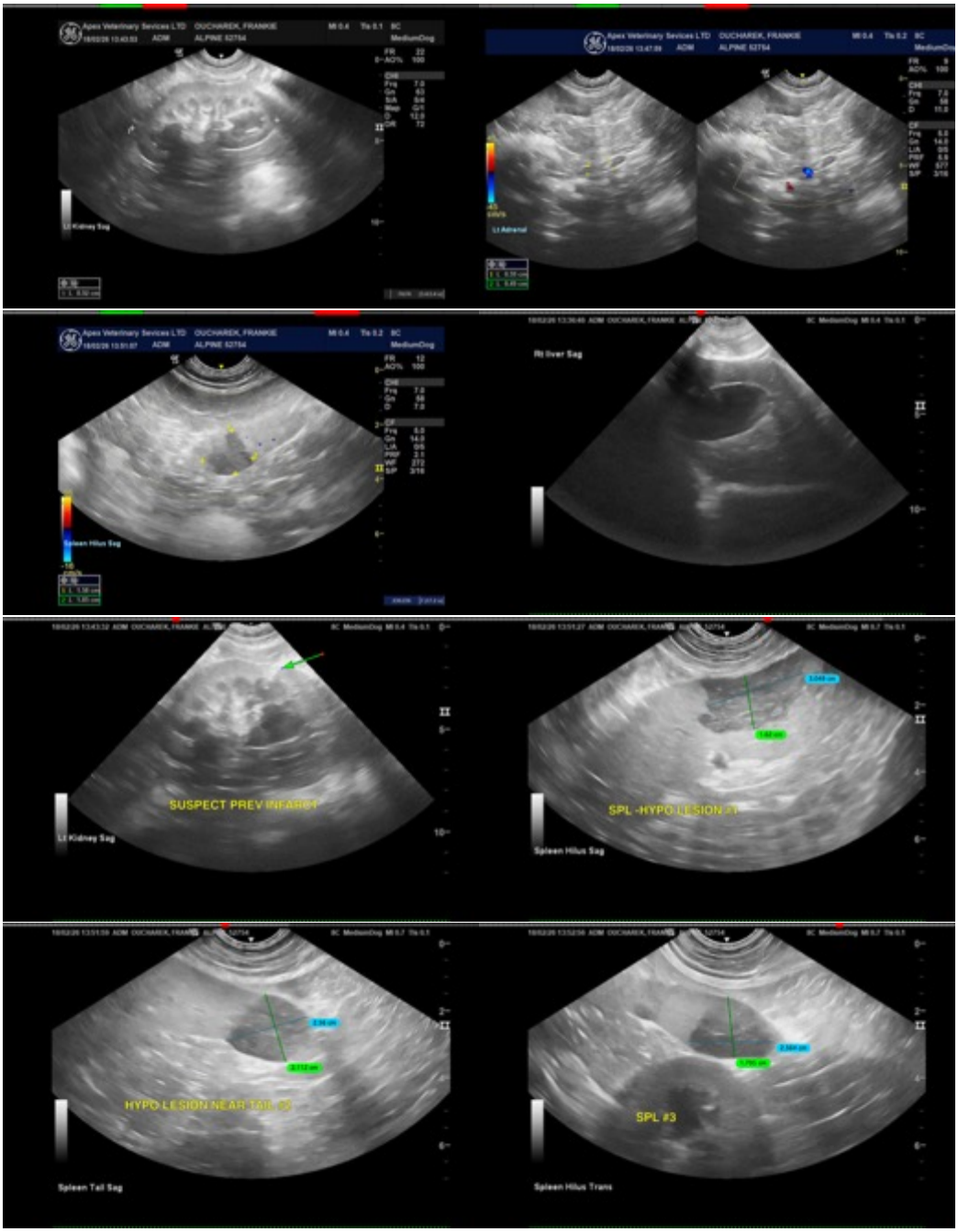

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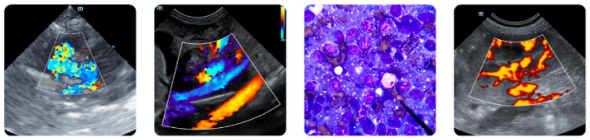

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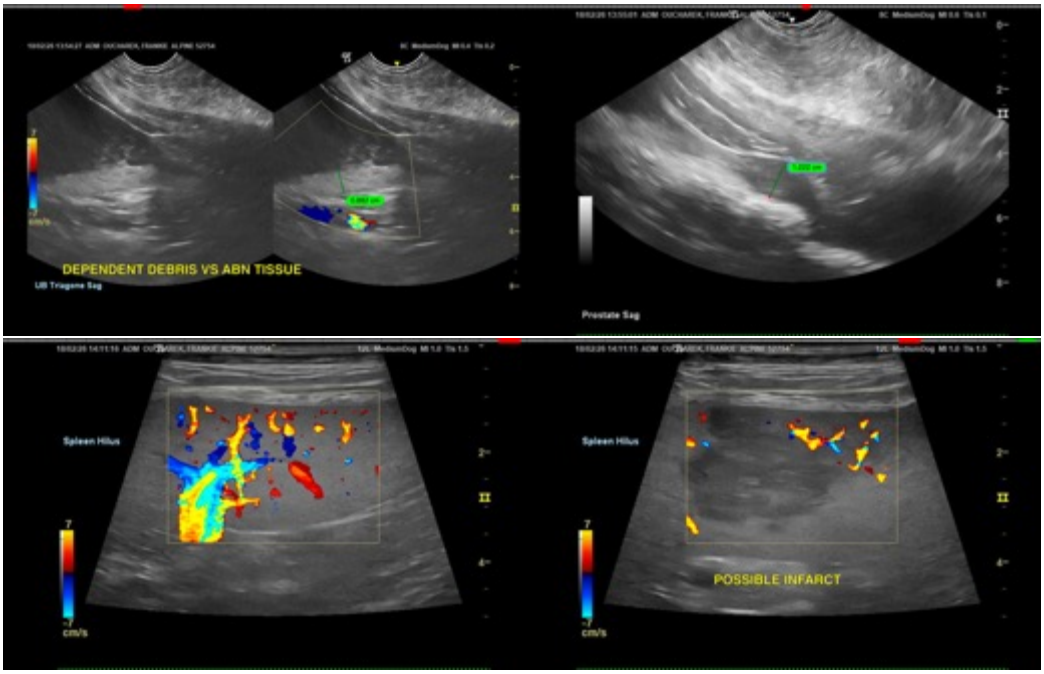

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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