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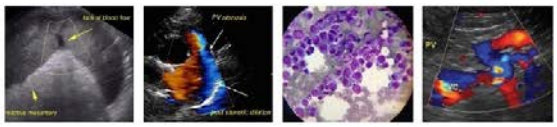

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Coco Zufelt-Crabb

SPECIES

Canine

BREED

Lab X

SEX

Intact Male

AGE

14 Years

WEIGHT

35.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe Animal Hospital

REFERRING VET

Dr. Lancashire

INVOICE

43172

DATE

6/14/23

PRESENTING CLINICAL SIGNS

Temp 37.8, recently diagnosed as Lyme Positive. MM pale, CRT difficult to assess but about 2.5-3 seconds. No dehydration. HR 80 noted irregular arrythmia. Abdominal palpation no obvious mass effect, not obviously painful, grey bilateral eyes, LN NAF. Concerns about maybe splenic mass. Tramadol, Doxycycline(not tolerating well, have decreased dose)

Abnormal PE/Chem/CBC/UA Results: Bloodwork WNL except for non-regenerative anemia, low retics, low HCT-HGB, elevated SDMA of 20, high normal Urea and elevated Globulins. Low T4 - suspect euthyroid sick.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large in size (4.91 cm in height in the saggital view x 5.5 cm) but has a regular shape with smooth external margins. The parenchyma is hyperechoic and heterogenous. Occasional small cystic lesions are noted. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.82 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.

The right kidney has a normal shape and size (8.32 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 normal in size measuring 0.79 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 normal in size measuring 1.1 cm at the caudal pole. It is observed in its normal position between the cranial aspect 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 large. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are two hypoechoic lesions visualized associated with the spleen. A slightly cavitated hypoechoic nodule measuring 1.3 cm x 1.8 cm towards the periphery of the spleen. Another hypoechoic lesion is visualized within the parenchyma measuring 2.0 cm in diameter.

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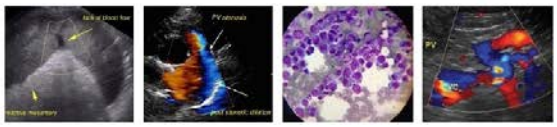

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Liver

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

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. 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 normal 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

There is a small to moderate amount of free abdominal fluid. No lymphadenopathy. The omentum is of normal echogenicity.

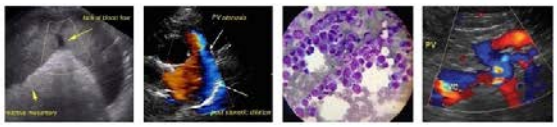
Other

The testicles are visualized. The right testicle is slightly larger than the left at 3.18 cm and hyperechoic with two hyperechoic nodules, one measuring 1.05 cm and one measuring 1.75 cm in diameter. The left testicle is more hypoechoic and smaller, measuring 2.69 cm with an isoechoic/hypoechoic nodule measuring 1.06 cm, and a hyperechoic nodule measuring 0.77 cm.

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, hyperechoic, mildly cystic prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Large, mottled spleen with two hypoechoic nodules – Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.



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- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Large hyperechoic right testicle with two hyperechoic nodules and a smaller hypoechoic left testicle with a hypo- and hyperechoic nodule. There are nodules visualized in the testicles. Consider such differentials as benign or neoplastic lesions such as Leydig cell tumor, Sertoli cell tumor, seminoma, granuloma, etc. Recommend neuter with histopathology (as treatment of choice), or cytology.

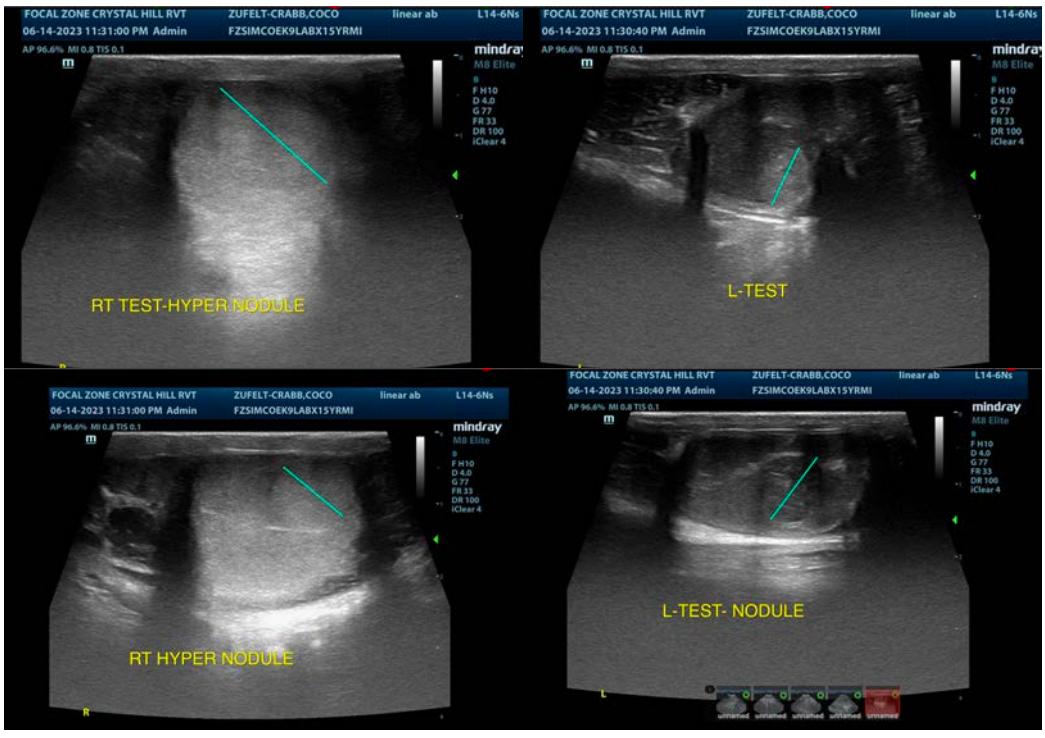
- Free abdominal fluid – Recommend sampling for fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend sampling the free abdominal fluid to try and determine if this represents hemorrhage, a transudate or modified transudate to help guide further diagnostics. No obvious point of hemorrhage is visualized, although there is a small cavitated nodule towards the periphery of the spleen, which could be a source. Ideally recommend a contrast CT scan to try and identify the source of the bleeding or consider exploratory surgery.

If the fluid is a transudate or modified transudate, consider a fine needle aspirate of the spleen, 3-view thoracic radiographs +/- a cardiac ultrasound, etc., looking for a source of the fluid. Additionally consider a pathologist review of the blood smear to better characterize the anemia, look for atypical cells, hemoparasites, etc.

The changes in the prostate are most consistent with benign prostatic hypertrophy +/- prostatitis. Recommend a urinalysis and culture. The combination of the prostatic changes and the testicular masses could potentially call for neutering to help with both processes, although I'm not sure that these issues are associated with the anemia and current clinical signs reported.



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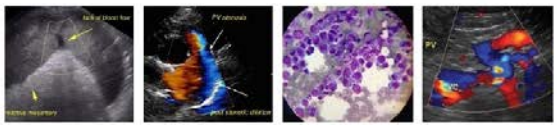

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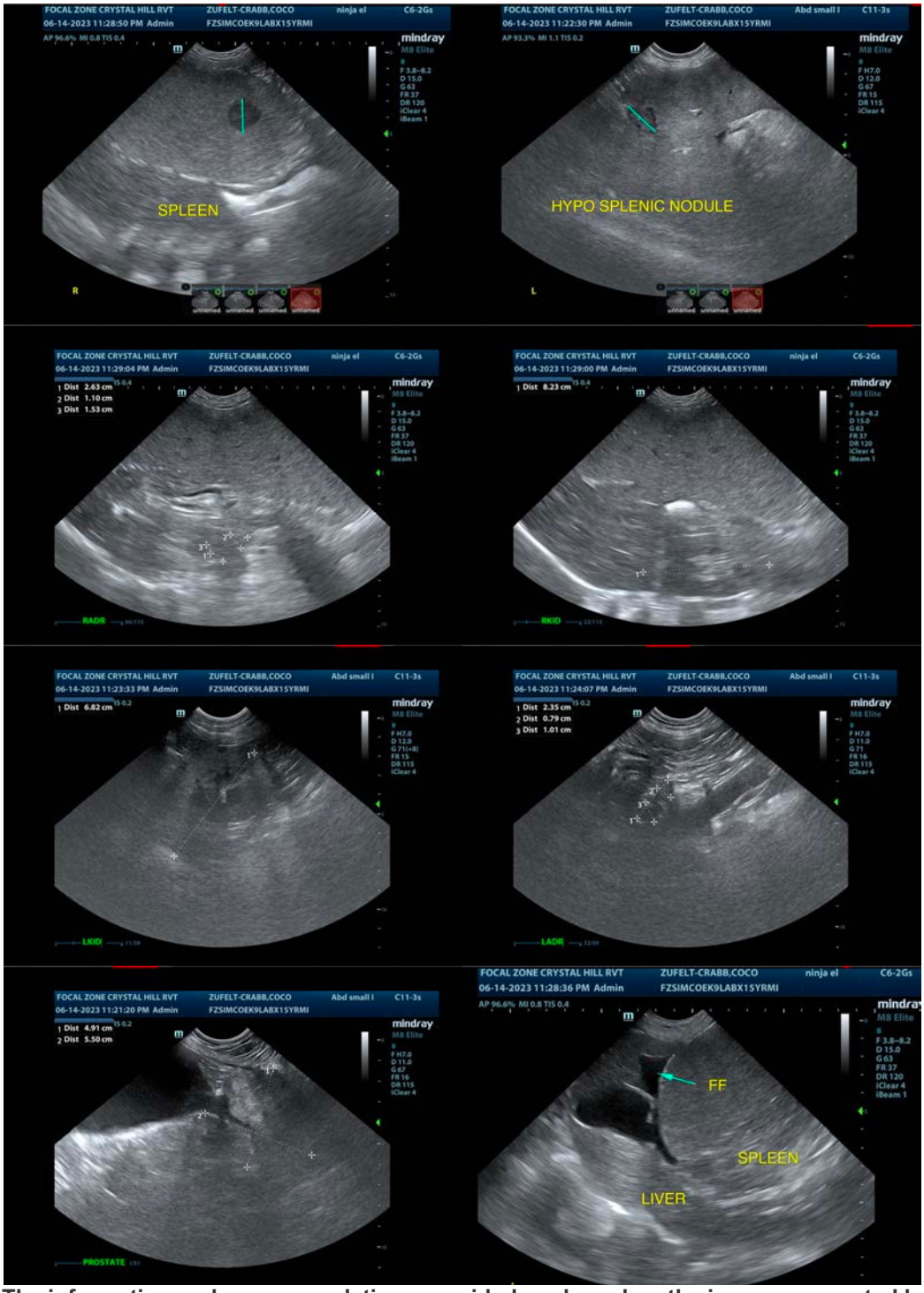

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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) info@sonopath.com