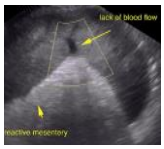

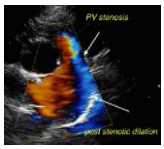

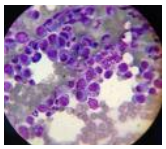
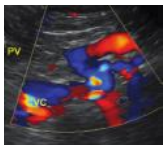

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PATIENT
Cosmo Smalley

SPECIES
Canine

BREED
Bichon

SEX
Neutered male

AGE
13 years

WEIGHT
21.90 pounds

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Michaleen

HOSPITAL NAME
DPC Veterinary Hospital

REFERRING VET
Dr. White

INVOICE
10173ag

DATE
03/16/2022

PRESENTING CLINICAL SIGNS

History: P presents for follow up from ER visit last night. O reports 2 week hx of decreased appetite. Yesterday pet stopped eating all together and they took him to ER. BW/Rads performed. BW showed elevated WBC count with neutrophilia and 30.5% HCT, ALP 359, UA had proteinuria, quiet sediment, SG of 1.019. Radiographs revealed arthritis changes of LS spine and hips. Pet was given SC fluids and sent home with Gabapentin. Today O reports soft stool today P did not wants to eat today. Overall lethargic with hind leg weakness, O did not give gabapentin.

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; heavy black discharge OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: mod dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen Uro/Perineum: N Musculoskeletal: Ambulatory x4. Pain on palpation of spine and manipulation of hips last night. BCS 4/9 Neurological: Appropriate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. An unspecified primarily spherical to nonhomogeneous mass present at the level of the ileac trifurcation dorsal to the urinary bladder measuring approximately 4 cm x 3 cm. Regional hyperechoic tissue with potential for scant associated regional free fluid was observed. The mass did not appear to be associated with the spleen or bilateral kidneys.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral mild pyelectasia was noted. The left kidney measured 4.1 cm in length. The right kidney measured 5.0 cm in length. No evidence of retroperitoneal inflammation around the bilateral kidneys.

The area of the residual prostate was free of pathology measuring 1.1 cm in diameter.

Adrenal Glands

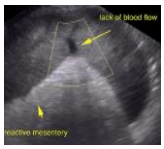
The left and right adrenal glands were not definitively visualized.

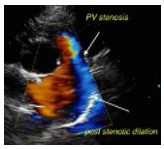
Spleen

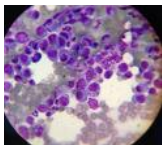
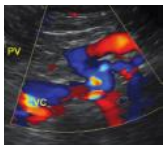
The spleen exhibited overall normal size yet areas of lateral and medial capsule asymmetry were observed. Generalized parenchymal heterogeneity with indistinct areas of hyperechoic medial parenchyma adjacent to the hilus which may indicate indistinct myelolipomas. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The





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hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate uniform to hyperechoic yet non shadowing luminal debris. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral inflammation.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach presented primarily empty. The gastric body wall measured 0.55 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The jejunum wall measured 0.43 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Unspecified mass at the level of the iliac trifurcation and dorsal to the urinary bladder, associated regional reactivity/inflammation.
- Bilateral chronic renal changes exhibiting mild pyelectasia.
- Vacuolar hepatopathy pattern, potential for acute hepatopathy such as inflammation, mild congestion or occult neoplasia possible.
- Moderate congealed yet nonorganized gallbladder debris (non-mucocele).
- Gastroenteritis pattern.
- Splenic parenchyma heterogeneity with areas of lateral and medial capsule asymmetry.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unspecified mass at the level of the ileac trifurcation is favored for neoplastic criteria although non neoplastic etiology such as granuloma, consolidated abscess or necrosis are possible. Ultrasound guided FNA of the mass assuming normal clotting status and if accessible is warranted for screening cytology.

Concurrent hepatosplenic FNA using a 25g needle is warranted for screening cytology although both the spleen and the liver presentation may indicate benign to reactive or age-related changes.

The pyelectasia may be owing to fluid therapy, correlation with a full UA +/- C/S if clinically indicated is suggested.

Continued as needed gastrointestinal support is suggested.

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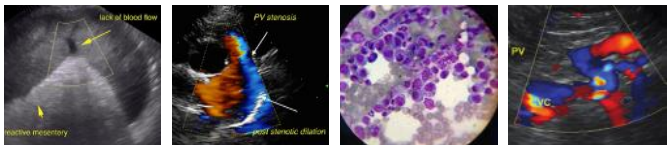

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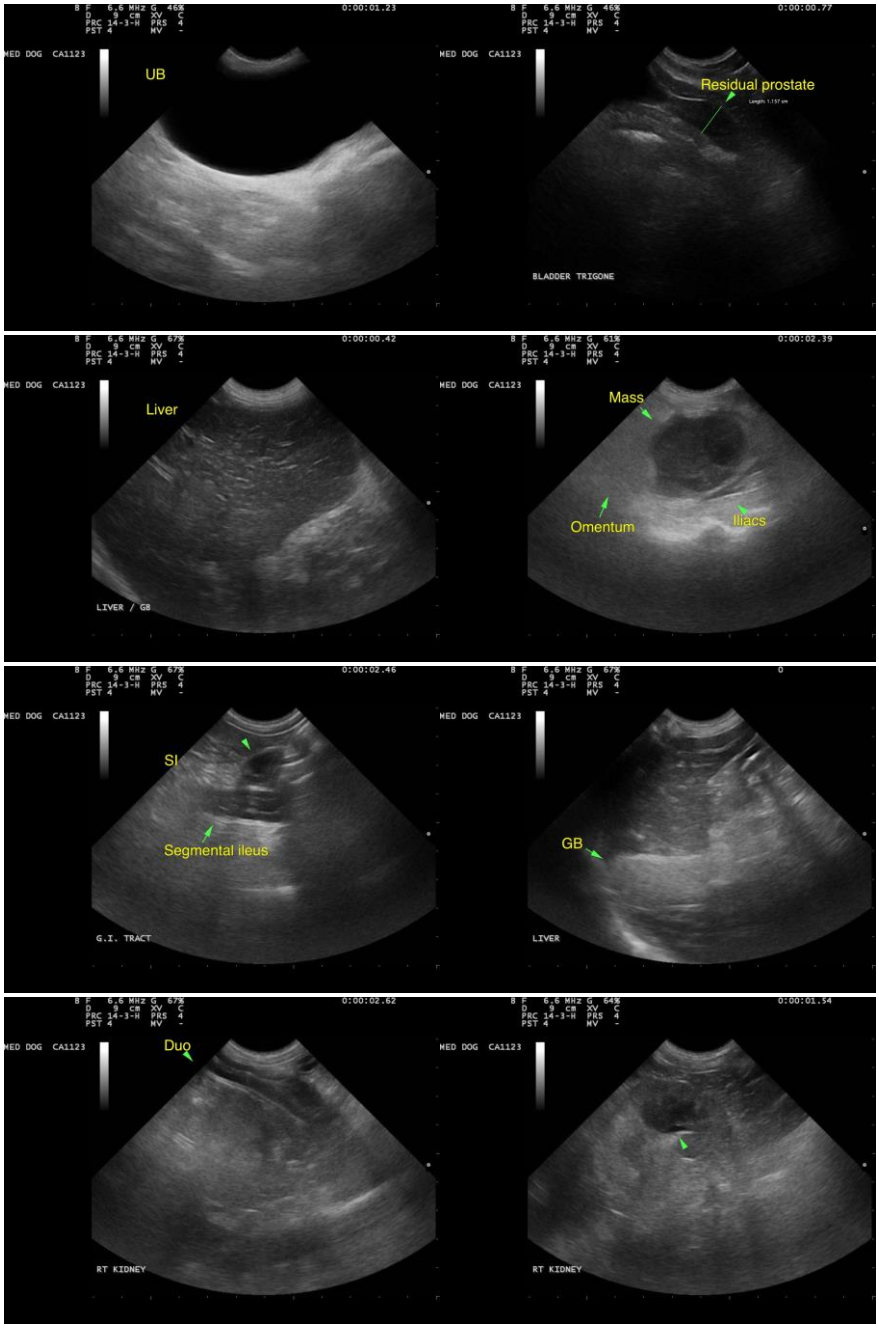

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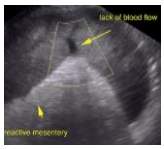
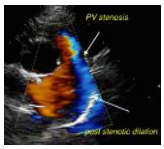
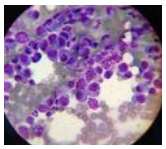
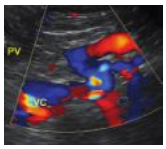

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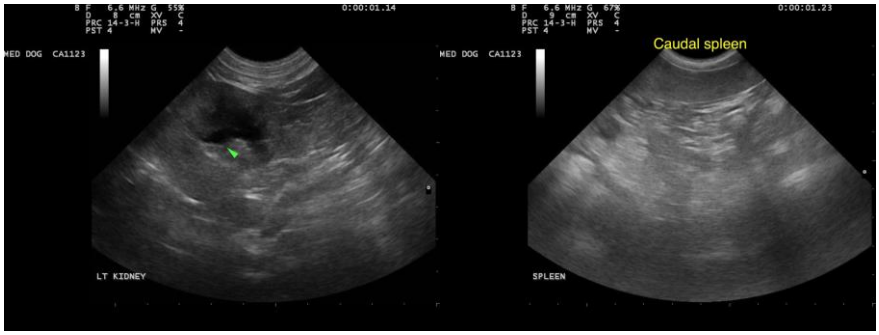

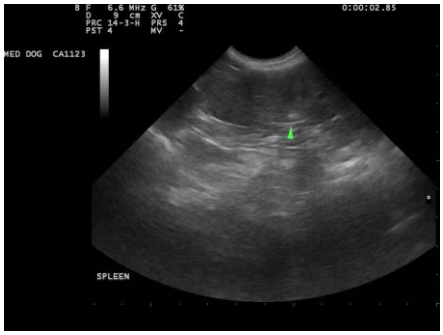

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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