

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Odie Bermudez
SPECIES Canine
History: Odie didn't want to eat in the last week, whenever owner gave her either chicken or sweet potato, she vomited (usual diet is Farmer Dog). She is very weak and wobbly, she keeps falling. Owner thinks she is losing weight. This morning Odie had an episode of diarrhea. No coughing or sneezing, the water intake and urination are decreased.

BREED Bichon
SEX Spayed Female
Abnormal PE/Chem/CBC/UA Results: Quiet, alert, responsive, 7-8% dehydrated, pink/ icteric, slight ataxia, ABD: tense, discomfort at deep palpation, no obvious masses palpated, no fluid wave appreciated. CBC: high WBC (32.80), with neutrophilia (30.26) low RBC (3.16), low hematocrit (18%), low hemoglobin (7.0) CHEM: azotemia (BUN 74.6, creatinine 1.9) high phosphorus (6.9) high globulin (6.8) low albumin (2.0) high total bilirubin (1.6) high ALP > (993) high cholesterol (355) EPOC: azotemia (BUN 66, creatinine 2.13) low hematocrit (21%) high pO₂, low pCO₂, TCO₂ low bicarbonate (10.4) low BE (-14.9)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE 13 Years
The urinary bladder was normal in overall size and tone. A focal area of wall thickening in the area of cystourethral junction was present, exhibiting homogeneous parenchyma compared to adjacent wall and without evidence of mural mineralization. The area of cystourethral junction thickening measured approximately 0.42 cm. No sediment or calculi noted.

WEIGHT 9.06 Pounds
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in the left kidney. Pinpoint medullary mineral noted in both kidneys. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was not definitively visualized.

IMAGING PERFORMED BY

Jose

The right adrenal gland exhibited potential for irregular to nonhomogeneous enlargement without overt evidence of parenchymal mineralization. The right adrenal gland potentially measured 0.9 cm width at the cranial pole and 0.79 cm width at the cranial pole.

HOSPITAL NAME

Elmhurst AEH

Spleen

A large expansive irregular nonhomogeneous hypoechoic mass was present in the area of the spleen with subjective splenic origin, measuring approximately 6-7 cm in diameter. Regional hyperechoic mesentery noted around the mass, potential for associated regional hypoechoic to swollen lymphadenopathy possible. No evidence of overt concurrent free fluid. Concurrent probable, benign myelolipoma present in the mid lateral spleen.

REFERRING VET

Dr. Suci

Liver

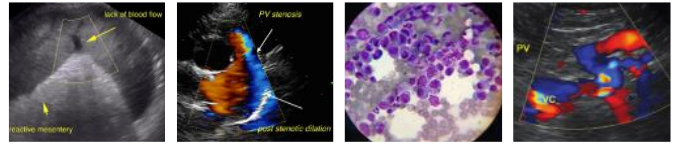
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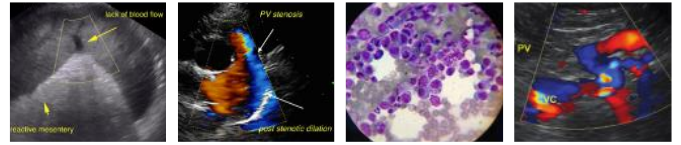
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

DATE

3/24/22



PATIENT	The gallbladder was non distended in size with mild nondependent pinpoint hyperechoic gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.
Odie Bermudez	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta without signs of obstruction or foreign material.
BREED	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
Bichon	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
Spayed Female	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.
AGE	
13 Years	
WEIGHT	
9.06 Pounds	<ul style="list-style-type: none"> • Large, nonhomogeneous to hypoechoic mid abdominal mass- splenic origin is considered most likely, consistent with neoplastic criteria, sarcoma, round cell neoplasia or other. • Bilateral moderate chronic renal changes with mild left kidney pyelectasia • Possible irregular to enlarged right adrenal gland
INTERPRETED BY	<ul style="list-style-type: none"> • Mild hepatic parenchymal remodeling- subjectively benign • Mild gallbladder debris (non-mucocele)
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Jose	Given the size and location of the mass, splenic origin is considered likely, although potential for non-splenic origin cannot be definitively excluded. Although not definitive, potential for concurrent right adrenal pathology is possible.
HOSPITAL NAME	Screening blood pressure recommended to assess for evidence of hypertension. If surgical options are a possibility in this case, abdominal CT for further assessment of the mass as well as for evidence of regional metastasis and further clarification of the right adrenal gland is likely ideal. Otherwise, assuming no evidence of thoracic pathology and normal cardiopulmonary status, exploratory laparotomy for further assessment with potential for splenectomy and gross inspection of the perisplenic omentum as well as the right adrenal gland could be considered.
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BREED

Bichon

SEX

Spayed Female

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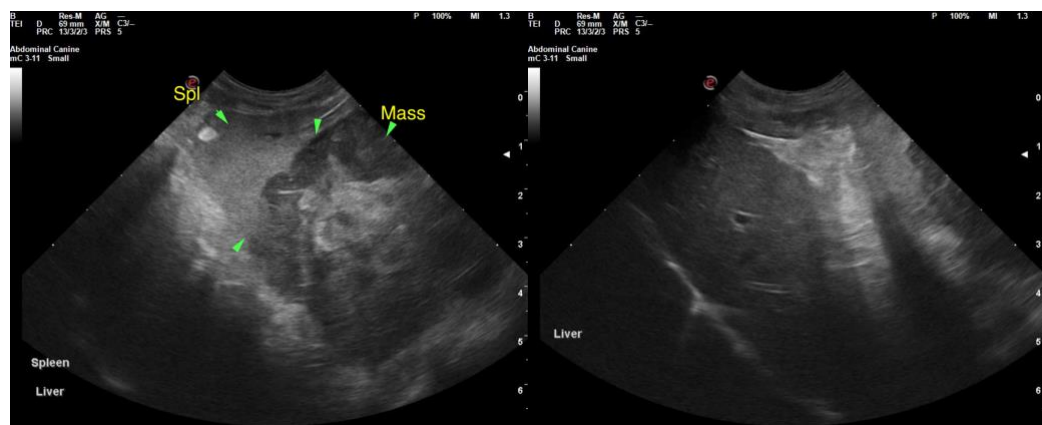
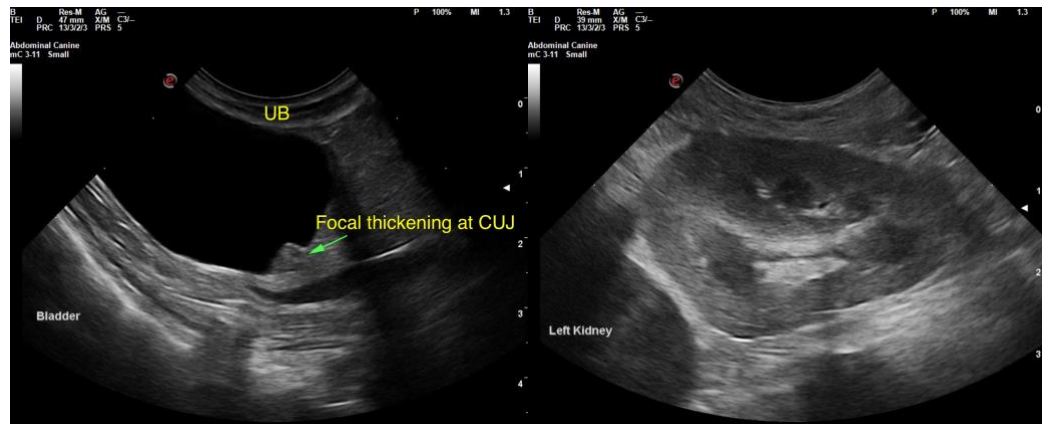
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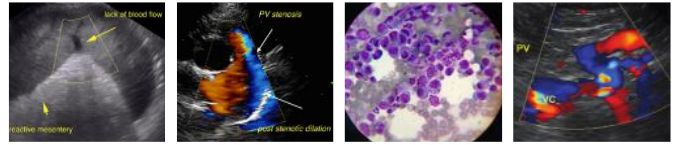
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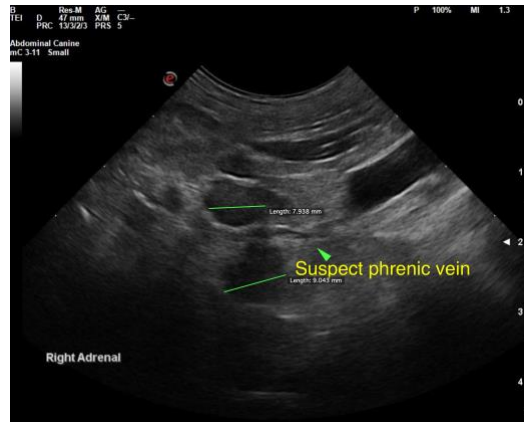
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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