SonoPath
Clinical Sonography & Telecytology
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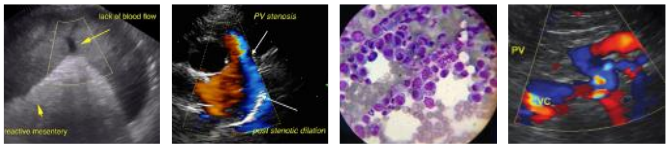


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ambrosi Wversch

SPECIES
Canine

BREED
Vernese Mountain Dog

SEX
MN

AGE
10 years

WEIGHT
86 lbs.

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Morris Hills Vet Clinic

REFERRING VET
Dr. Hirschenson

INVOICE
16670

DATE
4/20/23

PRESENTING CLINICAL SIGNS

Loss of appetite, decreased activity. R/O Splenic/liver mass vs other. Meds: Torb administered for u/s. No other current meds. (chest rads attached)

Abnormal PE/Chem/CBC/UA Results: BW -4/18/2023 Anemia-Rbc 3.75, Hct 25%, Hgb 8.3, Retic 307.8 (regenerative), mono 1.79, baso 0.12, PLT *20, PCT 0.04%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.5 cm in diameter.

There is no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.3 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.67 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.84 cm width at the caudal pole.

Spleen

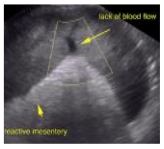
The spleen was mildly enlarged with areas of mild capsule asymmetry and generalized heterogeneous mildly nonuniform splenic parenchyma. No visualized splenic masses were noted. Normal splenic vascularity was noted.

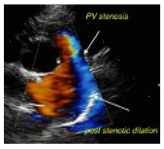
Liver/ Gallbladder

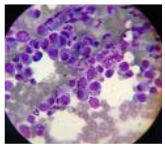
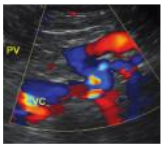
The liver was subjectively mildly enlarged with areas of minor asymmetrical hepatic capsule contour and generalized nonhomogeneous mildly mixed echogenic hepatic parenchyma with normal hepatic vascular volume. No visualized hepatic masses were noted. The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized echogenic gallbladder debris. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.





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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.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild hepatosplenomegaly exhibiting heterogeneous mild nonuniform hepatosplenic parenchyma
- Mild gallbladder debris (non-mucocele)
- Structurally unremarkable gastrointestinal tract / colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status yet potentially dependent upon platelet number, screening hepatosplenic FNA cytology using a 25-gauge needle is recommended for further assessment. CBC pathology review and/or infectious disease serology, if clinically indicated, may be considered.

Some or all of the following protocol, based on the clinical impression of the patient, could be considered empirically. However, hepatosplenic sampling is strongly suggested if possible and considered essential to assess for benign vs. neoplastic etiologies for the hepatosplenic presentation.

(*Note: ensure no underlying neoplasia as IMHA/Evans syndrome can occur as paraneoplastic manifestation especially in lymphoma/round cell neoplasia***)**

Anemia +/- thrombocytopenia with spherocytes/autoagglutination in dogs and hyperbilirubinemia, bilirubinuria. (*NOTE: cats do not get spherocytes in IMHA*)
Consider Onion/Garlic derivative ingestion if Heinz bodies present.

Prednisone (K9) Prednisolone (Feline): 2 mg/kg Sid/Bid initially x 3 weeks then attempt taper
Aspirin 0.5 mg/kg Sid owing to hypercoagulable state
Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry
Doxycycline if infectious suspected clinically or based on CBC path review:
Dogs, Cats: 10 mg/kg p.o. q24h with food or water bolus in cats

Long-term management dogs: Azothiaprine 2 mg/kg Sid or Cyclosporine 10mg/kg po sid bid

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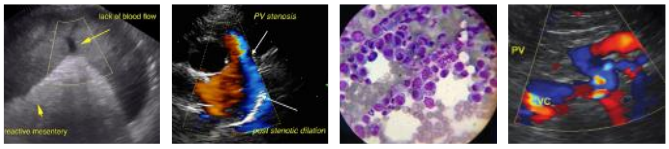

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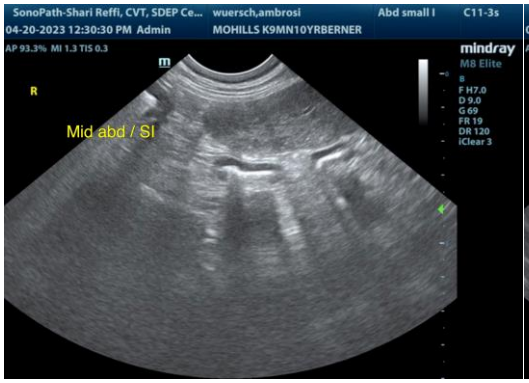

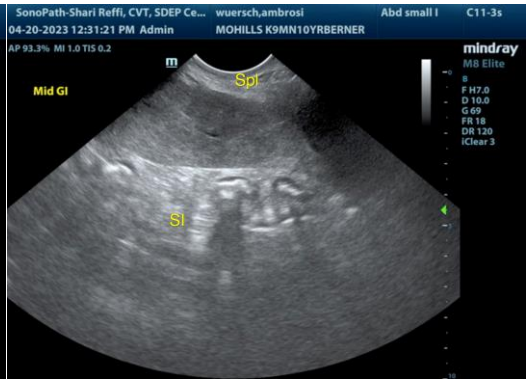

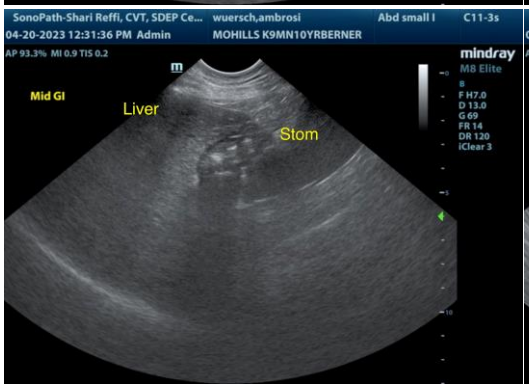

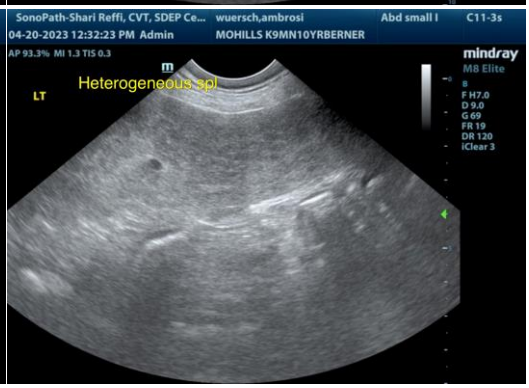

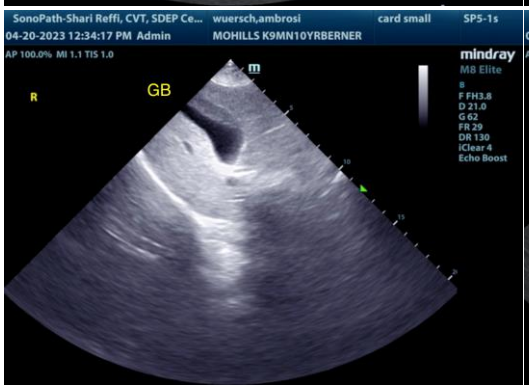

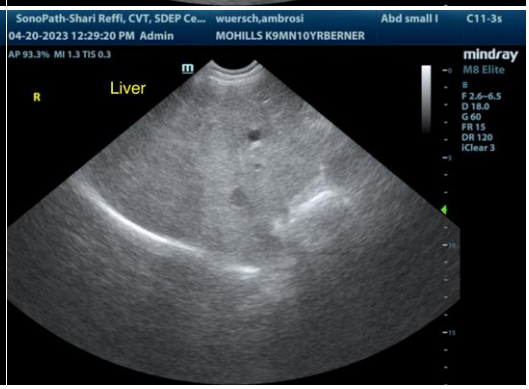

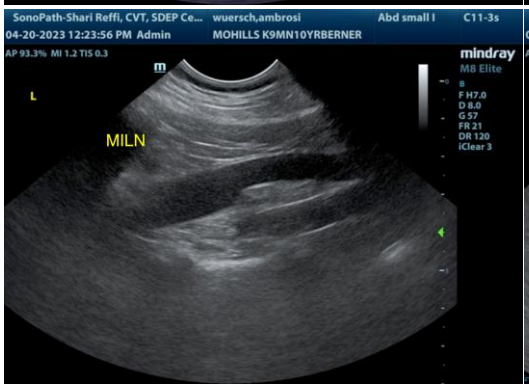

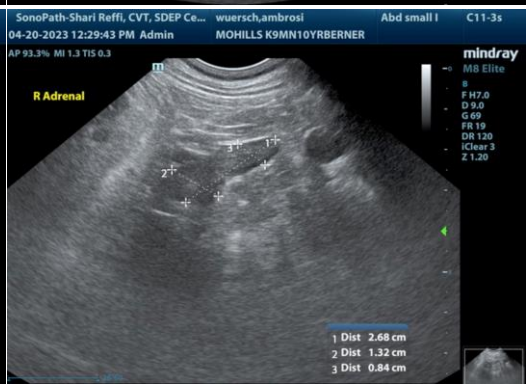

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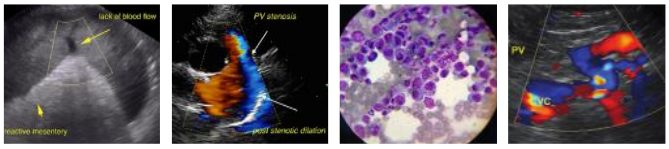

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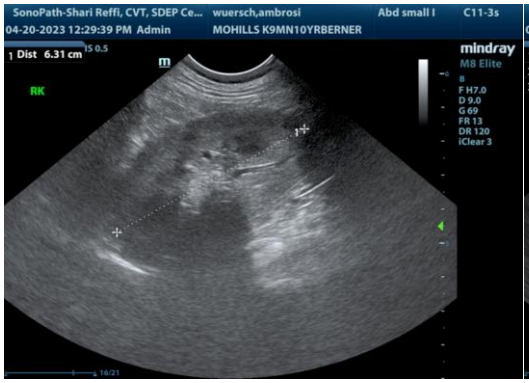

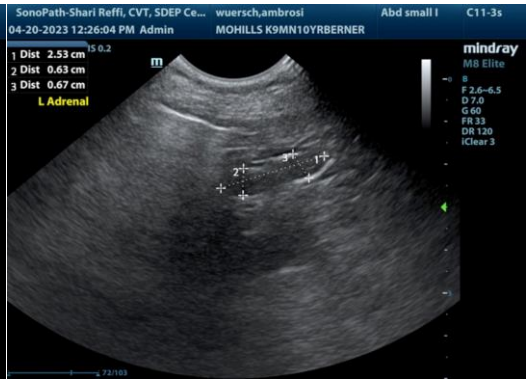

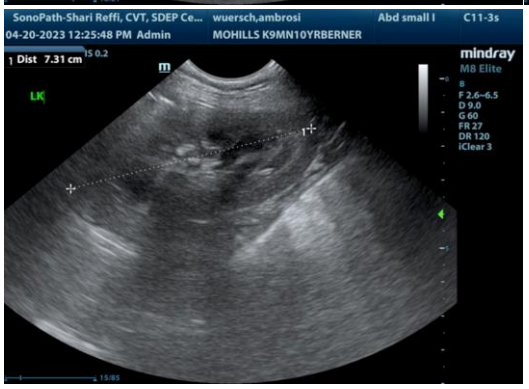

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com