



PATIENT

Pepperone Castello

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

14 Years

WEIGHT

28 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

15018

DATE

5/2/22

PRESENTING CLINICAL SIGNS

History: Hx of R head tilt, Ulcerated mass 2.5cm X 2.5 cm located on anus region, otherwise ok E/D/U/D No C/S/V/D/PU/PD
Abnormal PE/Chem/CBC/UA Results: Pre surgical BW 4/26/22 CHEM: AST: 113 (H) 15-66 ALT: 534 (H) 12-118 CBC: WNL T4: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted. The area of the iliac trifurcation was free of pathology, including no evidence of medial iliac or sublumbar lymphadenopathy.

The residual prostate was normal in appearance.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 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 0.54 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole.

Spleen

The spleen was overall normal in size. Minor areas of lateral and medial capsule asymmetrical contour were present. Heterogeneous parenchyma noted, exhibiting multiple mildly expansive isoechoic to mildly nonhomogeneous indistinct nodules. An example of splenic nodule size measured 1.2 cm in diameter. Splenic vascularity was normal.

Liver

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.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

SPECIES

Pancreas

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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.

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Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

AGE

14 Years

- Heterogeneous to indistinctly nodular spleen
- Hepatopathy, exhibiting parenchymal remodeling
- Mild age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic changes are nonspecific with multiple possible etiologies, including hyperplasia, hematopoiesis, hematomas, myelolipomas and previous infarction, while the possibility of primary versus metastatic neoplasia, if the perineal mass is confirmed neoplasia or if history of mast cell tumor, cannot be excluded.

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Although not definitive, hepatic parenchymal inflammatory disease, given the elevated ALT/AST combination, may be considered a primary differential diagnosis. Overt evidence of hepatic neoplastic criteria is considered less likely.

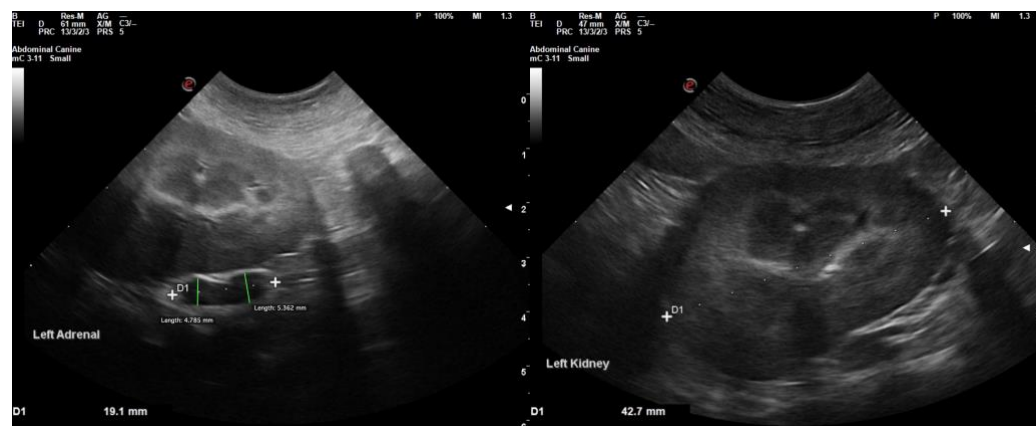
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Further assessment may include, assuming normal clotting status, ultrasound guided hepatosplenic FNA, using 25-gauge needle, for screening cytology prior to any potential surgical considerations. Hepatosupportive medications, including Denamarin +/- Ursodiol with sonographic monitoring of the liver and specifically the spleen for evidence of progressive changes would be a more conservative approach. Three-view chest radiographs are suggested, if not done prior to surgical considerations.

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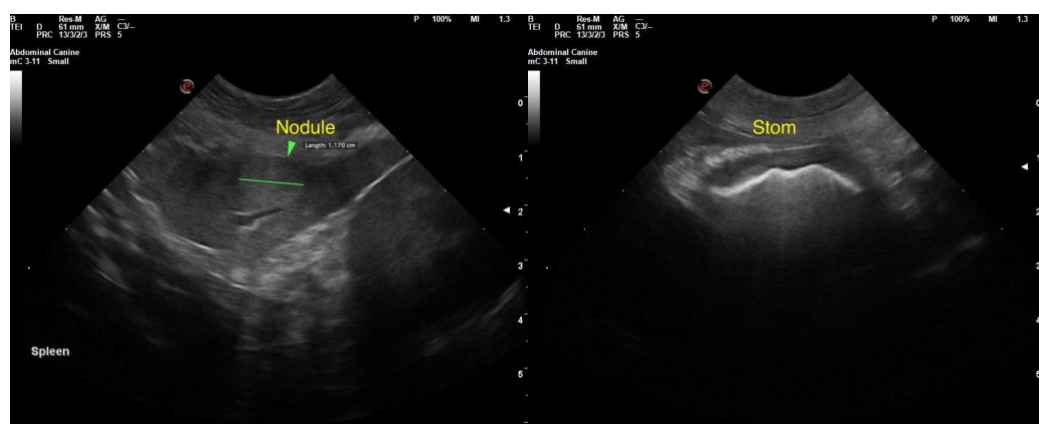
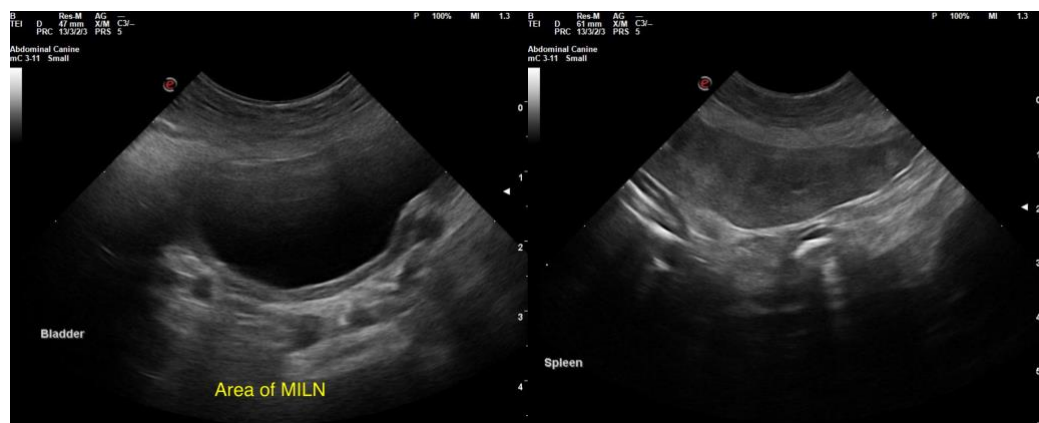
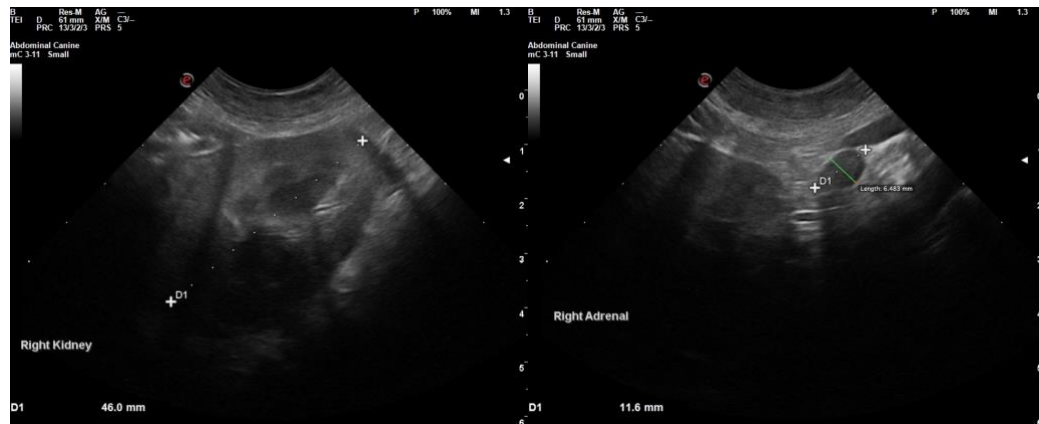
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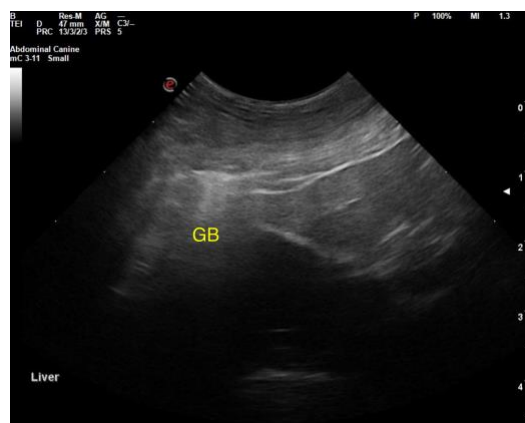
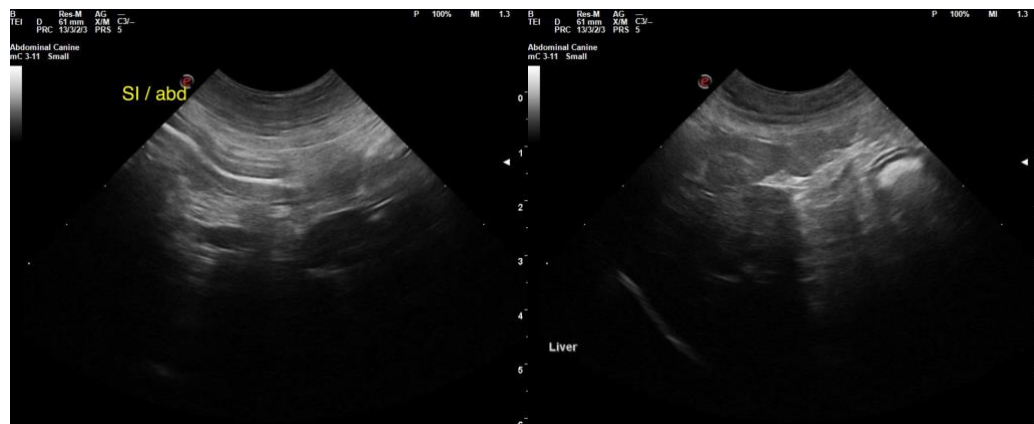
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com