



PATIENT PRESENTING CLINICAL SIGNS

Milo Dunnivant History: Lethargy, hyporexia, diarrhea past 5 days.

SPECIES Physical Examination: Heart murmur, popliteal lymphadenopathy (reactive hyperplasia on cytology).

Canine Urinalysis: N/A.

BREED CBC: Thrombocytopenia.

Terrier Mix Serum Biochemistry: Elevated ALP activity.

Radiographic Findings: N/A.

SEX

MN

AGE

5 years

WEIGHT

32 #

INTERPRETED BY

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MMedVet (Med), PhD,
Dipl. ECVIM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Enlarged iliac lymph nodes (left 1.2 cm, right 0.9 x 2.3 cm) with a rounded and hypoechogenic appearance. Ureters not visualized.

Normal renal size (left 5.2 cm, right 5.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechogenic prostate.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.6/0.58 cm right 0.6/0.55 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. Mottled echogenic vascularized parenchymal mass (1.4 x 2.1 cm) with small cavitory areas within the tail of the spleen and resultant bulging of the overlying capsule.

Liver

Normal size with a diffuse hypoechogenic appearance, and prominent portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.42 cm, duodenum 0.44 cm, jejunum 0.36 cm) and peristaltic activity and no distension of the lumen.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care
and Emergency

REFERRING VET

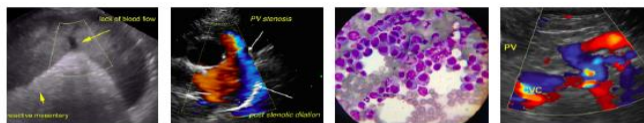
Dr Kim

INVOICE

303018

DATE

6/8/22



PATIENT *Pancreas*

Milo Dunnivant Normal size (right 1.2 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine Normal mesenteric lymph nodes (3 cm).
No ascites.

BREED

Terrier Mix

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatopathy.
- Splenic mass.
- Iliac lymphadenomegaly.

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Secondary Findings:

- None.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Etiologies for the hepatopathy would be vacuolar, reactive, chronic hepatitis, early cirrhosis, and infiltrative neoplasia.

Etiologies for the splenic mass would be hyperplasia, granuloma, hematoma, abscess, and neoplasia.

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Sonya Myers, DVM

The most likely etiology for the iliac lymph nodes would be reactive, with lymphadenitis and infiltrative neoplasia, less likely differential diagnoses

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Further assessment would be 3-view thoracic radiographs, echocardiography/assessment of the right atrium/pericardial space, and once the thrombocytopenia has resolved, FNA cytology of the liver, splenic mass, and iliac lymph nodes.

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Specific therapy needs to be based on an etiological diagnosis.

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IMAGES

Liver



Spleen





PATIENT

Iliac lymph node

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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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