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Clinical Sonography & Telecytology
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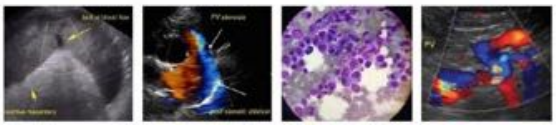


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Max DeBarros

SPECIES

Canine

BREED

Rottie

SEX

Intact Male

AGE

7 years

WEIGHT

109 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

South Side PH

REFERRING VET

Honda

INVOICE

12983

DATE

5.8.23

PRESENTING CLINICAL SIGNS

History: Eosin has been elevated before - fecal neg so not considered sign. My concern is borderline anemia, low Hgb - consider poss emerging anemia of chronic disease? While no evidence of a recent bleed I remain concerned re poss emerging HSA due to breed/age Current Medications optimmune, NG Spectra, Traz/Gaba (for vet visits)

Abnormal PE/Chem/CBC/UA Results: CBC: PCV 38 with Hgb 133 - borderline anemia. M1 elevate eosin - prev noted Biochem: nsf 4dx: all neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The prostate is diffusely enlarged measuring 5.6 cm x 5.3 cm x 5.3 cm, with a hyperechoic parenchyma and smooth capsule. The prostatic urethra is not dilated.

Both testes are imaged and have a normal parenchyma of appropriate echogenicity and no evidence of cystic or neoplastic change.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 7.2 cm in length. The right kidney is 8.5 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.8 mm at the cranial pole and 5.0 mm at the caudal pole. The right adrenal gland height is 6.2 mm at the cranial pole and 6.4 mm at the caudal pole.

Spleen

A 3.6 x 2.1 cm hypoechoic mass is noted in the body of the spleen, which disrupts the splenic capsule. The surrounding omentum is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

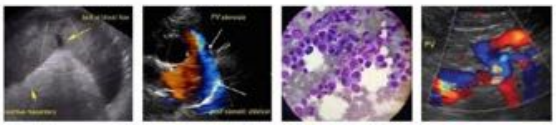
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 4.2 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 3.9 mm. The jejunal wall measures up to 5.6 mm. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

The visualized portion of the heart exhibits appropriate systolic function, with no masses or effusions noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypoechoic splenic mass

Secondary Findings

- Enlarged prostate, consistent with patient's intact status

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although there is no evidence of bleeding associated with the splenic mass, it may be the cause of the suspected anemia of chronic disease. Etiologies include a benign hemangioma, hematoma, or a malignancy such as hemangiosarcoma. Recommendations include:

- Three view chest radiographs to rule out metastasis
- Splenectomy with histopathology
- If surgery is not elected, initiation of therapy with Yunnan Bai Yao and I'm-Yunity may serve to decrease risk of acute hemorrhage. More information, including dosing for these therapies can be found here:
  - https://penntoday.upenn.edu/news/compound-derived-mushroom-lengthens-survival-time-dogs-cancer-penn-vet-study-finds
  - https://www.mspca.org/angell_services/yunnan-baiyao-to-use-or-not-to-use/

Although the adrenals are technically normal-sized, they are subjectively on the small side for such a large dog. As both eosinophilia and a mild anemia can be associated with Addison's disease, screening with a resting cortisol level is recommended to rule out this possibility.

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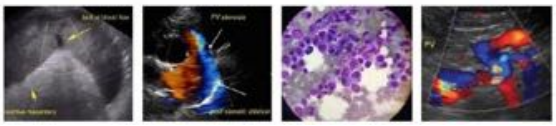

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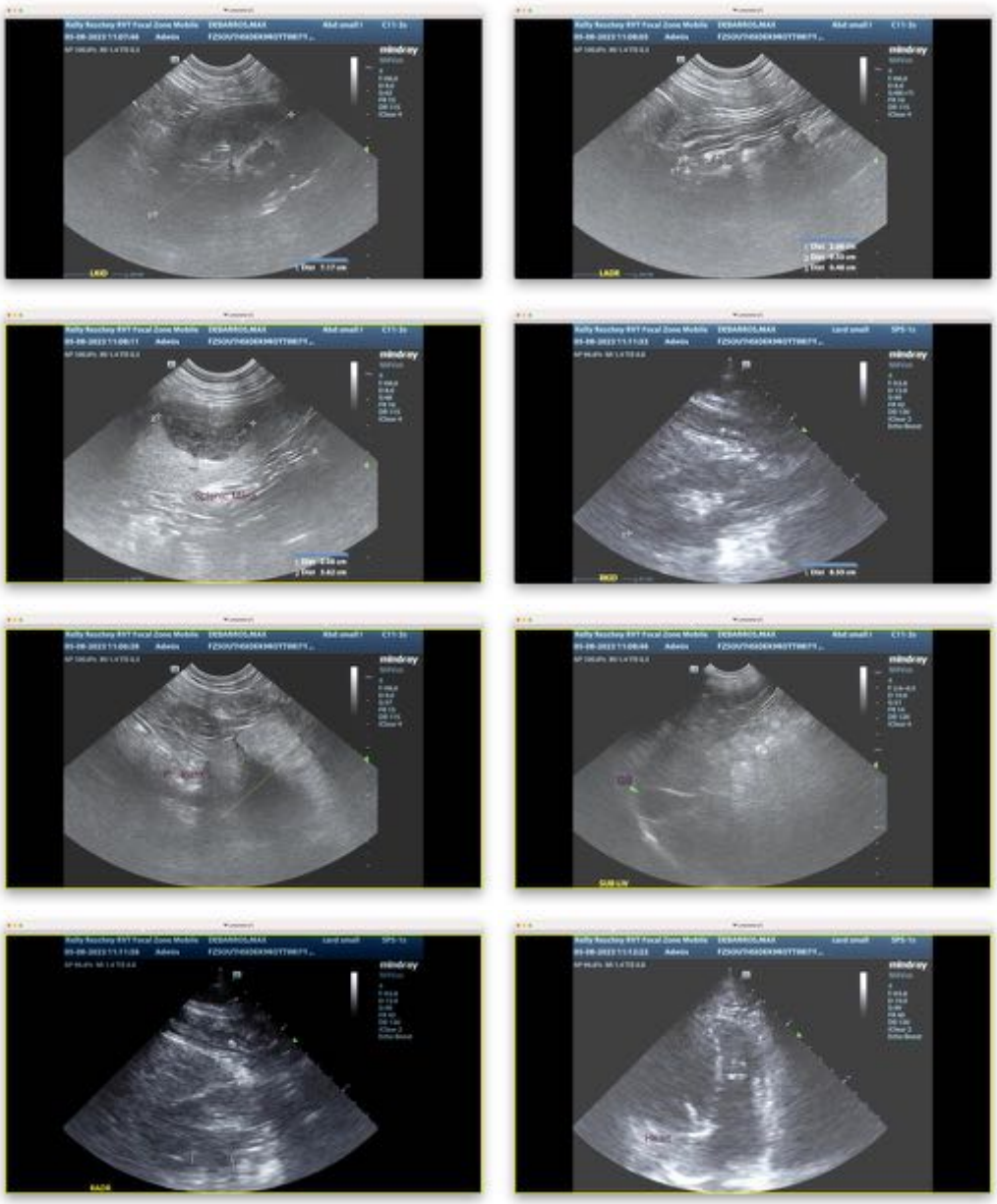

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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