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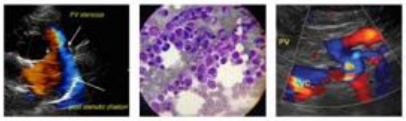
svsimagingqc.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Mia Hester

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

11.5 years

WEIGHT

70 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Charles Plein/Dr. Marti Notarius

INVOICE

12226

DATE

2.15.23

PRESENTING CLINICAL SIGNS

History: Owner has heard gurgling from stomach for about a week now. Was not eating for 3 days over the weekend, O finally got her to eat by giving canned food. Tried to vomit this morning, pet has been trying to eat grass outside. Tried to eat a sock 2/14/23 (O's pulled it out of her throat). Hx of eating foreign materials (previously had FB surgery).

Abnormal PE/Chem/CBC/UA Results: Mass/object/abnormal palpation felt mid-left abdomen 2/13/23. Abnormal gas pattern on lateral abdominal x-ray view. Unable to get V/D.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal in size (6.84 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (6.87 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.32 cm at cranial pole) (0.41 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The caudal pole of the right adrenal gland is visualized and is in normal size (0.62 cm in width) with normal shape, glandular echogenicity and detail. Surrounding vasculature are normal.

Spleen

The spleen is mildly enlarged swollen contours approximately mid-spleen. A 6.80 cm isoechoic to slightly heterogenous mass effect is observed in this region. A 0.73 hypoechoic nodule is also observed on the left side. The remaining parenchyma is subtly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural

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detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other
A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass effect. Neoplasia (i.e., round cell tumor) is of primary concern. However, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar) cannot be excluded. It is unclear whether the splenic pathology is resulting in the patient's clinical signs, or if a separate concurrent process (esophagitis, gastroenteritis, underlying metabolic issue, mild pancreatitis, other) is also present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the splenic mass effect, consider the following:

  1. Three-view thoracic radiographs to assess for pathology in the chest
  2. Fine-needle aspirate of the splenic lesion (if clotting status is appropriate). A 25-gauge needle should be used.

- Regarding the GI signs, consider the following:

  1. Fecal evaluation for ova and Giardia
  2. cPLI +/- a full malabsorption panel to assess for pancreatic disease and maldigestion/malabsorption
  3. Symptomatic care is recommended. If the patient's clinical signs persist, and upper GI endoscopy with biopsies may be necessary to get a definitive diagnosis.

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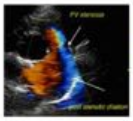
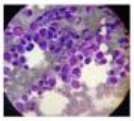
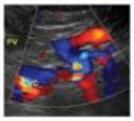

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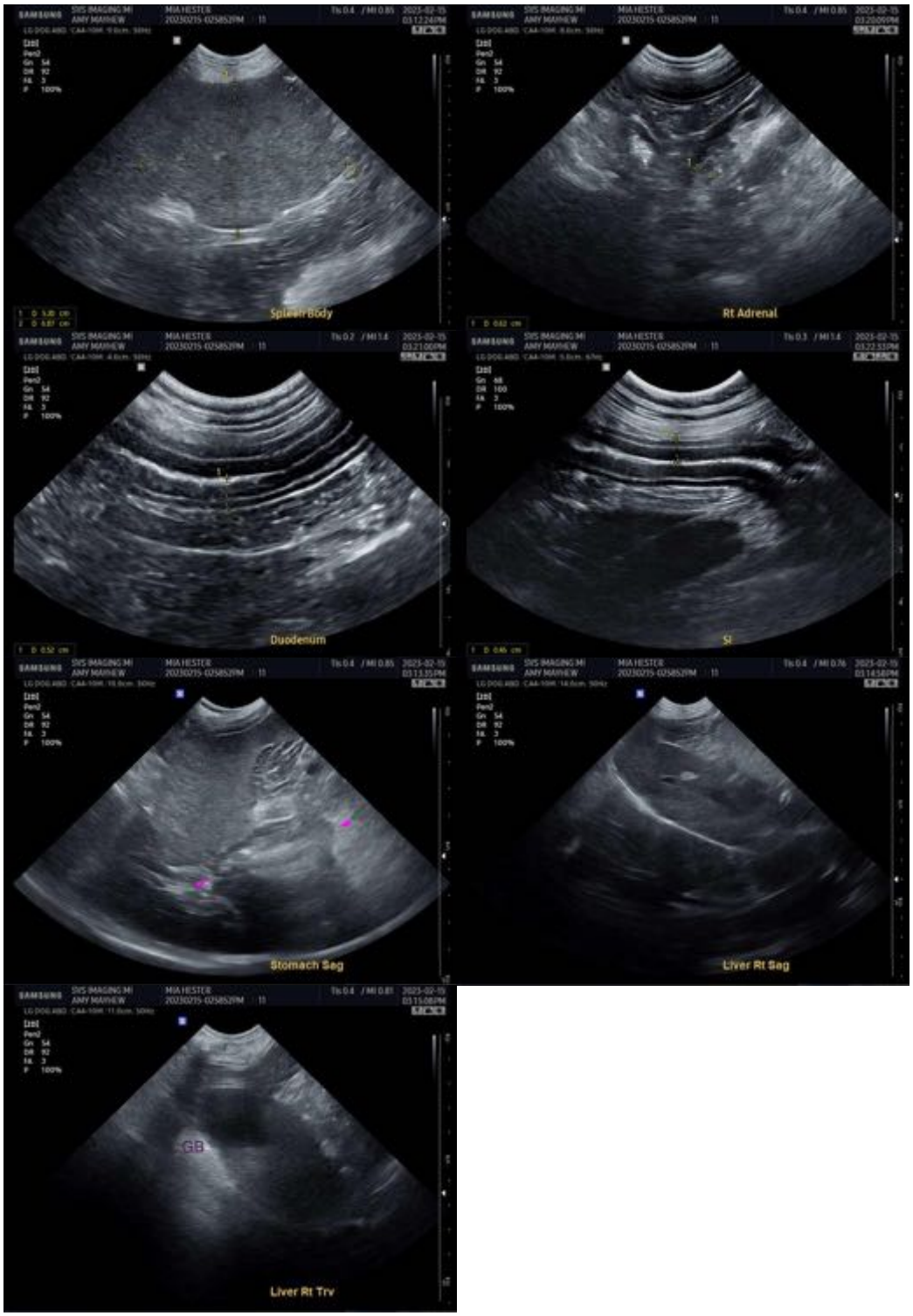

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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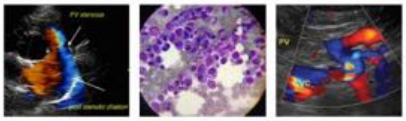

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