

**DATE PRESENTING CLINICAL SIGNS**

3/4/2022 History: 2 months recurrent diarrhea- straining, often mucoid, responds well to Metronidazole but returns to diarrhea within a week off Metro.

PATIENT

Halsey Firlie

Current Medications: None currently. Trying Hill's GI Biome diet between 3/2-3/4. Metronidazole 250mg- 1 ½ tabs BID usually works well- but not on it currently.

Lab Results: Fecal negative at IDEXX lab. At local ER- clostridium identified on fecal 1/15/22. Chem CBC at ER 1/15/22- Crea 2.0, ALKP 251, Lipase 2302, Na 161, K 4.9.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Mini Goldendoodle

Imaging Performed By: Andi Parkinson, RDMS.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

AGE

1/21/2014

The prostate is normal in size (0.90 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

41.8lbs

The left kidney is normal size (5.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

The right kidney is normal size (5.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

HOSPITAL NAME

Timonium Animal
Hospital

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.67 cm at caudal pole) (2.04 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Kauder

The right adrenal gland is normal size (0.80 cm at cranial pole) (0.64 cm at caudal pole) (2.35 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

10498

Spleen

The spleen is enlarged with irregular peripheral contours. A >4 cm heterogenous mass is arising from the medial aspect, near the hilus. Several smaller hypoechoic to heterogenous nodules are also seen. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen, with a few small, ill-defined hypoechoic nodules/areas. 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. A moderate to large amount of aggregated echogenic suspended sludge, in a partially stellate pattern, is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

gastric lumen is mildly distended with ingesta. The gastric is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

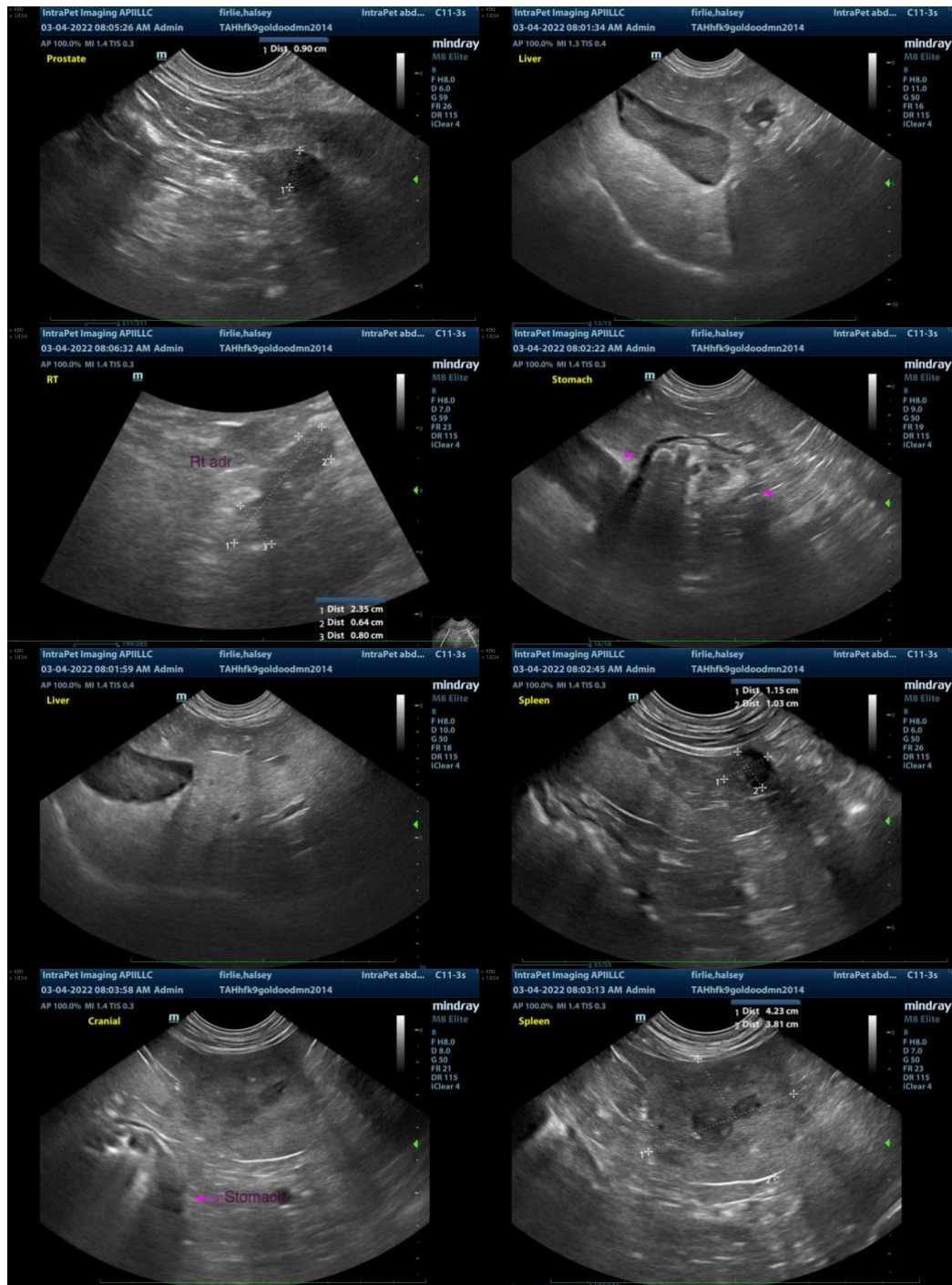
- Splenic mass with smaller splenic nodules. Neoplasia (i.e., round cell tumor, sarcoma), is suspected.
- Developing gall bladder mucocele.
- Suspected benign hepatopathy (i.e., vacuolar hepatopathy or regenerative nodular hyperplasia), although metastatic disease cannot be completely excluded.

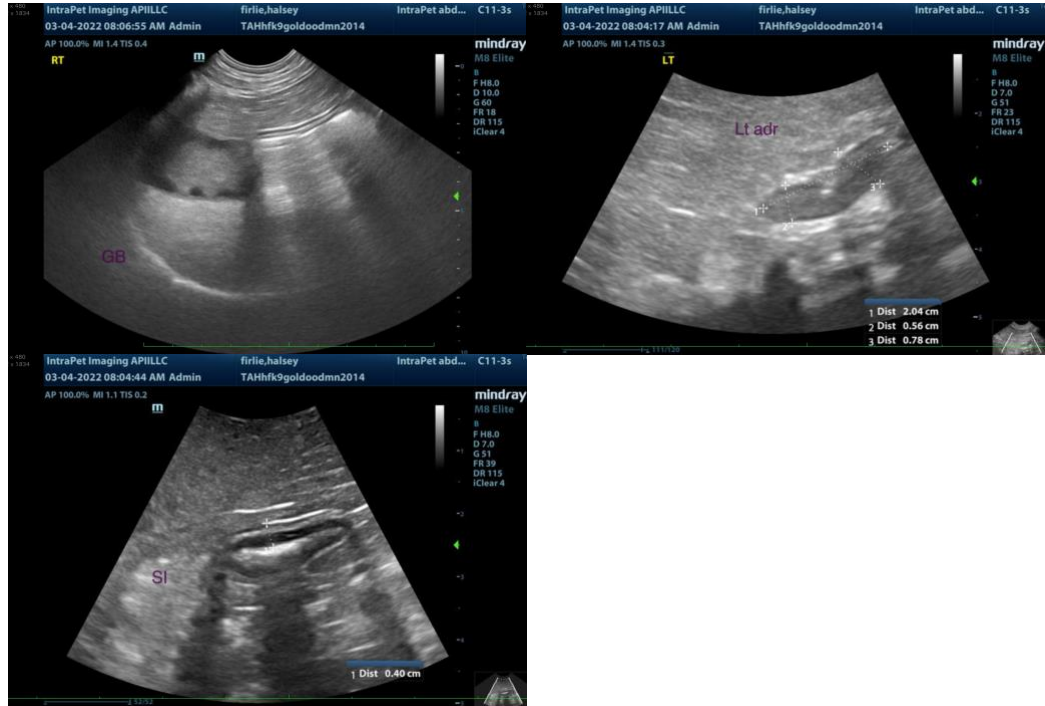
*It is unclear if the patient's diarrhea is related to neoplasia and/or the gall bladder mucocele or if a concurrent underlying GI problem is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the large splenic mass if clotting status is appropriate. Alternatively, if there is no evidence of pulmonary metastatic disease, consider a splenectomy with submission of the spleen for histopathology. Liver biopsies should also be obtained to assess for micro-metastatic disease. Given the gall bladder changes, consider a cholecystectomy at the time of surgery or medical management with Ursodiol therapy. If medical management of the mucocele

is pursued, serial sonographic monitoring (i.e., every 6-8 weeks) is recommended to evaluate for progression to a fully formed mucocele. If a cholecystectomy is to be pursued (at the time of the splenectomy), referral to a board-certified surgeon is recommended due to the potential for perioperative complications.





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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