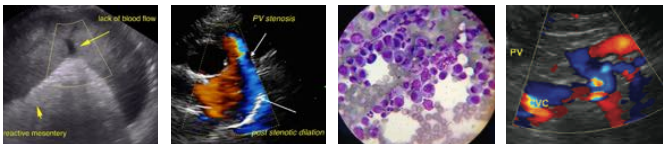
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Brisket Rogalla

SPECIES
Canine

BREED
Hound Mix

SEX
Neutered male

AGE
11 years

WEIGHT
48 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Megan Larson

HOSPITAL NAME
Yorkville AH

REFERRING VET
Dr. Long

INVOICE
95307

DATE
1/17/22

PRESENTING CLINICAL SIGNS

Hx of kidney mass diagnosed by prev vet, Distended Abd on exam

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick measuring 0.58 cm. Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal in size (6.57 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (7.38 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.3 cm at cranial pole and 0.48 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.52 cm at cranial pole and 0.59 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is markedly enlarged in size with irregular, round margins. The parenchyma is coarse/mottled in echotexture and normal to hyperechoic in echogenicity. The head of the spleen is distorted by an 8.0 cm heterogenous, hyperechoic mass with some small cavitations. The splenic vasculature appears normal.

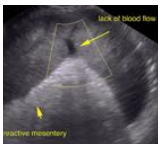
Liver

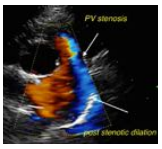
Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

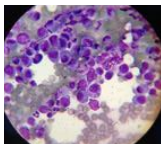
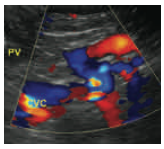
Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Brisket Rogalla

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered male

AGE

11 years

WEIGHT

48 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Megan Larson

HOSPITAL NAME

Yorkville AH

REFERRING VET

Dr. Long

INVOICE

95307

DATE

1/17/22

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

Canine Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

Coarse, hyperechoic splenomegaly with a discrete splenic mass at the head of the spleen. Differentials for the diffuse changes include benign extramedullary hematopoiesis and lymphoid hyperplasia, etc. as well as infiltrative neoplastic disease such as round cell neoplasia or sarcoma. However, given the focal mass in the head of the spleen infiltrative round cell neoplasia or sarcoma are most likely.

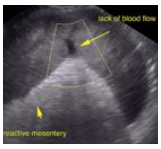
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

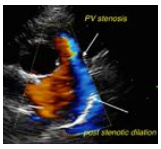
Recommendations include full lab work with CBC, serum chemistry panel and urinalysis given the urinary bladder and gallbladder changes, if not recently evaluated. As well as three view thoracic radiographs to further assess cardiopulmonary status and look for metastatic disease.

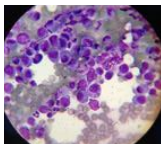
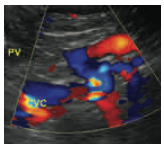
FNA of the spleen could be considered if the patient's coagulation status is appropriate to rule out infiltrative round cell neoplasia or surgery for splenectomy would be a reasonable next step as well.

SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Brisket Rogalla

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered male

AGE

11 years

WEIGHT

48 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Megan Larson

HOSPITAL NAME

Yorkville AH

REFERRING VET

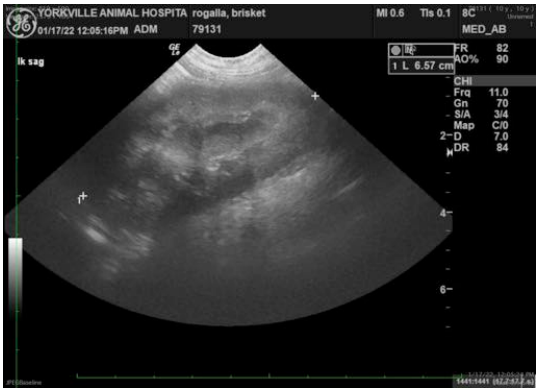
Dr. Long

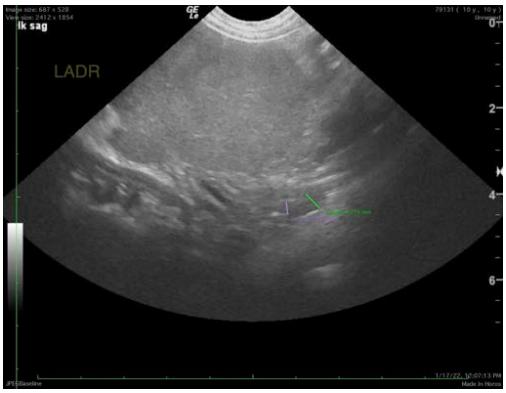
INVOICE

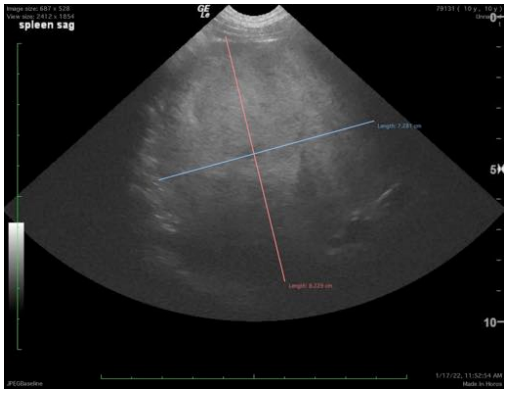
95307

DATE

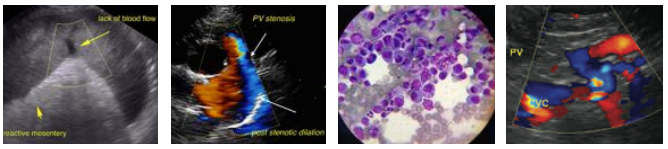
1/17/22







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Brisket Rogalla

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered male

AGE

11 years

WEIGHT

48 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Megan Larson

HOSPITAL NAME

Yorkville AH

REFERRING VET

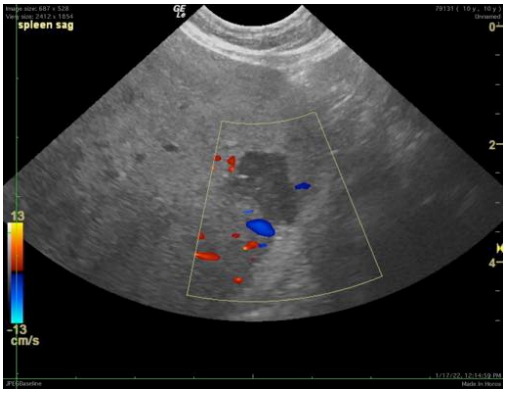
Dr. Long

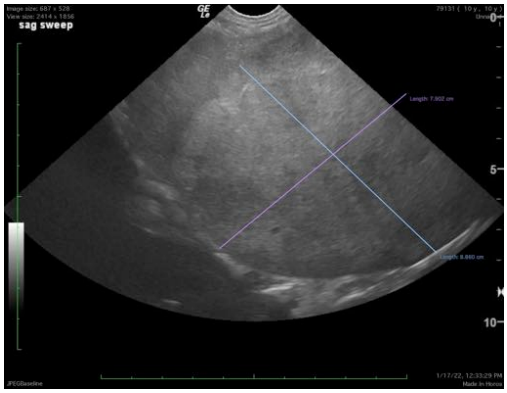
INVOICE

95307

DATE

1/17/22





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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com