

**DATE**

1/2/23

**PRESENTING CLINICAL SIGNS**

Pt presents for chronic diarrhea for 3-4 months. Rads concern for splenic mass. Bloodwork shows ALP 233. Pt also has coughing/larpar. BP today was 190mmHg.

**PATIENT**

CJ Wajek

Current Medications: Tylan, B12, Chinese supplement.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.  
 Imaging Performed By: Stephanie Warga RDCS, RVT.

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed Female

**AGE**

7/24/10

**WEIGHT**

65.1 Pounds

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (6.99 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (7.58 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

Left adrenal gland is normal in size (2.8 cm long x 0.63 cm at cranial pole and 0.71 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.81 cm long x 0.92 cm at cranial pole and 0.81 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild to moderate suspended and gravity dependent echogenic debris. 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****INTERPRETED BY**Beth Johnson, DVM  
DACVIM**HOSPITAL NAME**

Everhart VH

**REFERRING VET**

Dr. Rubinstein

**INVOICE**

20328

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

### ***Pancreas***

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

### ***Other***

There is no pericardial effusion noted in these images.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

### **Secondary Findings**

- Mild to moderate 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.

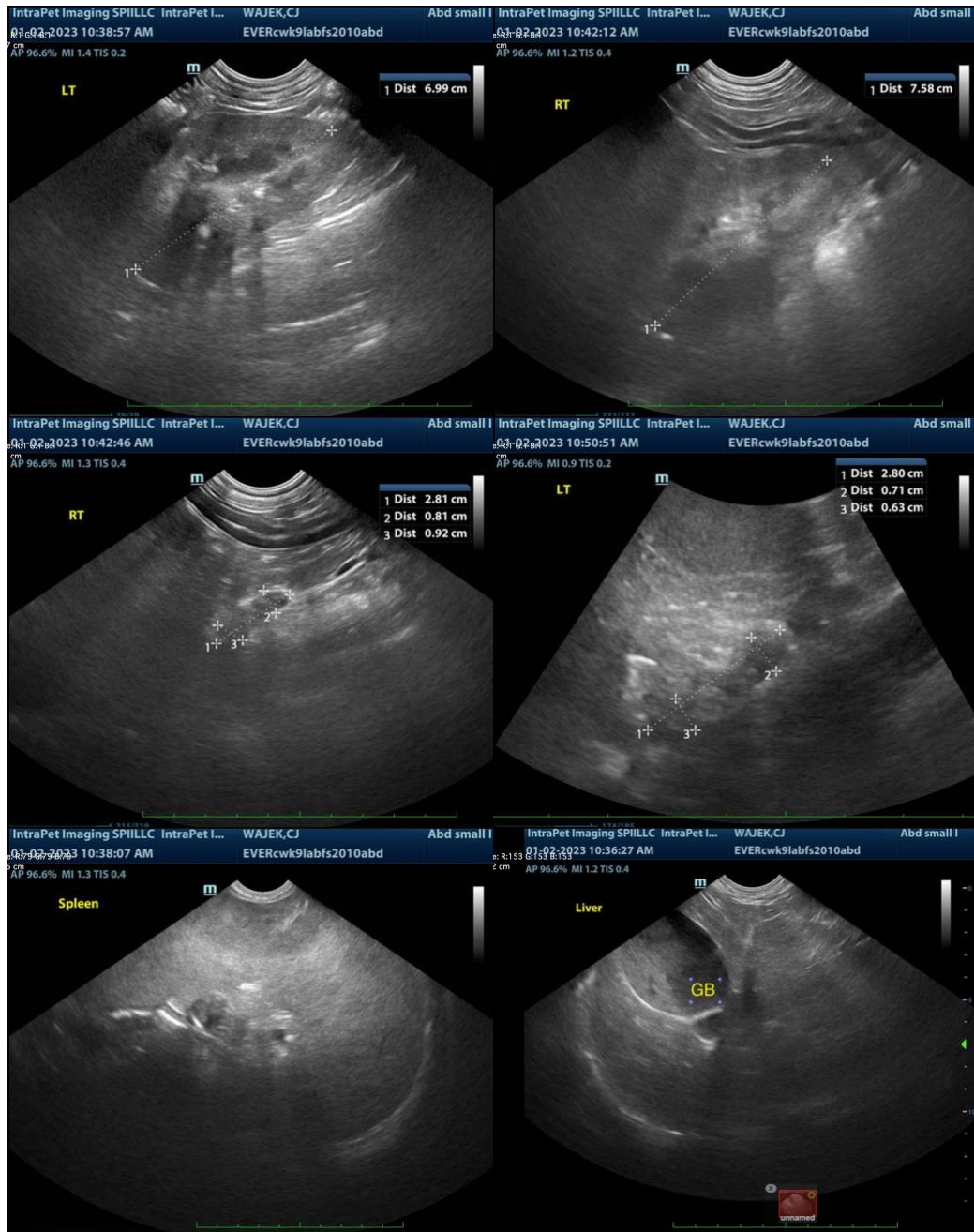
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A fine needle aspirate of the spleen is recommended if patients coagulation status is appropriate.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Given the reported chronic diarrhea, further evaluation of the gastrointestinal tract is recommended with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, however, the panel should be evaluated at least 4-6 weeks after finishing B-12 supplementation for a reliable B-12 result.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic, such as Visbiome or Provable, and if tolerated, and if tolerated, a transition in diet based on trial-and-error-response, beginning with a hydrolyzed protein diet, could be considered, proceeding potentially to a higher fiber or colitis diet if no response to the hydrolyzed is present. Especially if patients diarrhea is antibiotic responsive, a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.





**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