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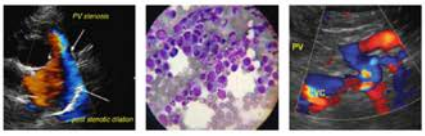

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Riley Thoreson

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

11 Years

WEIGHT

53.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

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REFERRING VET

Wixom Family Pet Practice

INVOICE

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1/25/23

PRESENTING CLINICAL SIGNS

Current Medications: Previous antibiotic Cefpodoxime 200 mg SID x 7 days - No response Deracoxib 75 mg 1/2 tablet SID Trazodone 300 mg - Sedation for ultrasound Patient History: Hemorrhagic vaginal discharge Initial presentation for similar complaint in November. Eventually resolved after several rounds of antibiotic. Recurred January 13th.

Abnormal PE/Chem/CBC/UA Results: 5) Mild-moderate diffuse calculus. Mild gingivitis. 8) Left thoracic flank 3x1 cm lipomatous mass. Left caudal fold 1 cm skin tag. Mid-ventrum ~ 4 cm lipomatous mass. 10) Dried blood on vulva 1/13/22 UA (free catch) - SpG 1.019, pH 7, WBC 1-3/hpf, RBC 8-10/hpf, Cocci 1+ 1/24/22 UA (free catch) - Hematuria. Submitted for Urinalysis + Culture Owner to drop off Cadet BRAF sample

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

The right kidney is normal in size (6.01 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.

The left kidney is normal in size (6.45 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

The right adrenal gland is normal in size (0.60 cm at the cranial pole and 0.43 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.42 cm at the cranial pole and 0.44 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 2.0 cm x 2.5 cm in diameter, primarily homogeneous, iso- to slightly hyperechoic nodule/mass is seen, resulting in a capsular bulge near the tail of the spleen, in addition to a 2nd 1.0 cm x 1.7 cm hypoechoic, non-capsule disrupting nodule in the mid spleen. Splenic vasculature appears normal.

Liver

The 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.

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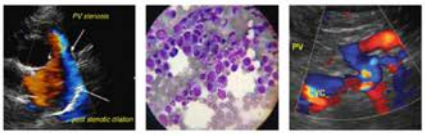

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

Caudal to the left kidney, in the area of the left ovary, there is a slightly heterogeneous, 1.6 cm x 2.5 cm structure that is consistent with the left ovary. Similarly, caudal to the right kidney, there is a 1.0 cm x 1.6 cm, slightly heterogeneous structure, consistent with a right ovary.

Additionally, there is a fluid distended tubular structure beginning dorsal to the urinary bladder and extending throughout the left abdomen to the left ovary, most consistent with a fluid distended uterus.

ULTRASONOGRAPHIC FINDINGS

- **Splenic nodules** – These may represent benign nodules such as cysts, hematomas, nodular hyperplasia, extramedullary hematopoiesis, etc. However, while considered less likely, infiltrative neoplasia can mimic benign lesions and cannot be ruled out.
- This patient appears to be intact with visible ovaries bilaterally and a fluid dilated uterus, which when combined with clinical signs is concerning for possible pyometra.
- **Reactive mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An exploratory laparotomy for planned ovariohysterectomy and splenectomy is recommended for this patient. Alternatively, prior to the spay, a fine needle aspirate of the spleen could be obtained if patient's coagulation status is appropriate to determine whether the spleen needs to be removed at the time of spay.

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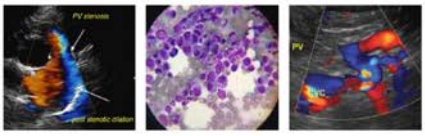

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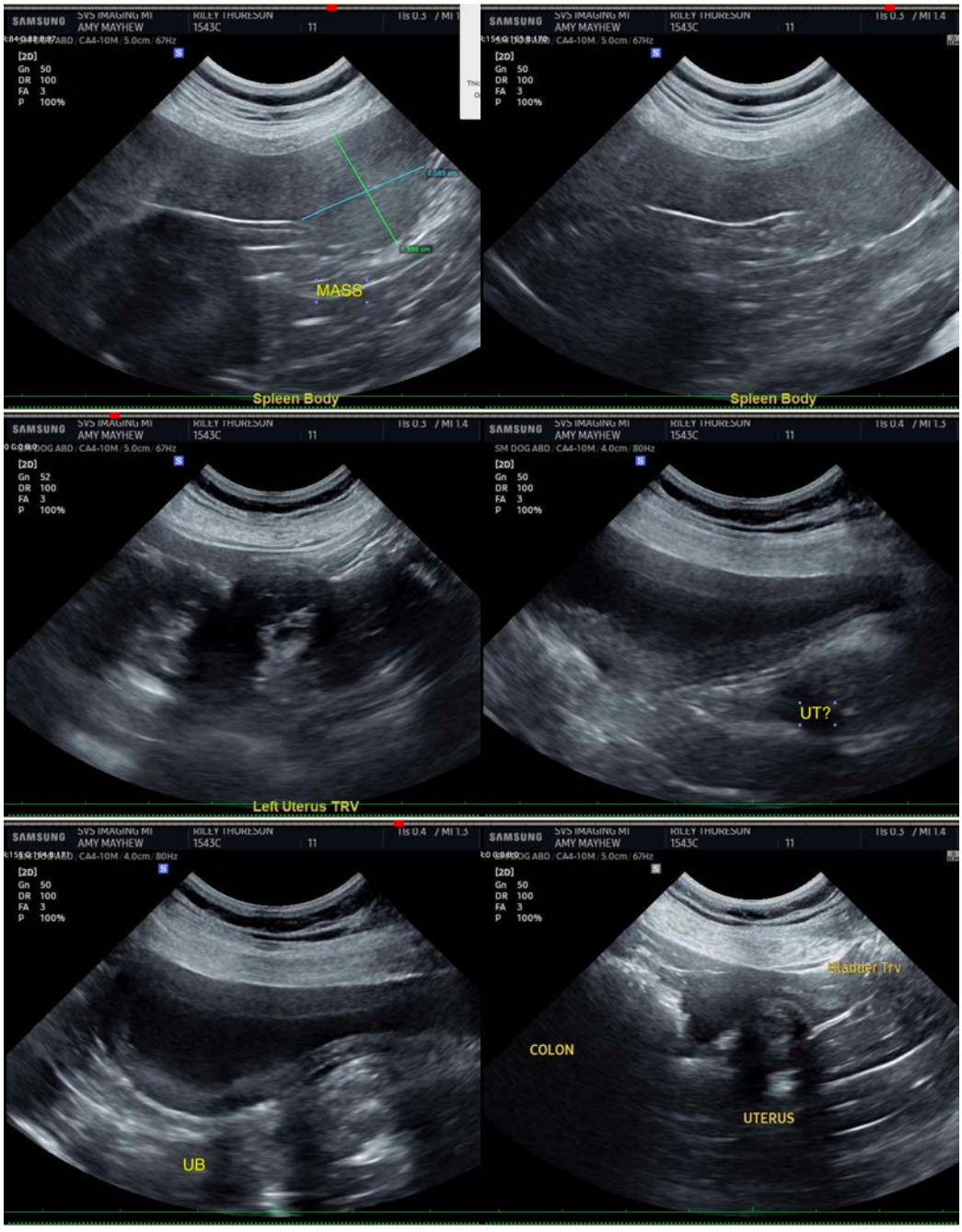

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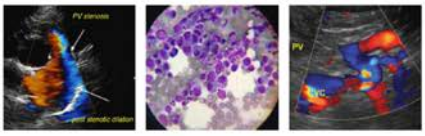

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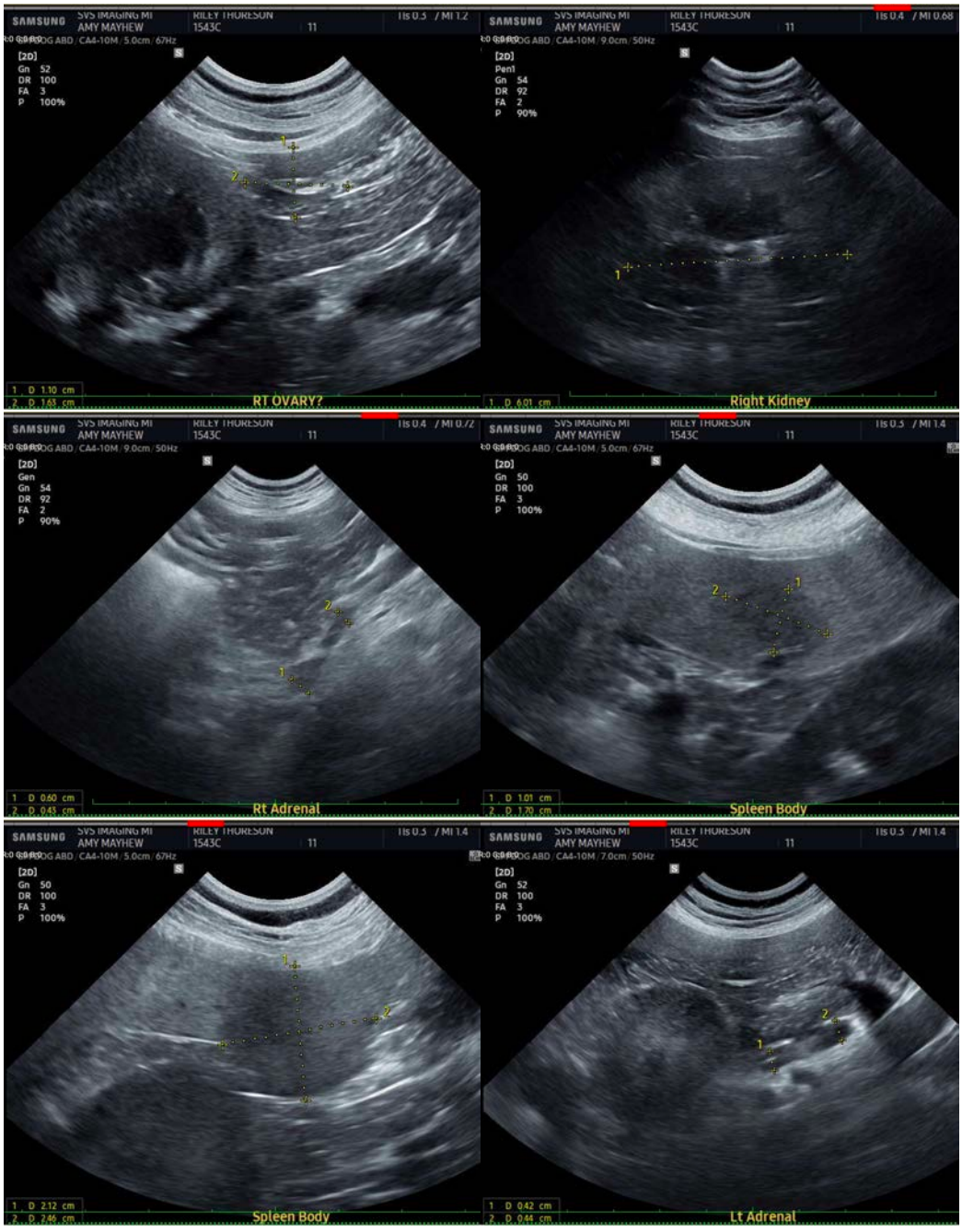

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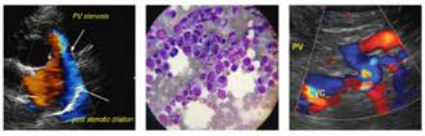

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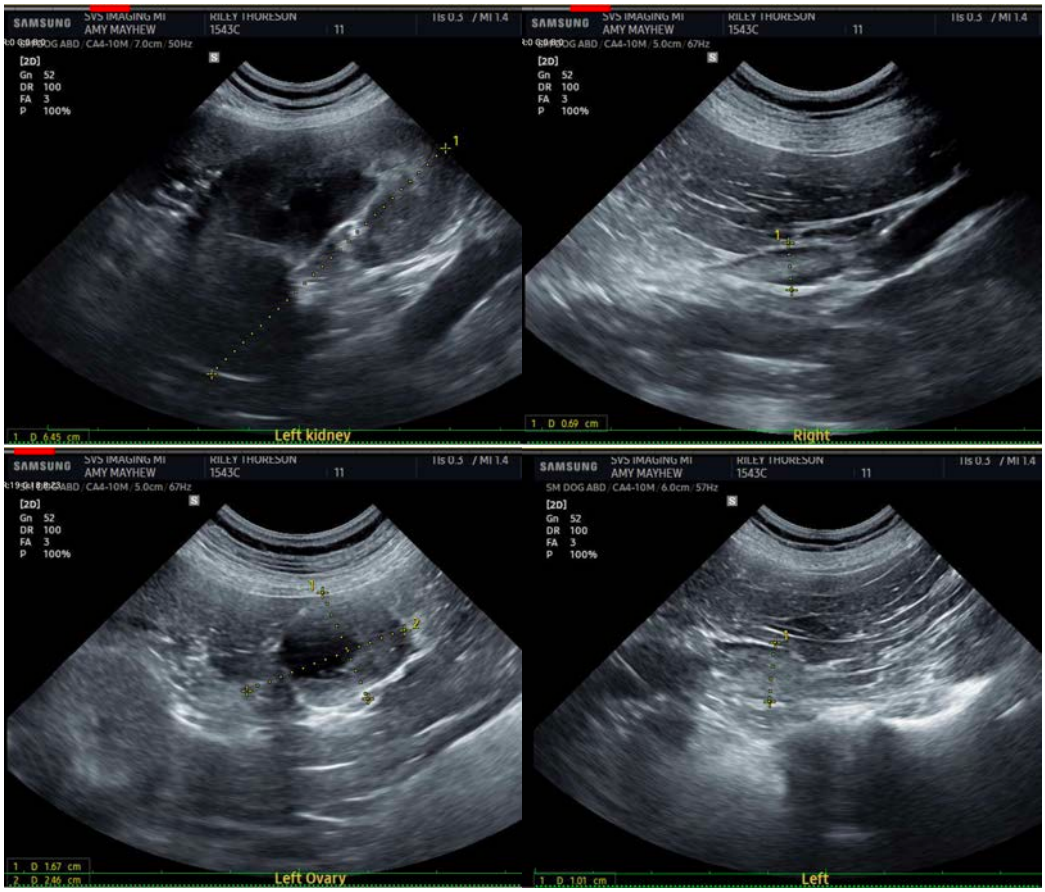

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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