SonoPath
Clinical Sonography & Telecytology
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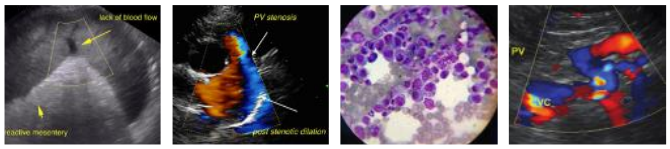

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bruiser Stewart

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

5 Years

WEIGHT

63 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Gentile

INVOICE

20867

DATE

1/30/23

PRESENTING CLINICAL SIGNS

History: Current Medications: Cetirizine 10 mg SID Deracoxib 75 mg 1/2-tab SID, PRN Joint supplement Patient History: Presented to emergency service on 1/10/23 for collapsing episode. No etiology established. Suspect that it may be related to brachycephalic syndrome. Blood work - BUN 36, ALT 403, all else - WNL. Presented on 1/26/23 for follow up exam. Owner reports doing well at home. Occasional acute lameness after exercise, responds to rest and NSAID.

Abnormal PE/Chem/CBC/UA Results: 5) Mild diffuse calculus. Mild gingivitis. 12) 9 o'clock to anus - Bony remnants of tail, buried underneath skin, deformed. Bilateral stifles - medial buttress. Diagnostics: CBC - HGB 20.9 (11-19), HCT 59.6 (33-56) Chem - BUN 38.1 (9.0-29), CHOL 328 (120-310), ALT 321 (0-120), AST 67 (0-140)

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.

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

Left kidney is normal is size (6.27 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 (6.08 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 (0.57 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.52 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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). 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 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.

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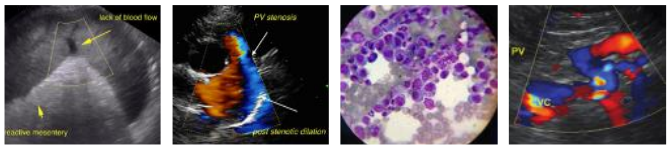

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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. In the left lateral abdomen, superficial to the spleen, potentially not even within the abdomen, but within the body wall or subcutaneous tissue, there is a 1.5 cm x 2.8 cm heterogenous cystic, appearing to be fluid filled nodule/lesion of unknown origin.

ULTRASONOGRAPHIC FINDINGS

- This is a relatively unremarkable abdomen without an evident cause for the patients reported collapse episode. The described fluid filled structure, superficial to the spleen, on the left side, is of unknown origin and may potentially be within the body wall or even subcutaneous space vs within the abdomen. It appears fluid filled and could represent a hematoma, potentially cyst or abscess. Infiltrative neoplasia is also possible and it can't be differentiated without additional sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Palpation of the left body wall and subcutaneous area is recommended, with a fine needle aspirate of the nodule (if palpable). Otherwise, ultrasound guidance could be used to aspirate the lesion, if patients coagulation status is appropriate. Alternatively, monitoring could be pursued, in which case, a recheck ultrasound of the area is recommended in 4-6 weeks or sooner if clinical signs persist.

If this patients clinical signs return, next recommended diagnostic considerations could include further evaluation of the thorax with three view thoracic radiographs, for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated, and/or the heart via an echocardiogram, as well as blood pressure.

Given the reported very mild azotemia and mildly increased ALT, testing for Leptospirosis could also be considered.

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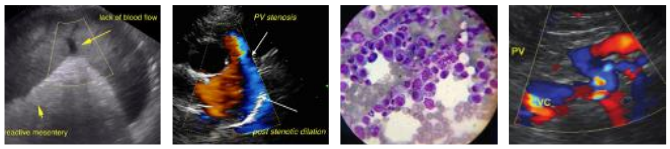

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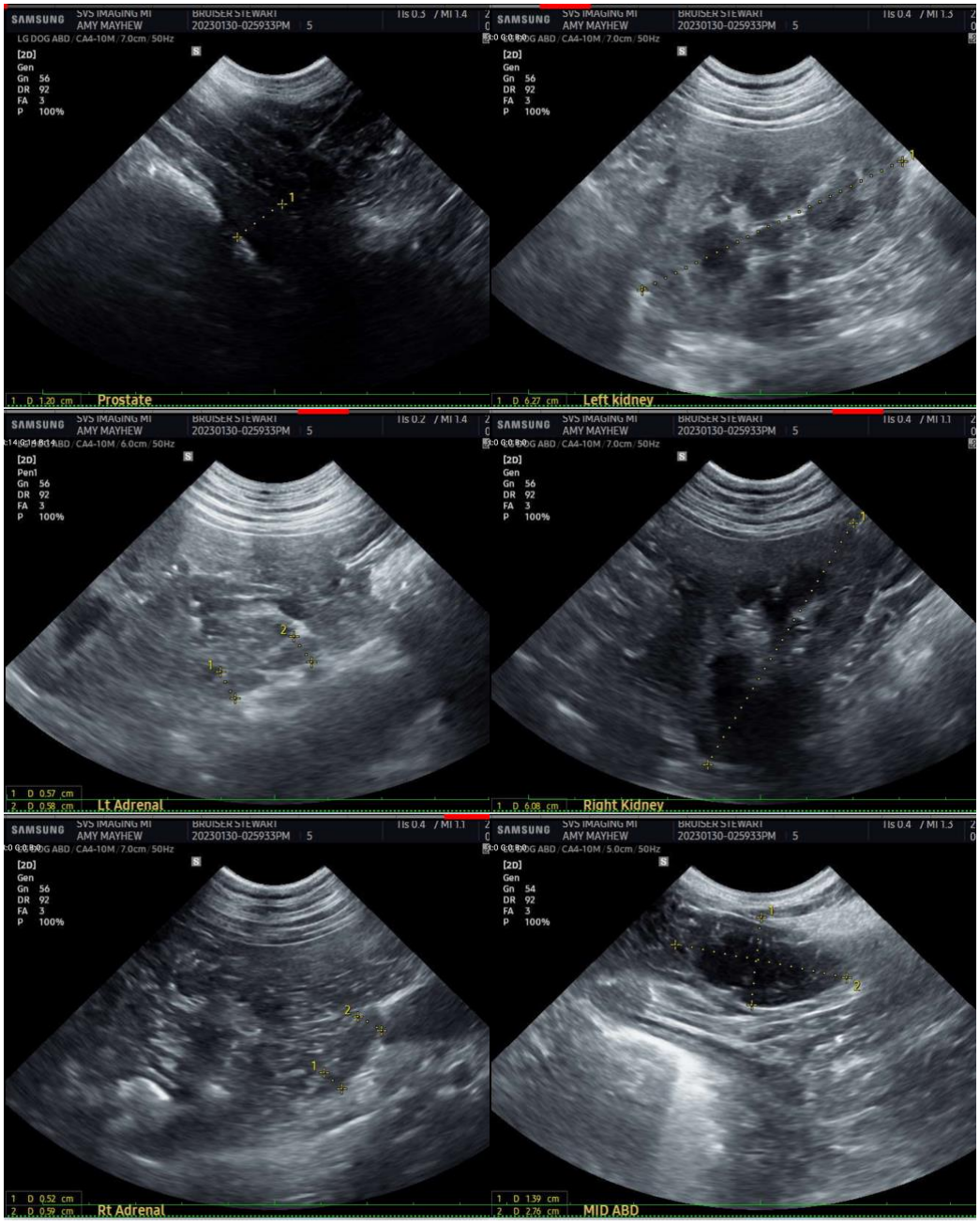

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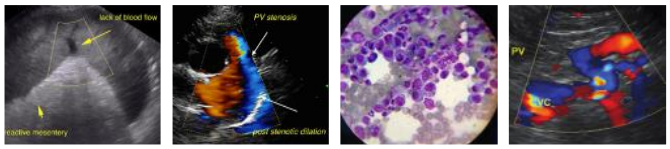

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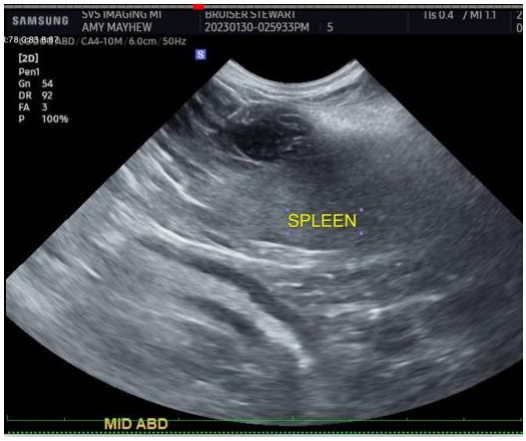

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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