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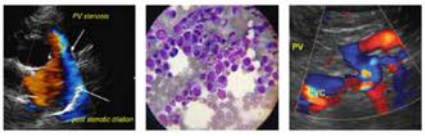

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Brody Gabriele

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

12 Years

WEIGHT

53.8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake VH

INVOICE

44043

DATE

1/6/23

PRESENTING CLINICAL SIGNS

Waxing/waning bouts of PD, pollakiuria, urinary accidents--mom suspects when he is passing stone. Hx 3 cystotomies with recurrence of stones despite strict prescription SO diet. Hx possible GERD--borborygmus, throat clearing hack, decreased appetite. Hx otitis media/interna, IVDD C4-5 and hydrocephalus.

Abnormal PE/Chem/CBC/UA Results: NS OU, entropion of inferior lid OD with mid-distal corneal hyperpigmentation. Stenotic nares, underbite, CI1. Otitis externa AS. Alb=2.6 (2.7-3.9) ALP=370 K=5.4 (4-5.4) Na=142 (142-152) Abdominal radiographs: Large circular opacity between tail of spleen and bladder with mild displacement of SI dorsally, multiple opaque cystoliths

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick. Mucosa is hyperechoic and irregular with multiple pedunculated masses extending into the lumen of the bladder. The primary lesion is along the apex of the bladder, measuring 2.67 cm long x 1.3 cm thick. Multiple too numerous to count shadowing cystoliths, approximately 0.70 cm in size, are noted. 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.

The right kidney is normal in size (5.41 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. Multiple cortical cysts are noted, at or less than 1.0 cm in size.

The left kidney is normal in size (5.88 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. A 1.0 cm cortical cyst is noted.

Adrenal Glands

The right adrenal gland is normal in size (0.58 cm at the cranial pole and 0.67 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 (0.53 cm at the cranial pole and 0.67 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 5.5 cm x 7.5 cm primarily homogeneous isoechoic, partially mineralized, capsule disrupting mass is noted in the mid body. 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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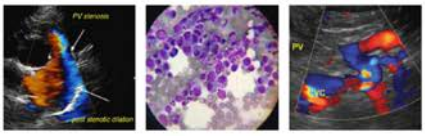

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (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 medial iliac 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.

No evidence of pericardial effusion noted in these images.

PRIMARY FINDINGS

- **Primarily homogeneous splenic mass** – Differentials include benign extramedullary hematopoiesis, lymphoid hyperplasia, etc., as well as infiltrative neoplasia such as round cell neoplasia, and cannot be differentiated without tissue sampling.
- **Polypoid Cystitis with numerous cystoliths present –** Urinary bladder wall changes are most consistent with polypoid cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely given the appearance of the polyps.
- **Reactive medial iliac lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

- Bilateral renal cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the splenic mass, recommendations include:

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.

A fine needle aspirate of the spleen is recommended if patient's coagulation status is appropriate.

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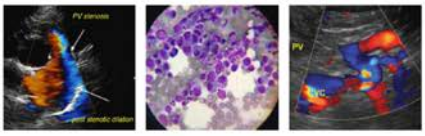

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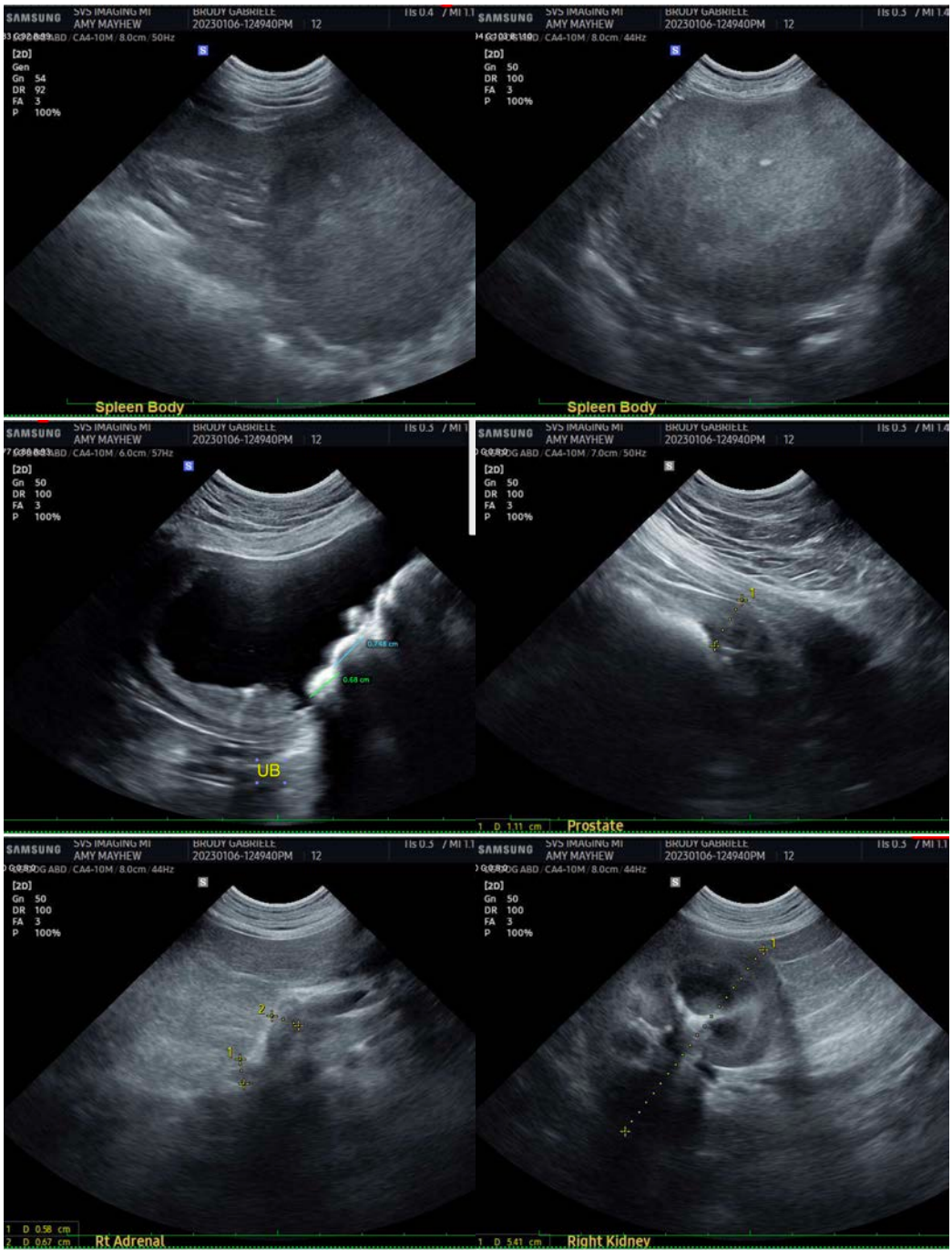
Given the recurrence of cystoliths, if not recently evaluated, a urine culture is recommended to help determine underlying causes that may predispose to stone identification and dissolution, as well as cystoliths identification if not already evaluated. Given this patient's breed, both urate and cystine stones should be ruled out, as they would alter the medical management/prevention of recurrence plan.



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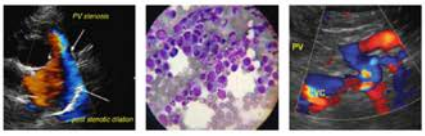

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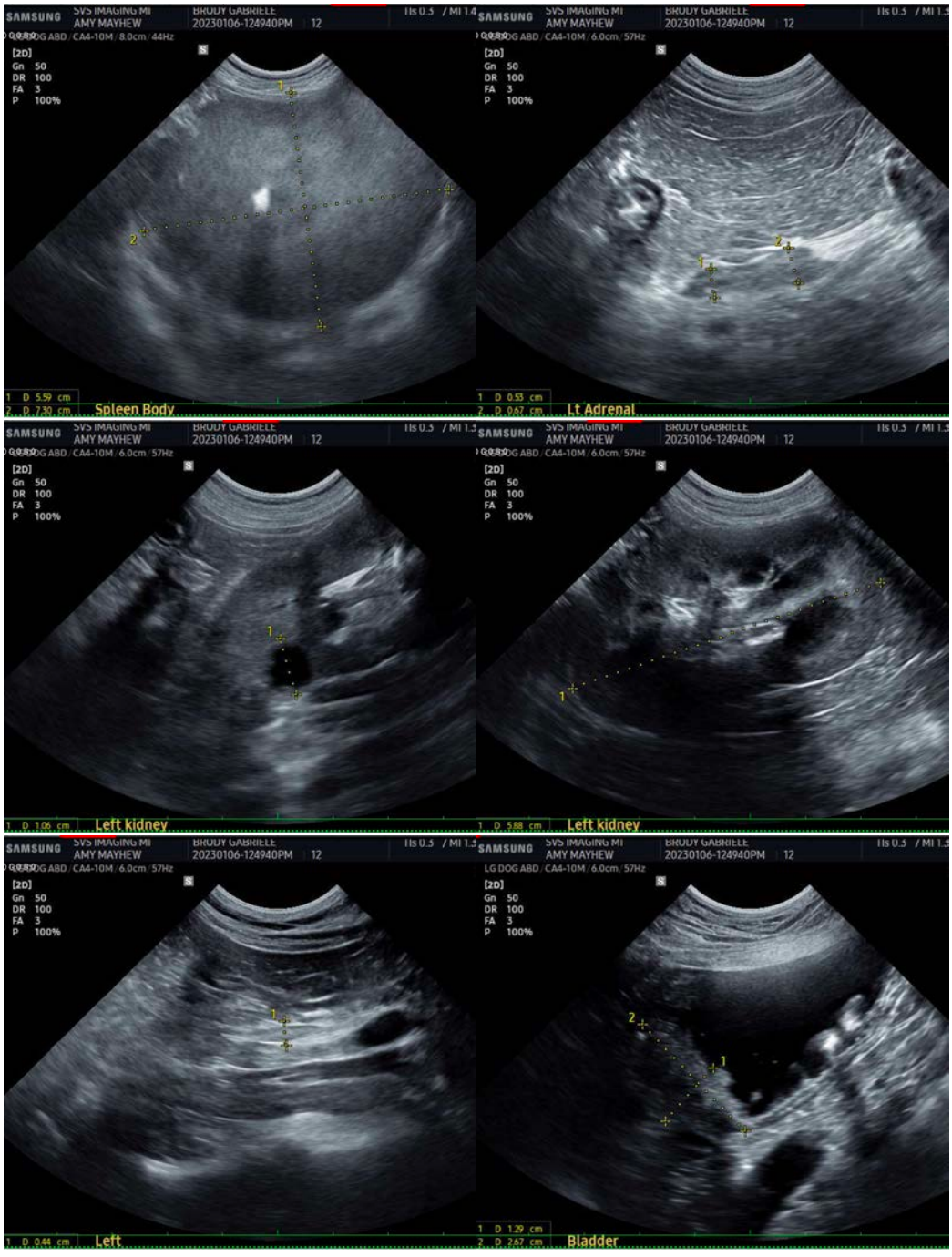

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com