

**DATE**

1/9/23

PRESENTING CLINICAL SIGNS

History: Increased urination, firm belly.

PATIENT

Rayne O'Connell

Current Medications: Clavamox 375mg, Tramadol 50mg

Lab Results: UA - Yellow and cloudy, free catch, SG 1.022, Protein 30, pH 6.5, Blood +10; WBC TNTC, Bacteria cocci TNTC. Cbc/chem - WBC 18.28, New 15.39, Rbc 4.80 HGB - 9.1, HCT 32.06, MCH 19.0, MCHC 28.5, PLT 10 with manual count 84

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

BREED

Border Collie

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

9/5/11

Left kidney is normal is size (6.18 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.

WEIGHT

64 Pounds

Right kidney is normal is size (6.41 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.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

Left adrenal gland is normal in size (3.05 cm long x 0.85 cm at cranial pole and 0.83 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Banfield White Marsh

Right adrenal gland is normal in size (2.8 cm long x 0.94 cm at cranial pole and 0.83 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Racz

Spleen

The spleen is full of mixed heterogenous cavitated nodules and masses, ranging in size from 2.0 cm, all the way up to the largest anechoic/cavitated portion measuring 10.0+ cm in diameter.

INVOICE

20515

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma, additionally, in the left caudal liver, there is a focal hyperechoic nodule/mass that measures 3.1 cm x 3.4 cm in diameter. 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.

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 or infiltrative disease, however, there is an echogenic density, measuring 1.4 cm in length with strong acoustic shadowing concerning for possible nonobstructive foreign object. 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. 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

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

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

No evidence of pericardial effusion is noted in these images.

ULTRASONOGRAPHIC FINDINGS

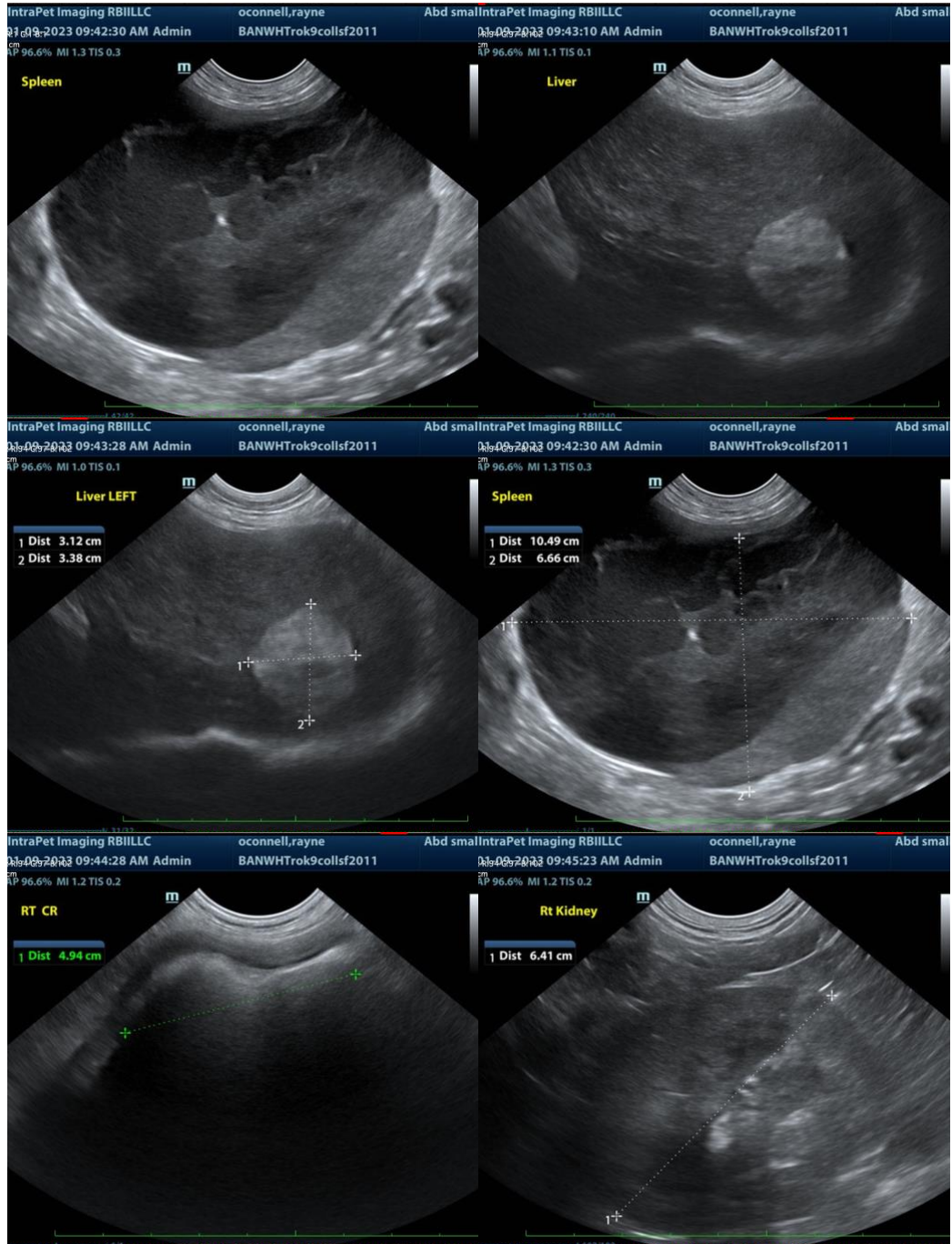
- Multiple mixed cavitated splenic masses are most concerning for infiltrative neoplasia such as sarcoma vs other. Benign cysts, hematomas, extramedullary hematopoiesis, etc. are possible and can mimic malignant lesions but are considered less likely.
- Heterogenous liver with nodules – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, etc.; however, while typically considered less likely, given the concurrent splenic pathology, primary hepatic neoplasia, infiltrative round cell neoplasia and/or metastatic disease cannot be definitively ruled out.
- Chronic active pancreatitis
- Nonobstructive gastric foreign body suspected

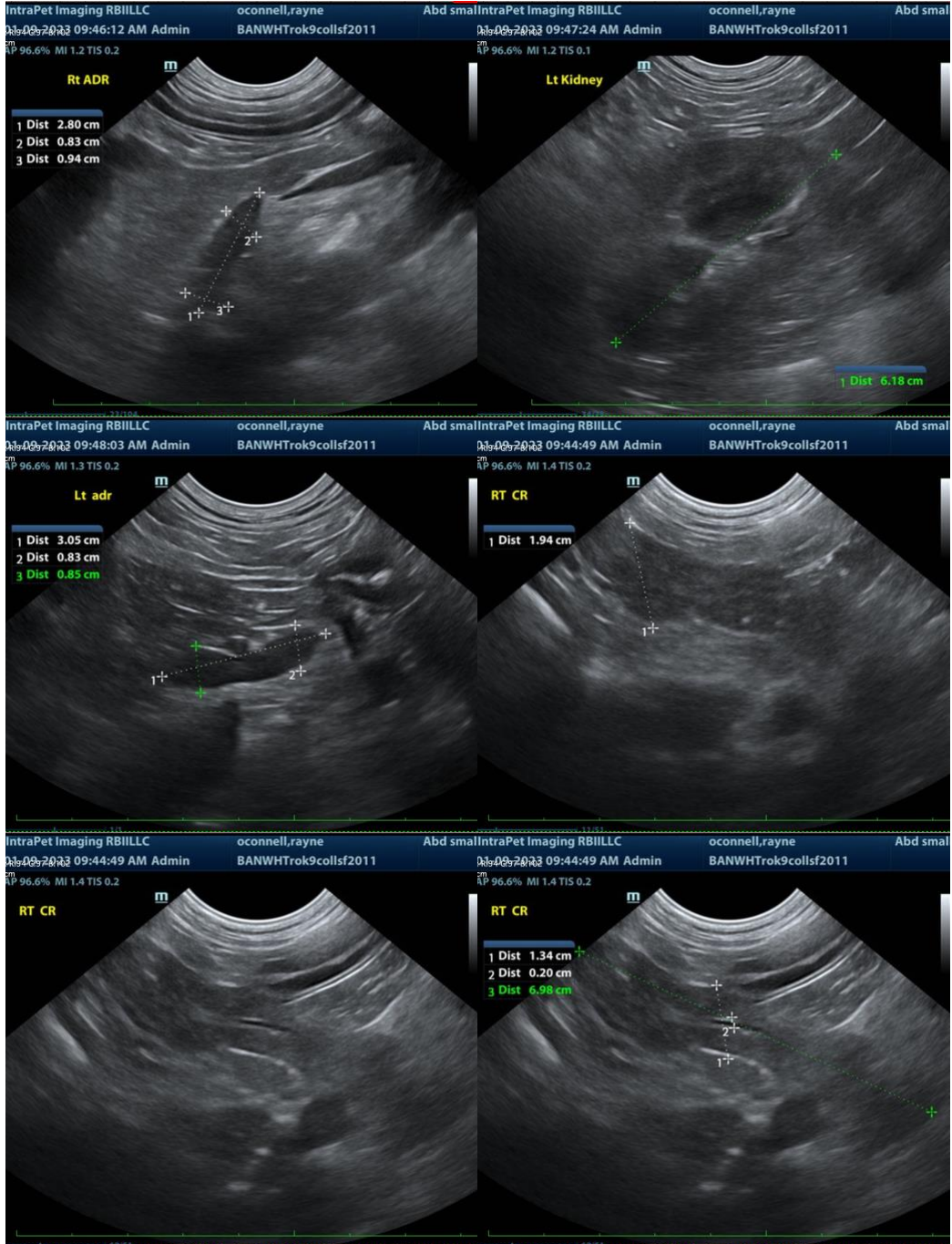
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

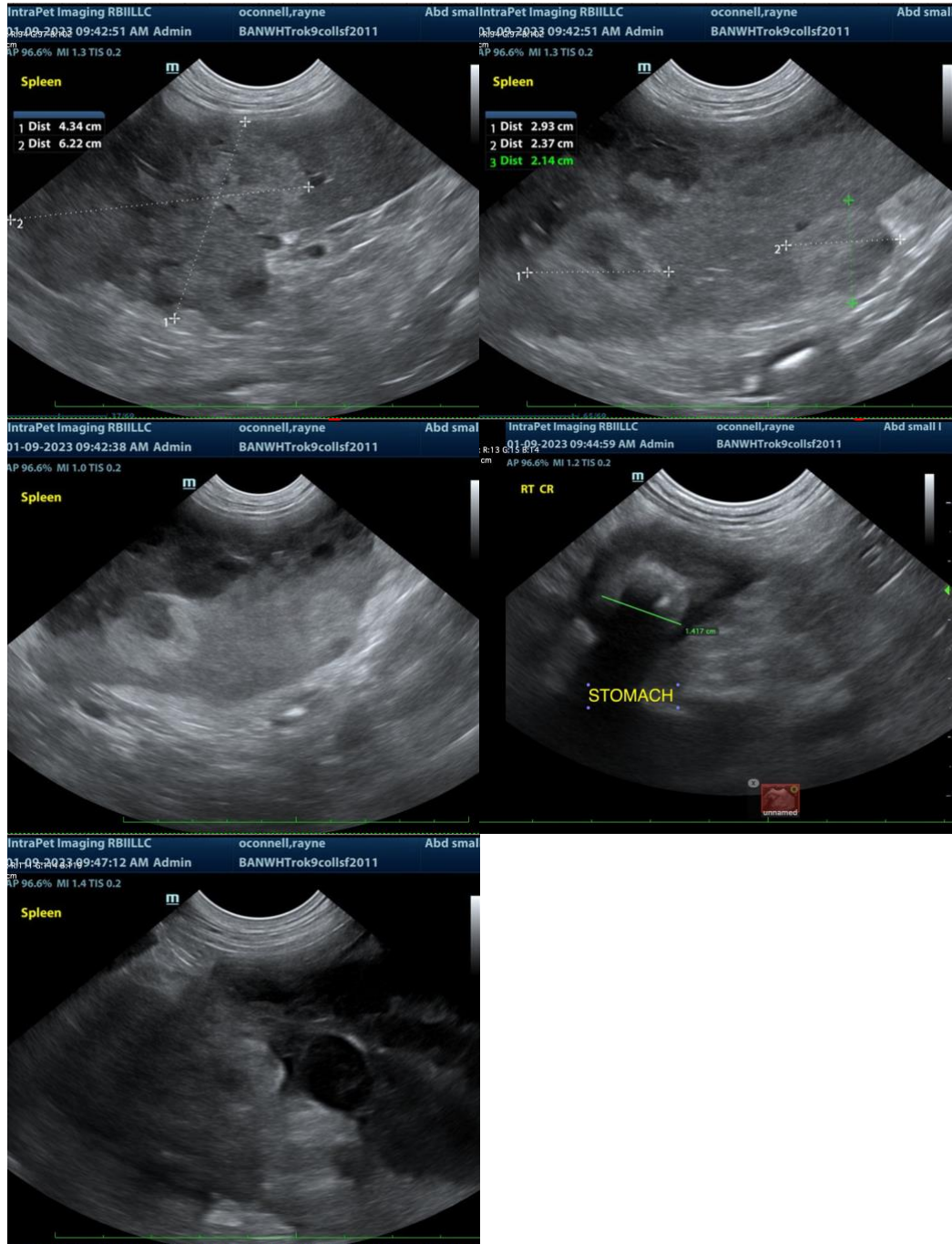
Given the reported urinary signs and bacteriuria, if not already evaluated, a urine culture is recommended followed by medical management of the suspected urinary tract infection.

Additionally, 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.

Exploratory laparotomy with planned splenectomy and liver nodule biopsy, as well as further evaluation of the stomach +/- suspected foreign body removal is recommended if patient is stable to undergo the procedure.







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.

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