

**PATIENT**

Daisy Hood

SPECIES

Canine

BREEDEnglish Springer
Spaniel**SEX**

Spayed Female

AGE

13 Years 10 Months

WEIGHT

48 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

42623

DATE

11/8/22

PRESENTING CLINICAL SIGNS

Current Medications: Finished enrofloxacin. Benadryl 2 cap BID Patient History: Recheck AUS 1 month to monitor changes of her bladder, spleen, liver, and adrenal glands. Last performed on 9/21/22. Nodule noted on the spleen. Liver appears large with irregularity noted throughout. Recommended urine culture and considering spleen with an FNA or consider exploratory surgery.

Abnormal PE/Chem/CBC/UA Results: 9/30/22 1. BAR, anxious 3. NS OU 4. AS- NSF AD- scant debris upper canal, fur matted with ointment- O has been using zymox in ear (from prev DVM) reviewed ear cytology AS- NSF AD- occ to 1+yeast. Recommend continuing zymox SID x 3-4d Shaved fur on medial right ear pinna today 5. Heavy calculus with GR over 108,208- cannot rule-out root abscesses- recommend dental w/rads in near future. Generalized gingival hyperplasia. Recommend rechecking AUS prior to anesthesia 6. Normal heart sounds 7. Panting 8. Numerous SQ masses - large broad mass over left thorax-body map created during last visit Hx of seasonal pruritus per O, normally resolves when weather gets cooler- discussed option for cytopoint today- O declined. Recommend trial of douxo calm shampoo-bathe whole body 93d, can do foot baths SID as needed for high allergy time periods until freeze 9/10. Soft abdomen, bladder small.- unable to get urine sample today. No discharge present from vulva. Rectal exam not performed today 12. Mild reduction in hip extension bilaterally Per O P is back to normal behavior following last round of enrofloxacin. O to monitor now that P has completed abx. Reviewed recent AUS findings/email. O considering options. callback scheduled to follow-up in 1 month to see if O wants to pursue recheck.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Some echogenic debris is settled along the dependent wall. Apical urinary bladder wall is diffusely thick (0.82 cm thick). This appearance is almost identical to the previous ultrasound. Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 5.75 cm. The left kidney measured 5.68 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.53 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 (0.59 cm at the cranial pole and 0.58 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). The spleen contains a 1.2 cm x 1.8 cm hyperechoic nodule with a hypoechoic rim near the tail of the spleen that results in a mild capsular bulge. This lesion is almost identical in appearance to the previous ultrasound. There appears to be a second lesion that is similar in appearance, hyperechoic with a hypoechoic rim, that results in a slight capsular bulge, measuring 1.8 cm x 1.5 cm in size, more cranial near the body/head of the spleen. In these images, both nodules are not

**PATIENT**

Daisy Hood

visible at the same, so there is a chance I'm seeing one nodules two different times in two different views versus two separate nodules. Splenic vasculature appears normal.

Liver**SPECIES**

Canine

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

BREEDEnglish Springer
Spaniel

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**SEX**

Spayed Female

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.

AGE

13 Years 10 Months

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.

WEIGHT

48 Pounds

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas**INTERPRETED BY**Beth Johnson, DVM
DACVIM

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**IMAGING PERFORMED BY**

Amy Mayhew, LVT

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

A left, normal shaped, isoechoic medial iliac lymph node is noted, measuring 1.1 cm thick.

PRIMARY FINDINGS**HOSPITAL NAME**

SVS Imaging MI

- **Chronic Cystitis** - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes. This change appears static.
- **Splenic nodule(s)** - Likely represent benign lesions such as nodular hyperplasia, extramedullary hematopoiesis, potentially an old hematoma, granuloma, etc.. However, infiltrative neoplasia, including metastatic disease, can mimic benign lesions and cannot be ruled out. The appearance of the original nodule is static compared to the previous ultrasound, but there is some concern that there is a second nodule.

REFERRING VET

Family Pet Practice

INVOICE

42623

- **Heterogenous Liver** - 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.

DATE

11/8/22

- **Reactive medial lymph node** - infiltrative neoplastic disease cannot be ruled out but is considered less likely.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



PATIENT

Daisy Hood

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

48 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

42623

DATE

11/8/22

SECONDARY FINDINGS

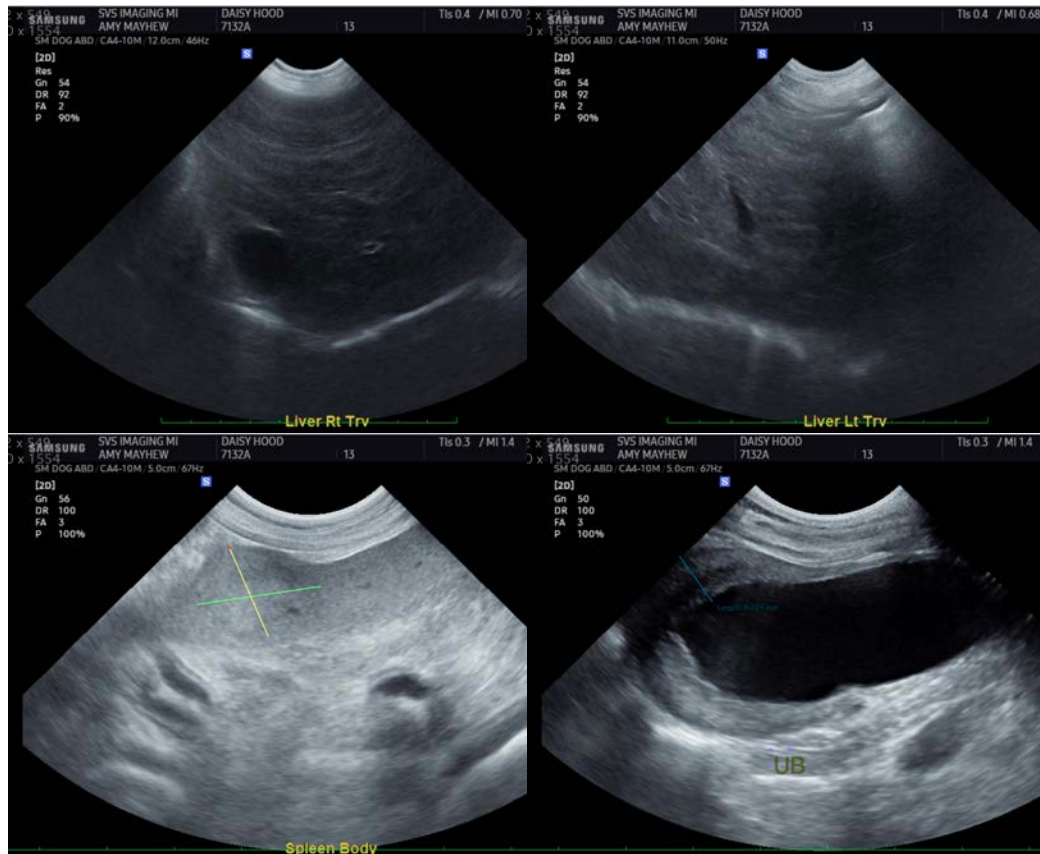
- Age related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of this ultrasound is relatively static, except for the concern for a second splenic nodule. Recommendations include either a fine needle aspirate of the spleen if patient's coagulation status is appropriate, and/or an exploratory laparotomy for splenectomy with biopsies. If surgery is pursued, 3-view thoracic radiographs to evaluate for evidence of metastatic disease are recommended prior to surgery.

The reported urinary signs have reportedly resolved. The appearance of the bladder is similar and some debris is still noted. Therefore, a follow up urine culture (if it's been at least a week since finishing antibiotics) is recommended to ensure the infection has fully cleared. If it has not been a full week, then you should wait a full week off antibiotics prior to re-checking the culture.

If further sampling/intervention of the spleen is not elected at this time, then recheck imaging of the spleen is recommended again in 4-6 weeks.



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Daisy Hood

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

48 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

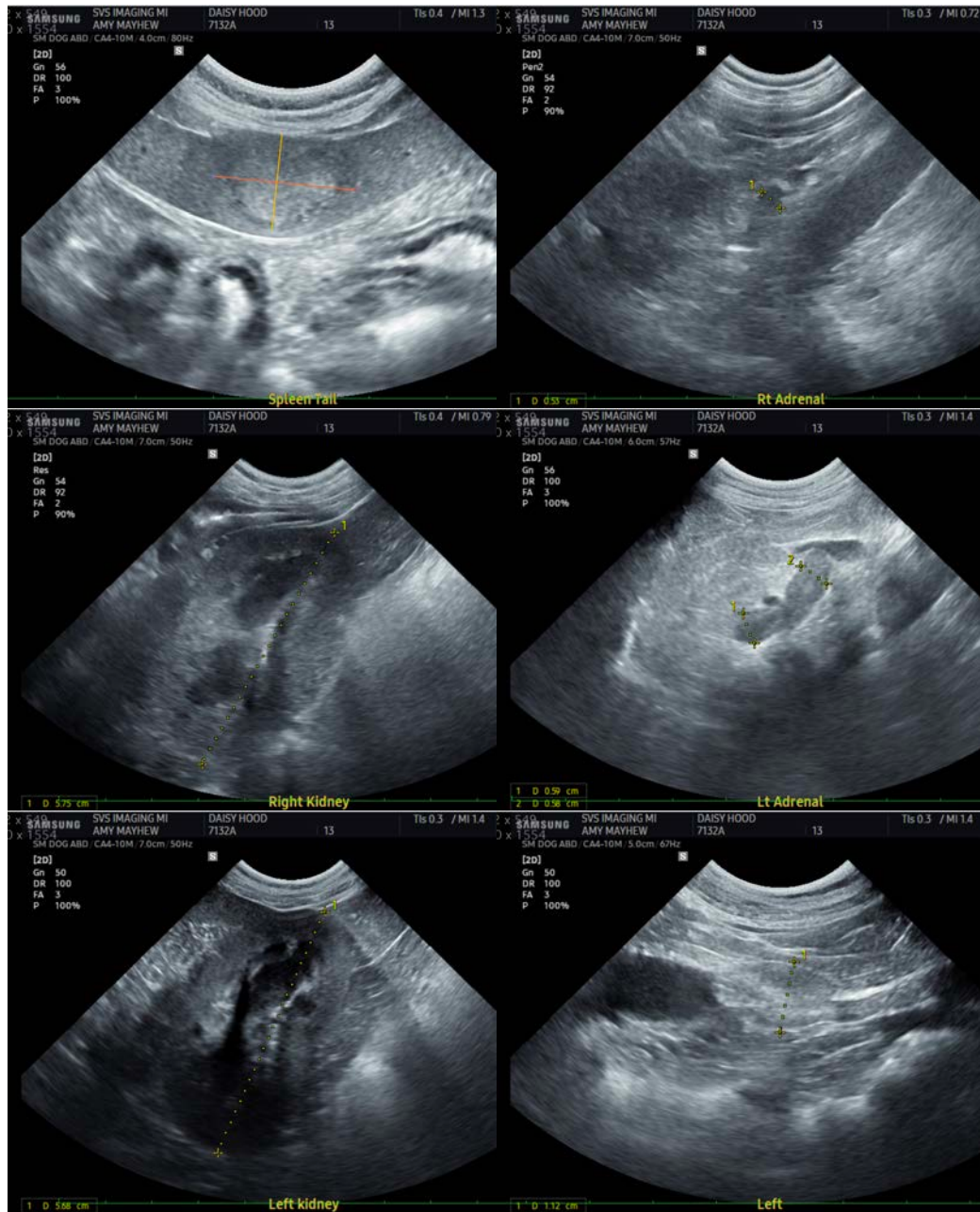
Family Pet Practice

INVOICE

42623

DATE

11/8/22



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