

**DATE PRESENTING CLINICAL SIGNS**

4/13/23 Incidental finding on radiographs of splenomegaly, dog in hospital for acute vomiting with blood spots in emesis but otherwise bright and alert.

**PATIENT**

Lancer Goetzke Current Medications: Sucralfate.  
Lab Results: See attached.

**SPECIES**

Canine

Radiographs: Splenomegaly, possible hepatomegaly.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Stephanie Warga RDCS, RVT.

**BREED**

Labrador Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is moderately 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.

**SEX**

Neutered Male

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

**AGE**

8/23/11

The right kidney is normal in size (6.97 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**

93 Pounds

The left kidney is normal in size (6.28 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 BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

The right adrenal gland is normal in size (2.84 cm long x 0.97 cm at the cranial pole and 0.88 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Bayside AMC

The left adrenal gland is normal in size (2.71 cm long x 0.64 cm at the cranial pole and 0.84 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**REFERRING VET**

Dr. Oliver

**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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

**INVOICE**

46668

**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.

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.

Diffusely, 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. However, the proximal duodenum, while also normal in thickness and layering, is mildly fluid distended without an obstructive pattern, plication, and/or visible foreign material, but slight hyperperistalsis.

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.

There is no apparent lymphadenopathy noted in these images.

## **ULTRASONOGRAPHIC FINDINGS**

- **Hyperechoic splenic nodules** – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- **Suspect duodenal gastroenteritis** – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other.

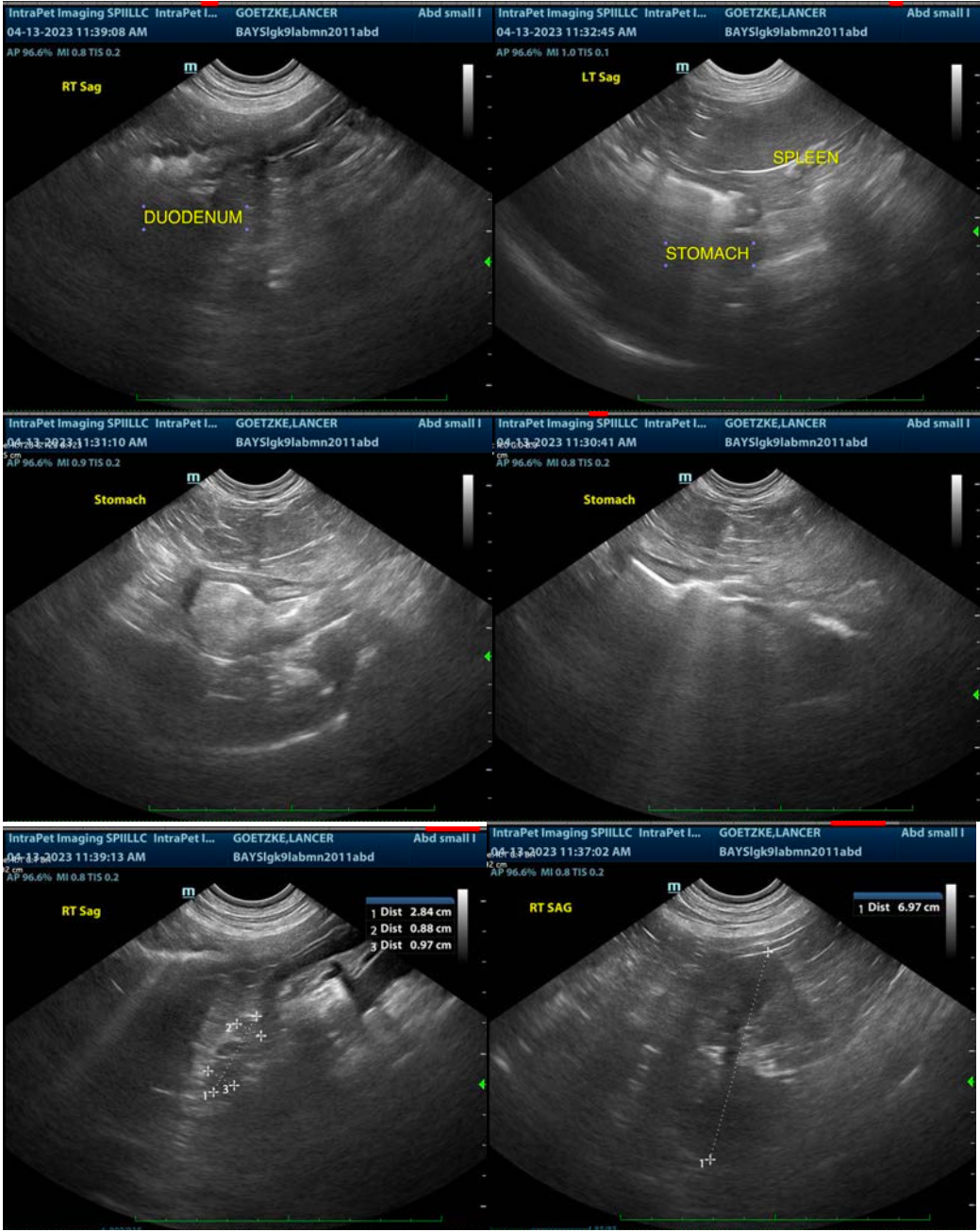
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

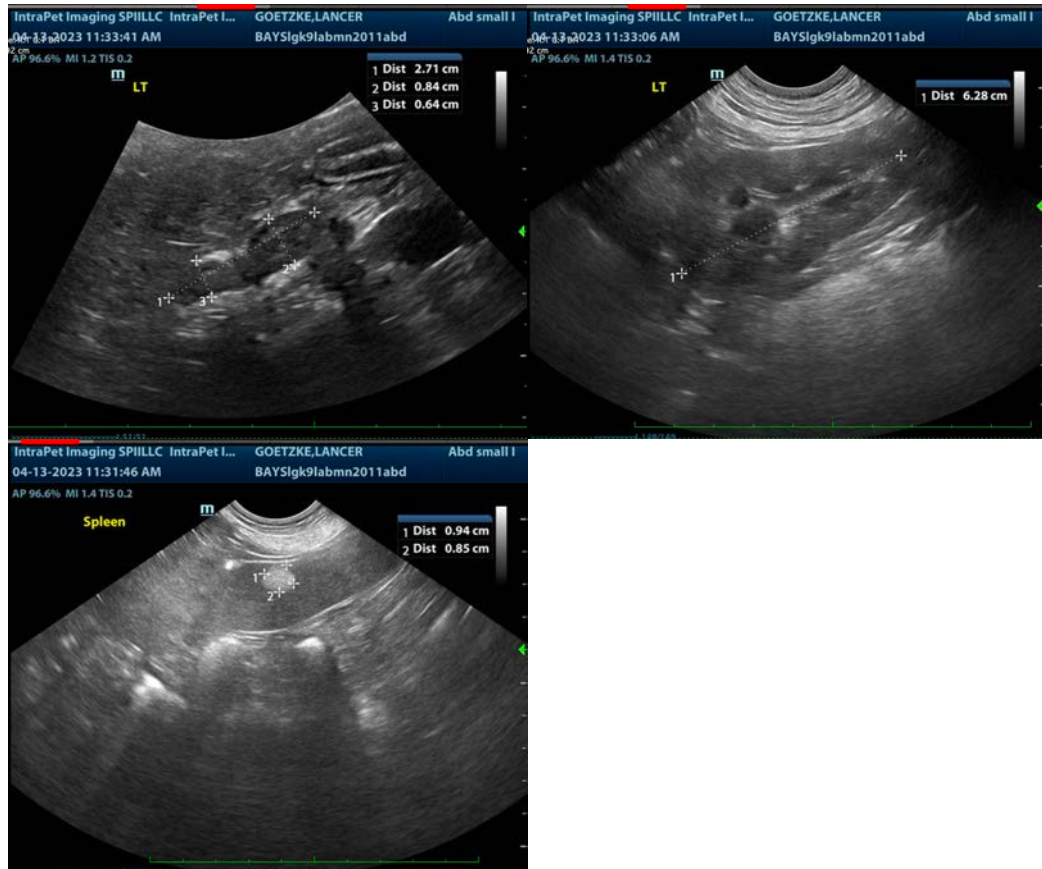
If this patient's gastrointestinal signs are acute in nature, then immediate diagnostic recommendations include a full coagulation assessment as well as a fecal exam if not recently evaluated. Recommend supportive/symptomatic medical management of clinical signs, possibly HGE, including antiemetics, gastroprotectants including sucralfate, empirical deworming with a 5-day course of Panacur, as well as, if tolerated, a short-term course of a bland, easy to digest diet. If however clinical signs persist, next diagnostic recommendations include:

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Ultimately, if clinical signs persist and a diagnosis is not reached, upper GI gastroscopy/endoscopy is recommended for further visualization of the stomach and biopsies of the stomach and small bowel.





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.

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