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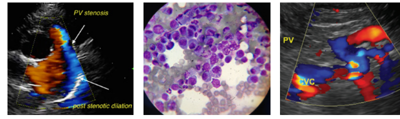

SonoPath
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DATE
4/21/22

PATIENT
Lexi Gaines

SPECIES
Canine

BREED
Rottweiler

SEX
Spayed Female

AGE
8/18/10

WEIGHT
85 Pounds

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Stephanie Pearce
RDCS, RVT

HOSPITAL NAME
Abbey AH

REFERRING VET
Dr. Kluttz

INVOICE
37079

PRESENTING CLINICAL SIGNS

ADR for one week, losing muscle mass, chronic intermittent diarrhea. History of Addison's Disease. Decreased appetite. Hindlimb paresis

Current Medications: Gabapentin 300mg BID, Amoxicilin 1000mg BID, Doxycycline 200mg BID, Prednisone 5mg once daily, Tylan 1/3 tsp BID.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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.

The right kidney is normal in size (7.75 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A cortical cyst is noted in the cranial pole of the right kidney.

The left kidney is normal in size (6.5 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands
The right adrenal gland is normal in size (1.2 cm at the cranial pole and 0.71 cm at the caudal pole) It is slightly folded on itself and irregular in shape. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (3.06 cm long x 0.73 cm at the cranial pole and 0.54 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 3.5 cm x 4.5 cm, primarily homogeneous, isoechoic mass is noted in the middle of the spleen, which results in a capsular bulge. It does have an anechoic/cavitated center. 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.

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There are several curvilinear echogenic densities with acoustic shadows, consistent with potentially pills, or perhaps normal ingesta, although foreign material cannot be ruled out. There is no evidence of an obstructive pattern. 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). The muscularis is mildly thick relative to the other layers. 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 (< 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 peritoneal effusion. There is no apparent lymphadenopathy. No pericardial effusion noted in these images.

PRIMARY FINDINGS

- Primarily homogeneous splenic mass with an anechoic center – differentials include both benign and infiltrative neoplastic disease that cannot be differentiated with ultrasound alone. Differentials include infiltrative neoplasia including both sarcoma, such as hemangiosarcoma, and round cell neoplasia. Benign differentials such as hematoma, nodular hyperplasia, or extramedullary hematopoiesis cannot be ruled out definitively.

- Mildly thick muscularis – suggestive of infiltrative inflammatory bowel disease.

SECONDARY FINDINGS

- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

- Right kidney cortical cyst

- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

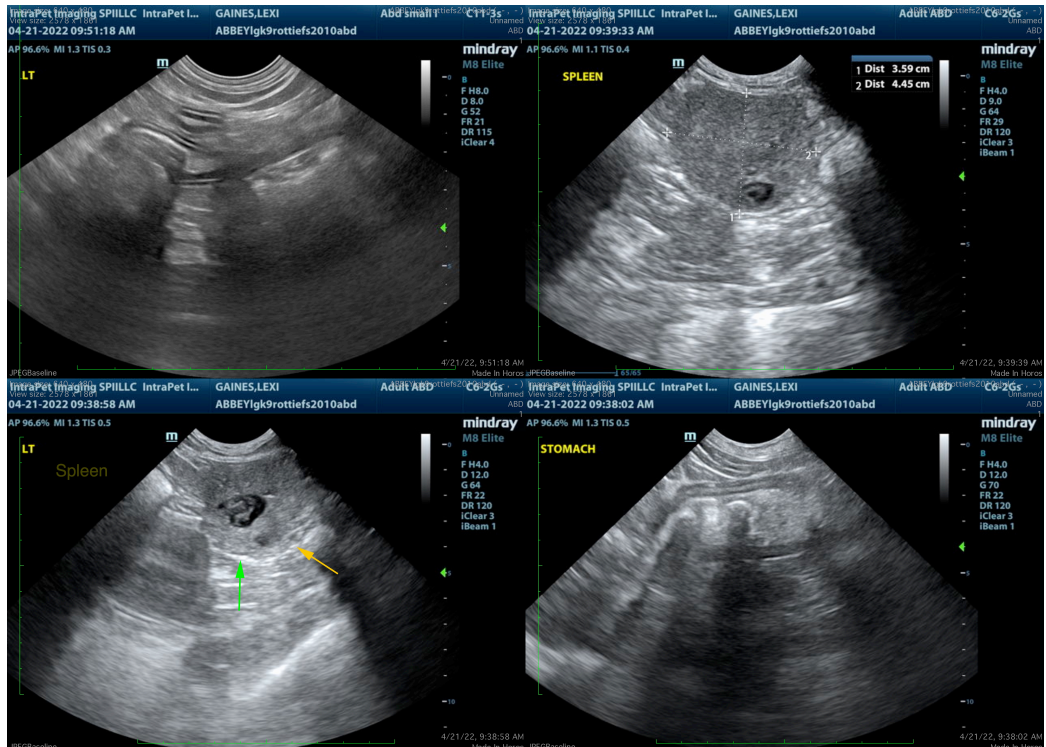
- Shadowing material in the stomach – most consistent with normal ingesta or pills. Foreign material cannot be ruled out. There is no evidence of an obstructive pattern.

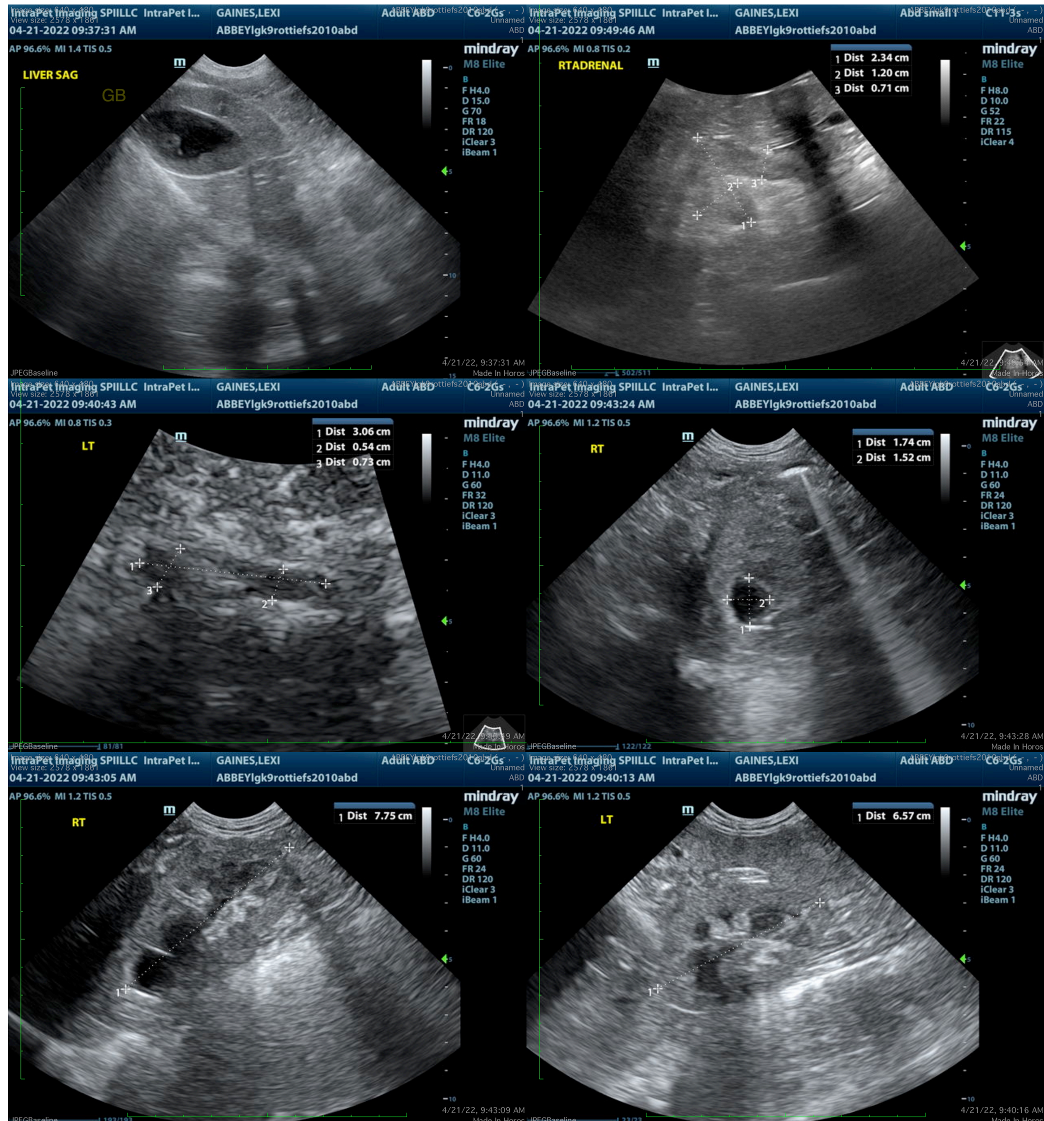
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a fine needle aspirate of the spleen if patient's coagulation status is appropriate, as well as 3-view thoracic radiographs to further evaluate for other evidence of metastatic disease. Given the weight loss, low albumin and muscularis changes, infiltrative small bowel disease is also a differential, and a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory could also be considered. A urinalysis is also recommended to rule out proteinuria, if not recently evaluated.

If GI signs progress, especially vomiting, recheck of the stomach fasted is recommended to rule out normal ingesta/pills versus foreign material. Ultimately, if a diagnosis is not obtained via splenic cytology, surgical exploratory laparotomy is recommended. Splenectomy and gastrointestinal biopsies may be necessary to definitively diagnosis, and therefore manage the underlying disease.

In the meantime, given this patient's GI signs and eosinophilia, empirical deworming with a 5-day course of Panacur is recommended. An increase in the dose of Prednisone is also recommended, as Addisonian patients require higher doses of Prednisone in times of stress, such as illness.





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
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