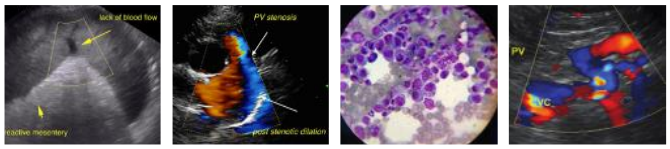
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ammo Krause

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered Male

AGE

7 Years

WEIGHT

102 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Elaina Petrone

INVOICE

14685

DATE

4/9/22

PRESENTING CLINICAL SIGNS

History: 7 yo MN Weimaraner Mildly elevated ALP and thrombocytosis. Per owner polydipsic. 3+ RBCs on UA, not pyruia or bacturia. Urine culture negative growth after 72 hours. LDDS-normal. BUN, creantine and SDMA all WNL. USG: 1.034
Abnormal PE/Chem/CBC/UA Results: Mildly elevated ALP Thrombocytosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 area of the prostate is examined without evident pathology.

Left kidney is normal is size (7.93 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

Right kidney is normal is size (8.68 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

Adrenal Glands

Left adrenal gland is normal in size (0.76 cm at cranial pole and 0.84 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.71 cm at cranial pole and 0.66 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

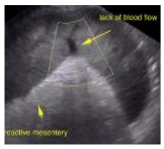
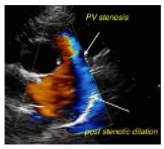
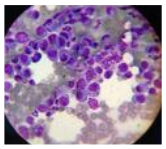
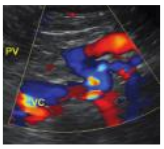
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 2.7 cm round heterogeneous hypoechoic mass is present near the head of the spleen, that causes a bulge in the capsule, and a second heterogeneous cavitated nodule (approximately 2.0 cm in diameter) is present near the tail of the spleen. Splenic vasculature appears normal.

Liver

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. A 0.7 cm discreet hyperechoic nodule was noted in the left caudal liver. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder 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

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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 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.

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

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 appreciable lymphadenopathy or free fluid present in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass, differentials for which include both benign disease (such as nodular hyperplasia or extramedullary hematopoiesis), as well as infiltrative neoplasia, which mimic benign lesions and cannot be ruled out.

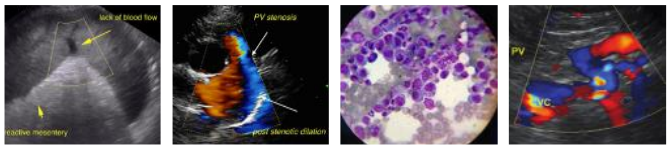
Secondary Findings

- Hyperechoic liver nodule, most consistent with nodular regeneration. A metastatic lesion is possible considered less likely.

- Canine 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include either a fine needle aspirate of the splenic nodule, if patients coagulation status is appropriate, being aware of the risk of hemorrhage versus splenectomy and histopathology as even benign splenic masses can rupture resulting in hemoabdomens. If not recently evaluated, three-view thoracic radiographs for further evaluation of metastatic disease are recommended. These lesions may or may not be related to the presenting complaint of polydipsia and the reported increased alkaline phosphatase and thrombocytosis. Polydipsia could be paraneoplastic, and the splenic mass should be addressed as the primary problem. However, if clinical signs persist beyond resolution of the splenic mass, further testing of possible atypical Cushings disease or of atypical



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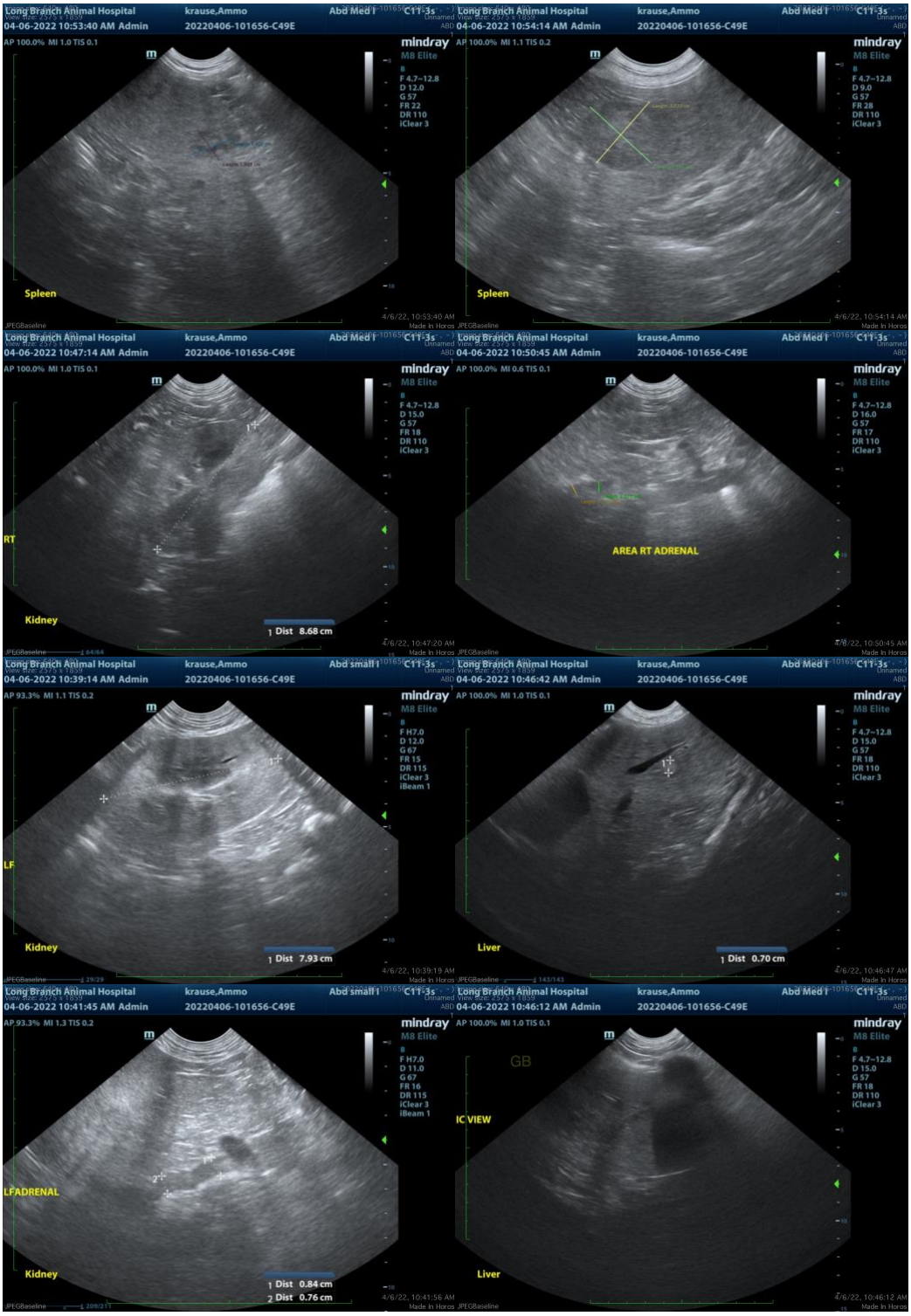
hyperadrenocorticism could be considered with a full adrenal panel (to the University of Tennessee).



The information and recommendations provided are based on the images presented by the

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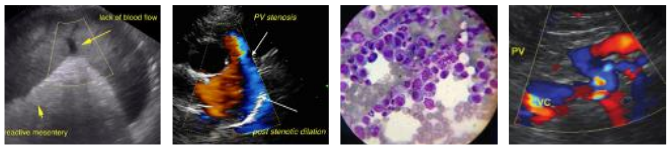

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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com