

**DATE PRESENTING CLINICAL SIGNS**

6/21/22 Ongoing periods of waxing and waning lethargy and discomfort. O reports that he will seem like he is in pain and uncomfortable then he gets over it after a short period of time.

PATIENT

Dillow Lewis

Current Medications: None. Gabapentin and Trazodone evening before and AM of scan.

Lab Results: March 2022: UA, Fecal, 4DX, cbc/chem all negative and unremarkable.

Radiographs: Jan 2021 Pet was taken to PetER for him being generally lethargic, they indicated that there was abnormal imaging (x-ray) relating to the spleen, but owner never worked it up.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Tealazole.

Stat Report: Not requested.

BREED

German Shepherd

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

AGE

4/18/15

The right kidney is normal in size (6.52 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. A hyperechoic band parallel to the corticomedullary border is present.

WEIGHT

75 Pounds

The left kidney is normal in size (7.44 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. A hyperechoic band parallel to the corticomedullary border is present.

INTERPRETED BY

Andi Parkinson RDMS

IMAGING PERFORMED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (2.07 cm long x 0.88 cm at the cranial pole and 0.63 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Banfield White Marsh

The left adrenal gland is normal in size (2.6 cm long x 0.71 cm at the cranial pole and 0.62 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Racz

Spleen

The spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

INVOICE

38937

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 moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. The wall is hyperechoic in appearance, almost as if mineral debris is settled against the mucosa. No distention is appreciated. 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 empty with no evidence of obstruction, foreign material or infiltrative disease. 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

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.

A medial iliac lymph node is prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

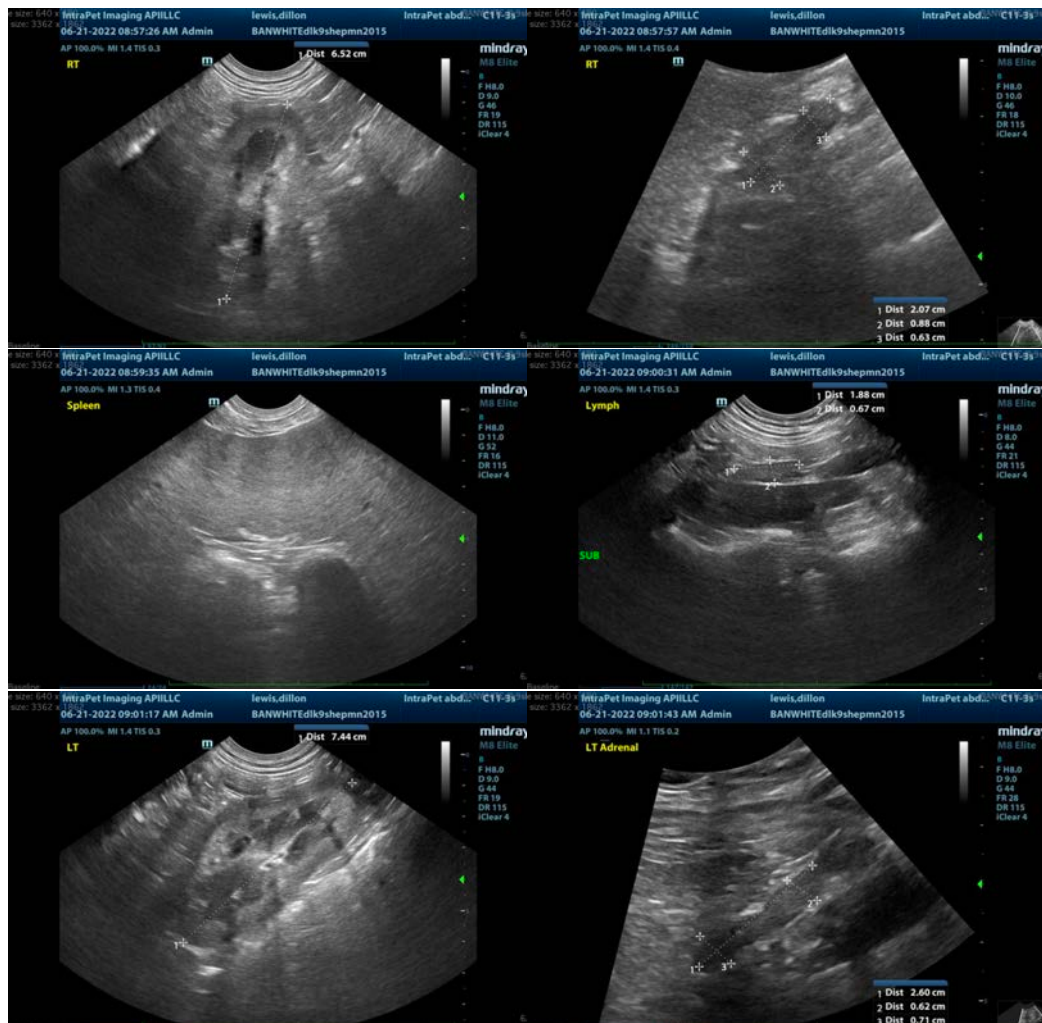
- Hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

SECONDARY FINDINGS

- 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.
- Medullary Rim Sign - of unknown clinical significance and can be a normal variant. Medullary rim sign(s) should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc.
- Reactive medial iliac lymphadenopathy – Infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 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.
- A fine needle aspirate of the spleen is recommended if patient's coagulation status is appropriate.
- Given reported pain and the patient breed, and especially if the pain can be at all associated with meal time and/or other gastrointestinal signs are present such as weight loss and/or diarrhea, further investigation of gastrointestinal function could be considered. 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.
- Otherwise, cause for the report pain is not evident in these ultrasound images, and further assessment of possible orthopedic and/or neurologic pain could be considered.





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