



PATIENT PRESENTING CLINICAL SIGNS

Maggie Bagnell Inappetence, nausea Current Medications Cerenia
Abnormal PE/Chem/CBC/UA Results: anemia, anorexia, leukopenia- attached and rads attached

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Mini Dachshund

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

Spayed Female

The right kidney is normal in size (4.16 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.

AGE

12 Years

The left kidney is normal in size (3.68 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.

WEIGHT

8.9 Pounds

Adrenal Glands

The right adrenal gland is normal in size (1.44 cm long x 0.88 cm at the cranial pole and 0.72 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (1.53 cm long x 0.34 cm at the cranial pole and 0.45 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Jenn Walsh, CVT

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 hypoechoic nodule with a slightly hyperechoic center is noted at the very tip of the spleen and does not appear to disrupt the capsule. The nodule measures just under 1.0 cm in diameter. Splenic vasculature appears normal.

HOSPITAL NAME

VCA Westmoreland

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.

REFERRING VET

Dr. Sullivan

INVOICE

38999

The gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

DATE

6/23/22



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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.

In the area of the ileocecolic junction, there is a round, heterogeneous, hypoechoic structure that appears to be the cecum, either filled with fluid and GI contents, or potentially a cecal mass can't be ruled out. 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 or pericardial effusion. There is no apparent lymphadenopathy.

Comet tail lesions suggestive of pulmonary pathology are noted at the level of the diaphragm.

PRIMARY FINDINGS

- Heterogeneous lesion in the area of the cecum – normal fluid, gas and feces distended cecum versus a cecal mass.
- Hypoechoic splenic nodule – differentials include both benign changes such as a cyst, hematoma, extramedullary hematopoiesis, etc., as well as infiltrative or metastatic neoplasia, which can mimic benign lesions.
- Comet tail suggestive of pulmonary pathology

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.

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.



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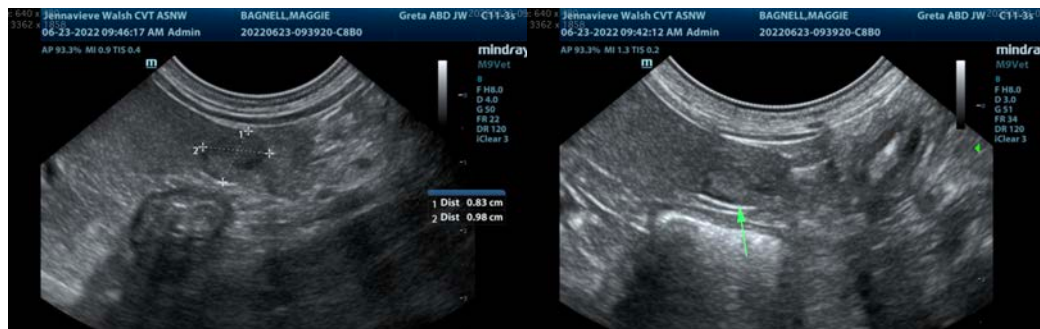
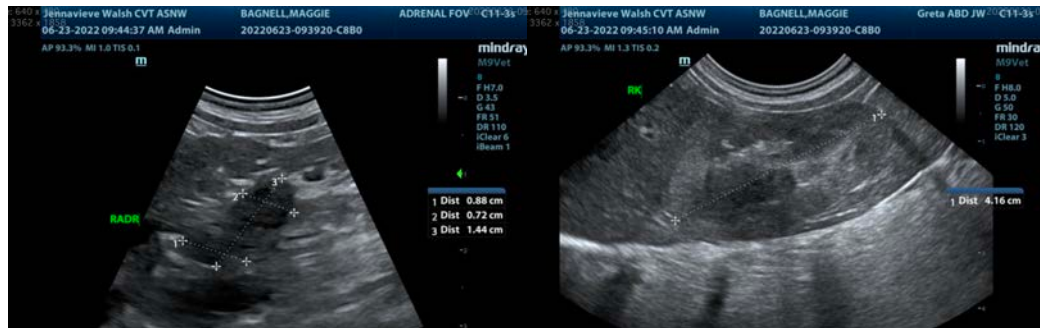
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- A fine needle aspirate of the splenic nodule is recommended if patient's coagulation status is appropriate, especially given the concurrent cytopenias, infiltrative round cell neoplasia has to be considered.
- In the meantime, recommendations include supportive medical management of the gastrointestinal signs with fluid support, antiemetics, gastroprotectants, as well as potentially a probiotic if diarrhea is present, and reassessment of the cecum. If the cecal lesion remains persistent, fine needle aspirate of it could be considered versus an abdominal CT scan for more definitive tissue identification, versus potentially a colonoscopy for biopsies.





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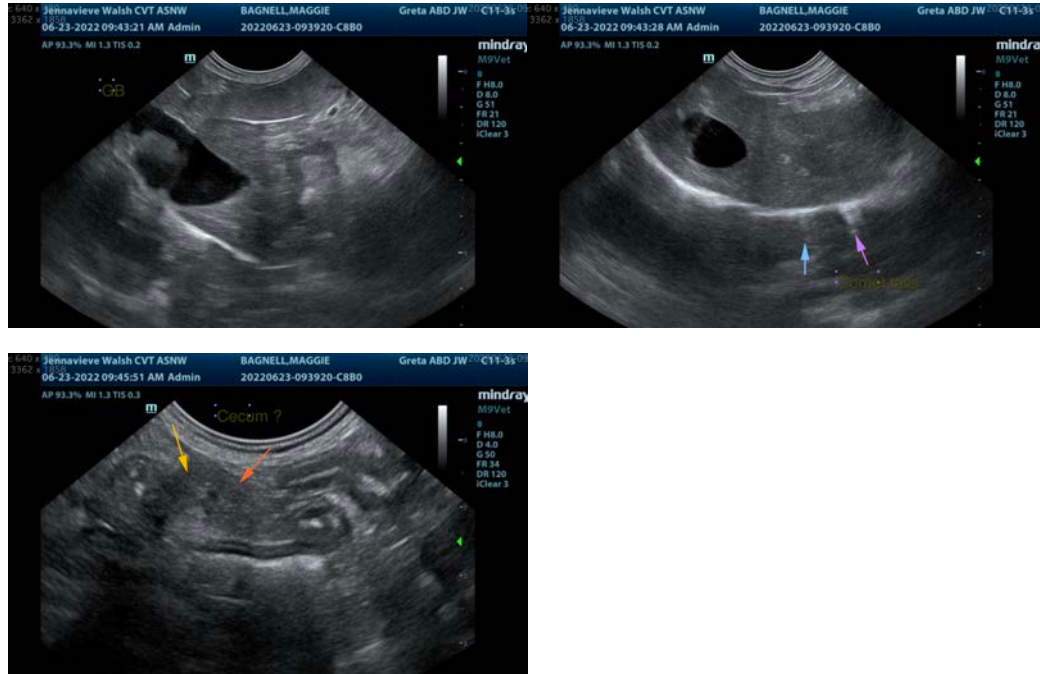
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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