


PATIENT PRESENTING CLINICAL SIGNS

Daisee Waitt History: P is a referral from a local clinic for ultrasound. P presented at local clinic on 7/5/23 for not eating well, bloodwork was sent out (see results below) was given entyce and panacur was prescribed to treat Giardia per O. P continues to not eat well, concern for pancreatitis. Referred to us for Ultrasound with interpretation. P is currently on Gabapentin and Thyrotabs.

SPECIES

Canine

BREED

Dalmation

SEX

Spayed Female

AGE

10 years

WEIGHT

55.6 lbs

INTERPRETED BY

 Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Christina

HOSPITAL NAME

Animal Health VC

REFERRING VET

Rodriguez

INVOICE

13664

DATE

7.13.23

Abnormal PE/Chem/CBC/UA Results: 7/6/23 - Alk Phos - 393, Amylase - 1215, Precision PSL - 255, HGB - 12, HCT - 33%, T4 - 0.7 All other values WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Urinary bladder is adequately 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.

Left kidney is normal in size (5.62 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 some suspicion for punctate nonobstructive nephroliths. There is no evidence of pyelectasia or infarcts observed.

Right kidney is normal in size (6.21 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 (0.62 cm at cranial pole / 0.68 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The right adrenal gland is unable to be well-visualized.

Spleen

The spleen contains multifocal heterogenous, primarily hypoechoic (some almost anechoic/cystic) nodules/masses, with capsular escape into the regional omentum and possibly involving the pancreas.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is unable to be well-visualized/assessed in these images.

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.

The bowel that is able to be visualized is normal in wall thickness and layering. 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.



PATIENT The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Daisee Waitt

SPECIES *Pancreas*
(See "Spleen").

Canine

BREED *Free Abdomen*

In the cranial abdomen, there is a large amount of enhanced hyperechoic mesenteric fat and undifferentiated hypoechoic structures, believed to be lymph nodes. However, the resolution of these images is marginal, preventing/occluding further detail to be assessed.

Dalmation

SEX **ULTRASONOGRAPHIC FINDINGS**

Spayed Female

Primary Findings

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- Multifocal heterogenous splenic masses with capsular escape is concerning for infiltrative neoplasia such as round cell neoplasia vs sarcoma, vs other.
- Cranial abdomen inflammation and suspected lymphadenopathy is equally concerning. A benign reactive process cannot be ruled out but is consider less likely.
- There are no obvious hepatic metastatic disease nodules, but microscopic metastatic disease cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine-needle aspirates of the spleen, +/- the liver, as well as the hypoechoic cranial abdominal structures presumed to be lymph node can be considered (if coagulation status of the patient is appropriate). Alternatively, a more sensitive, advanced imaging modality, such as an abdominal contrast CT scan could be considered for further detailed assessment.

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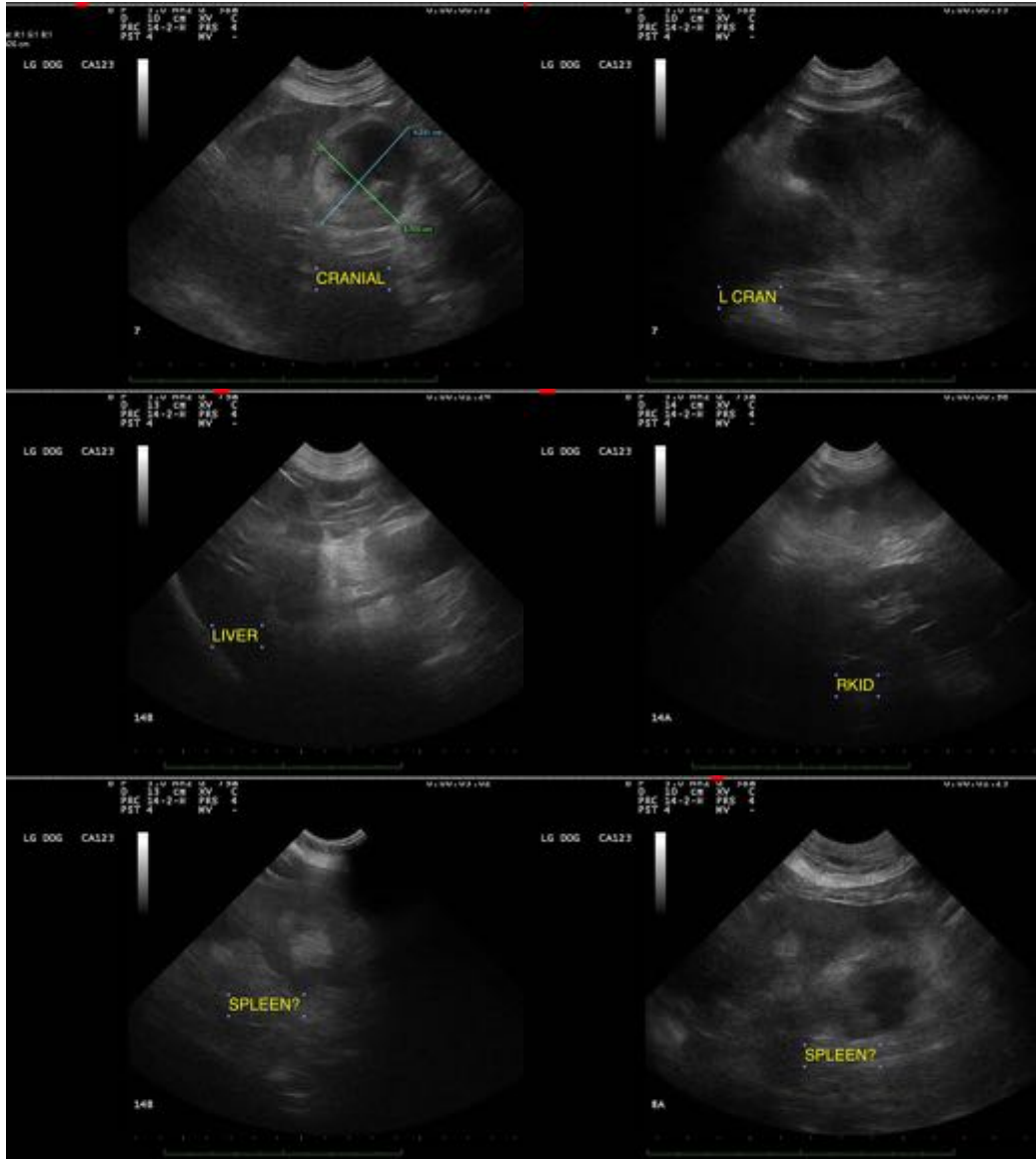
Rodriguez

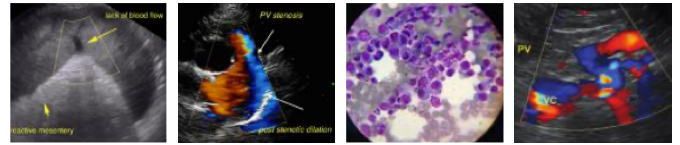
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AGE

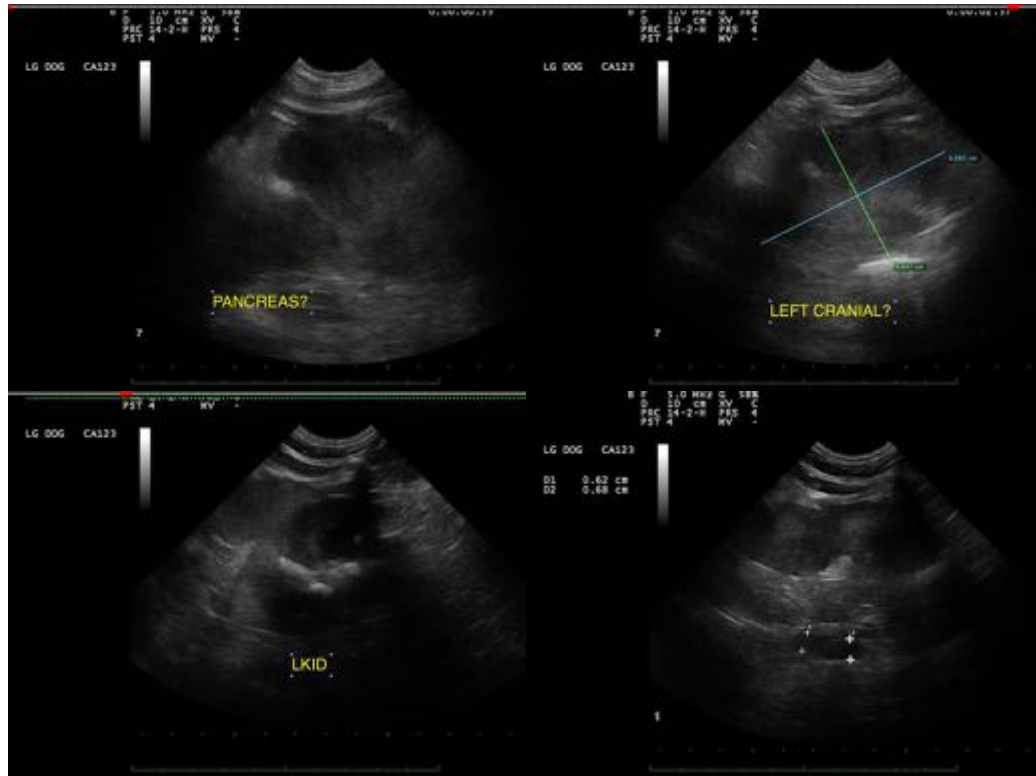
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com