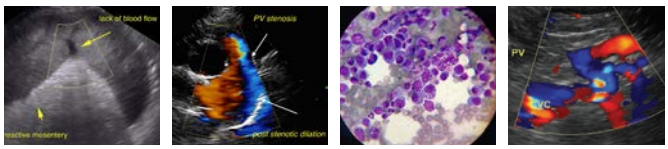
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Pete Lincoln

SPECIES
Canine

BREED
Mixed

SEX
Male

AGE
11 Years

WEIGHT
26.3 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Alyssa Carver

HOSPITAL NAME
Animal Emergency Hospital Volusia

REFERRING VET
Dr. Alyssa Carver

INVOICE
44423

DATE
7/28/23

PRESENTING CLINICAL SIGNS

P present to AEHV for gagging for ~ 3 days. P started having labored breathing last night - P has been excessively panting. NI in food x2days. P last couple BMs have been watery/very soft. P has hx of eating foreign objects. P tore up bedding ~ 5 days ago.

Abnormal PE/Chem/CBC/UA Results: Dx with pneumonia via thoracic radiographs. Hepatomegaly also observed.

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 prostate is unable to be well visualized in these images.

The right kidney is normal in size (7.63 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.

The left kidney is normal in size (7.39 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

The area of the adrenal glands are examined without evident adrenal gland pathology.

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 2.9 cm x 1.7 cm heterogeneous, partially cavitated mass is noted near the head of the spleen that results in a subtle capsular bulge. Splenic vasculature appears normal.

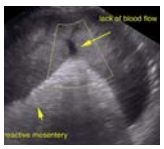
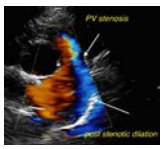
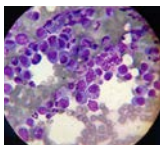
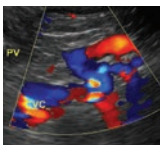
Liver

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.

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.

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.

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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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Differentials for the splenic mass include a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, versus infiltrative neoplasia, which can mimic benign lesions (i.e., sarcoma, round cell neoplasia, other) and cannot be ruled out without tissue sampling.

- Mild 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

There is no visible evidence in these images at this time of foreign material or an obstructive pattern. The splenic mass may or may not be related to the presenting complaint of gagging and pneumonia.

Further diagnostic considerations given the splenic mass include either a fine needle aspirate of the mass if patient's coagulation status is appropriate, or alternatively when stable enough to undergo surgery, and exploratory laparotomy for planned splenectomy could be considered.

In the meantime, management of the reported pneumonia is recommended in addition to supportive/symptomatic therapy of the gagging/vomiting with antiemetics, gastroprotectants to address possible GERD, appetite stimulant if necessary, etc.

If clinical signs persist beyond resolution of the pneumonia, recheck imaging could be considered.

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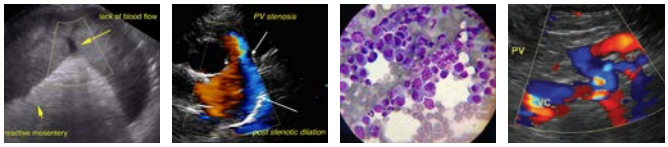

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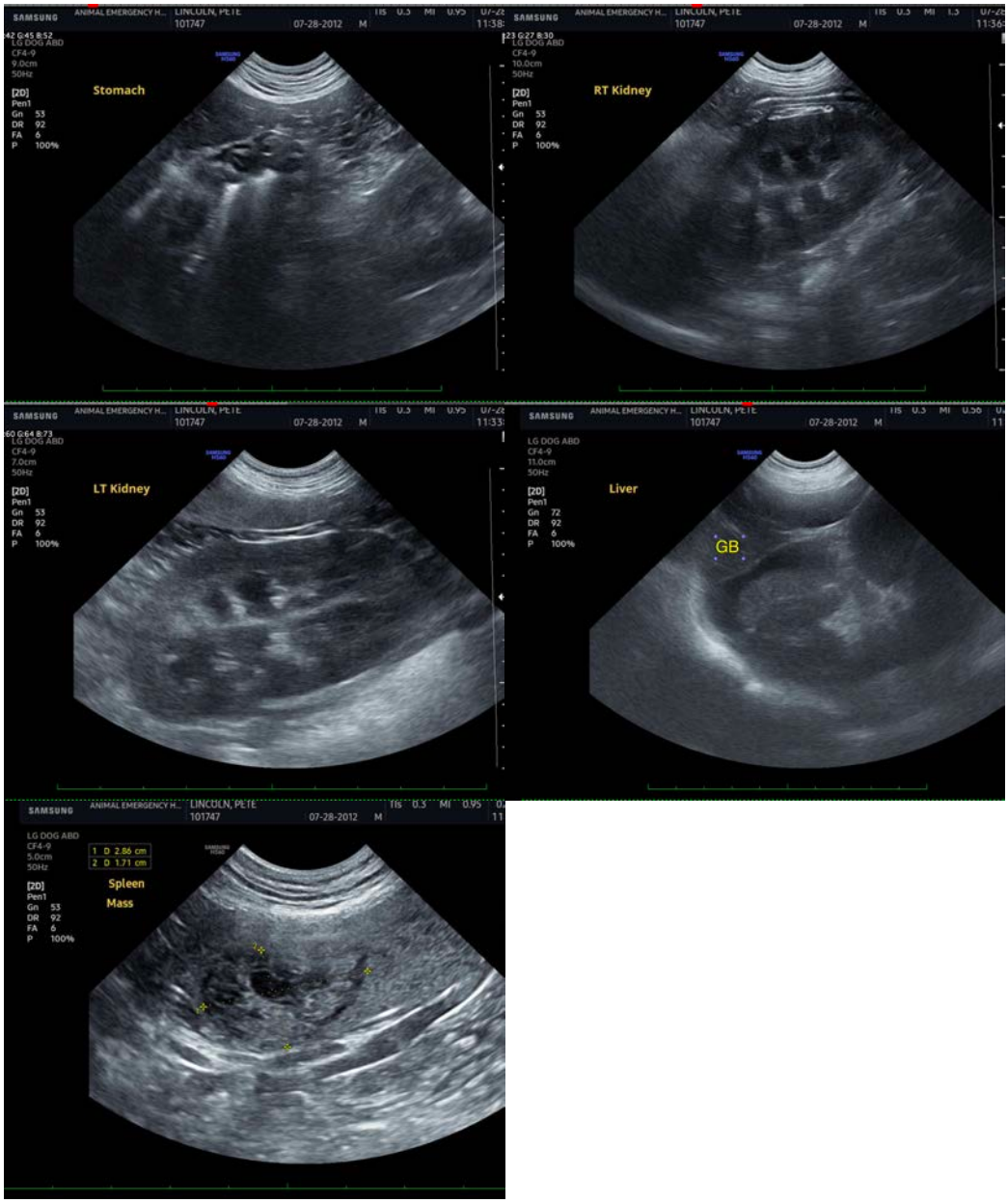

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com