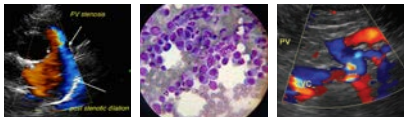
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

8/2/23

PATIENT

Duke Rone

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

7/12/12

WEIGHT

87 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Stevenson Village VH

REFERRING VET

Dr. Dreizen

INVOICE

44593

PRESENTING CLINICAL SIGNS

P presented to ER on 7/21 for stumbling and vomiting foam with blood. X-rays showed significant gastric distention (with no volvulus). Duke was admitted to the hospital and a nasogastric tube was placed. A large amount of thick yellow fluid was suctioned out. He remained there overnight for monitoring and GI supportive care. He has since been discharged. The radiology report came back with concerns for a splenic mass/nodules.

Current Medications: Cerenia 80mg sid, Metoclopramide 20mg tid
Lab Results: See attached.
Radiographs: See attached report.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

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

The right kidney is normal in size (7.12 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 (7.96 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

Adrenal glands are small (flattened contour). Some mild parenchymal heterogenicity is present, more so in the left than the right, without concerning capsular distortion, likely normal for this age. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.52 cm at the cranial pole and 0.70 cm at the caudal pole. The right adrenal gland measures 0.71 cm at the cranial pole and 0.62 cm at the caudal pole.

Spleen

The spleen is subjectively large in size with a slightly irregular but generally smooth capsular contour. Parenchyma is diffusely mildly/subtly nodular in appearance, characterized by small, discreet hypoechoic nodules. Additionally, a well demarcated, discreet, hyperechoic, homogeneous, non-capsule disrupting nodule is noted in the mid body. Splenic vasculature appears normal. The spleen is folded upon itself, which is a positional, non-pathologic variant most likely.

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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.

Near the head of the spleen, there is a 1.0 cm x 1.5 cm oblong homogeneous isoechoic structure.

ULTRASONOGRAPHIC FINDINGS

- Mildly flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

- Splenic micronodular hyperplasia pattern – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out. The hyperechoic nodule is most consistent with a benign myelolipoma.

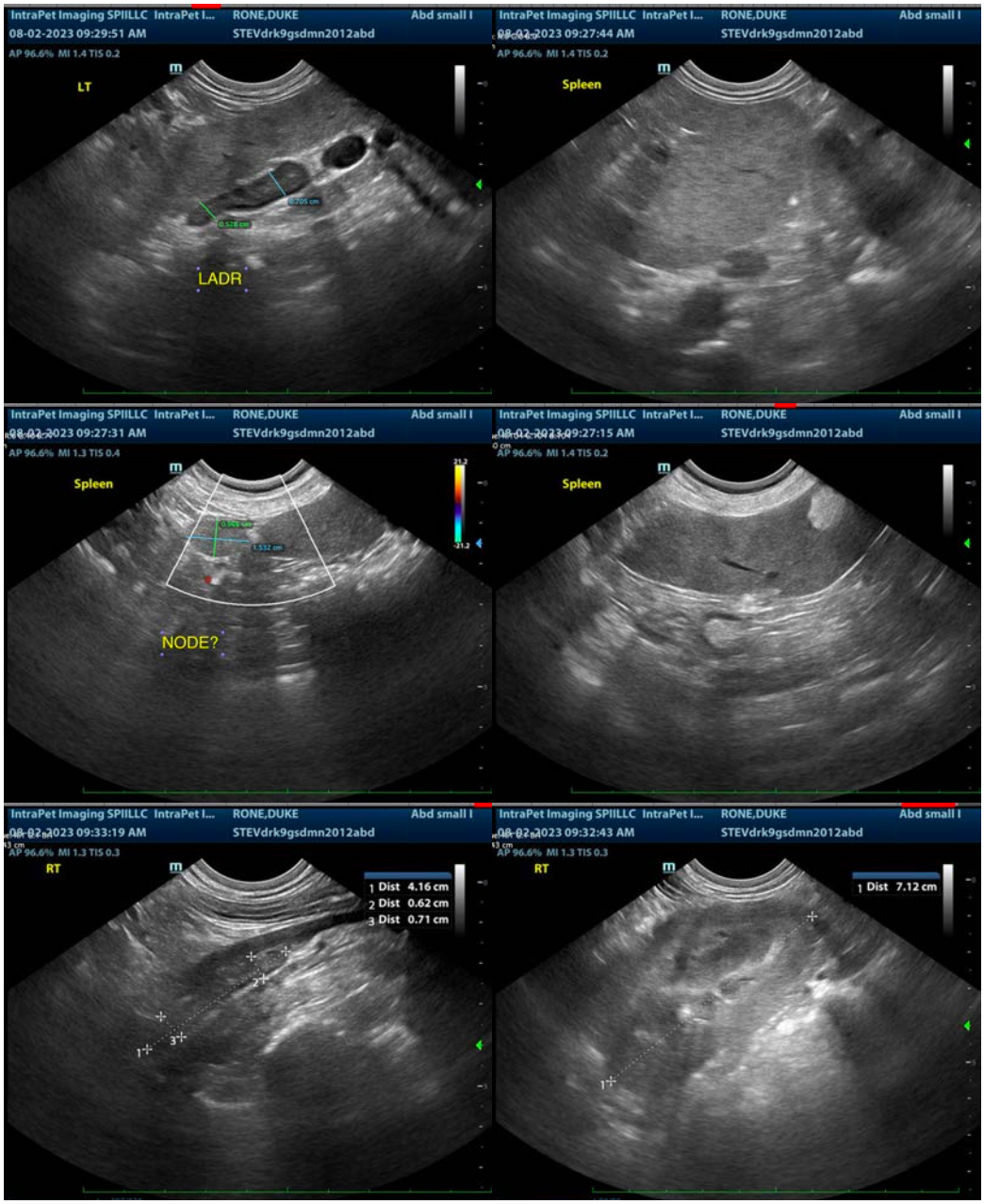
- The structure described above near the head of the spleen appears to be a lymph node. However, a folded portion of the spleen cannot be definitively ruled out.

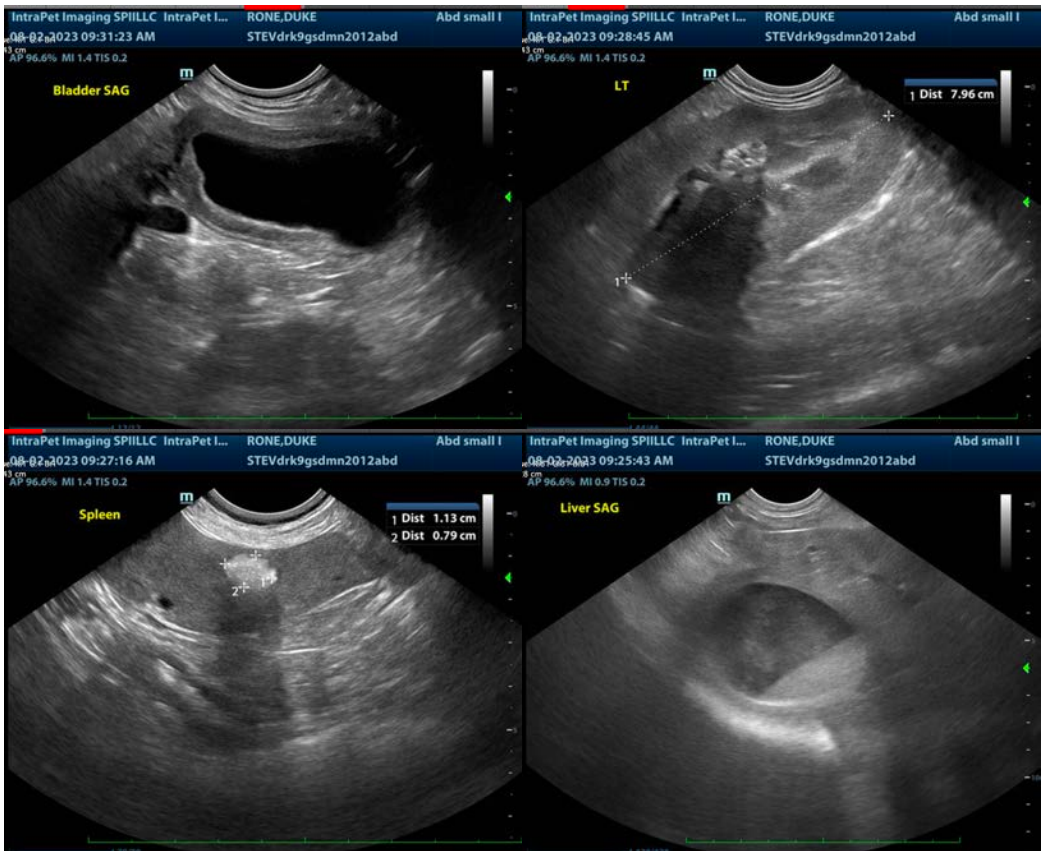
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted 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 definitive discrete splenic mass in these images at this time. However, given the diffuse changes, fine needle aspirates of the spleen +/- the structure adjacent to the head of the spleen (i.e., node) could be considered if patient's coagulation status is appropriate.

Additionally, given this patient's presenting complaint of hematemesis and a wobbly gait, etc., further evaluation of the mildly flat adrenal glands is recommended via a baseline cortisol.





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