



PATIENT PRESENTING CLINICAL SIGNS

Oso Chipres Presented with diarrhea Sept 2, responded to Metronidazole but then went off food for 2-3 days. Vomited once. Improved with Cerenia and Mirtazipine but concerns for appearance of liver/spleen on rads. Has been on Gabapentin and Cartrophen and Onsior as well as thyrotabs.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Please see attached blood and radiographs. M1 elevated RBCs, Normal HCT.

BREED

Akita

SEX

Neutered Male

AGE

10 Years

WEIGHT

44 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Southside AC

REFERRING VET

Dr. Grams

INVOICE

41360

DATE

9/15/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended and has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris combined with mineral crystal debris as well as small cystoliths. No masses are observed. The trigone and visible pelvic urethra are normal with a smooth mucosal surface.

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

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 6.62 cm. The right kidney measures 7.25 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.8 cm long x 1.47 cm at the cranial pole and 0.85 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.38 cm long x 0.81 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is markedly enlarged with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. A 1.0 cm x 2.0 cm hypo- to anechoic non-capsule disrupting nodule is noted in the mid body. 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.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. However, the stomach is difficult to fully visualize due to gas artifact. It appears to be at least mildly fluid distended.



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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.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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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.

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

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PRIMARY FINDINGS

- **Scalloped spleen** – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.

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- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

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- The stomach is difficult to fully evaluate, but it appears to be at least partially fluid and gas distended. If gastrointestinal signs persist, reimaging of ideally an empty stomach would be recommended.

- Urinary bladder debris including mineral debris and at least one cystoliths.

IMAGING PERFORMED BY

Crystal Hill

SECONDARY FINDINGS

- Age related kidney changes

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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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A fine needle aspirate of the spleen is recommended if patient's coagulation status is appropriate.

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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The gastrointestinal signs have reportedly improved/resolved. However, if they persist or return, reevaluation of an ideally empty/fasted stomach would be recommended.

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REFERRING VET

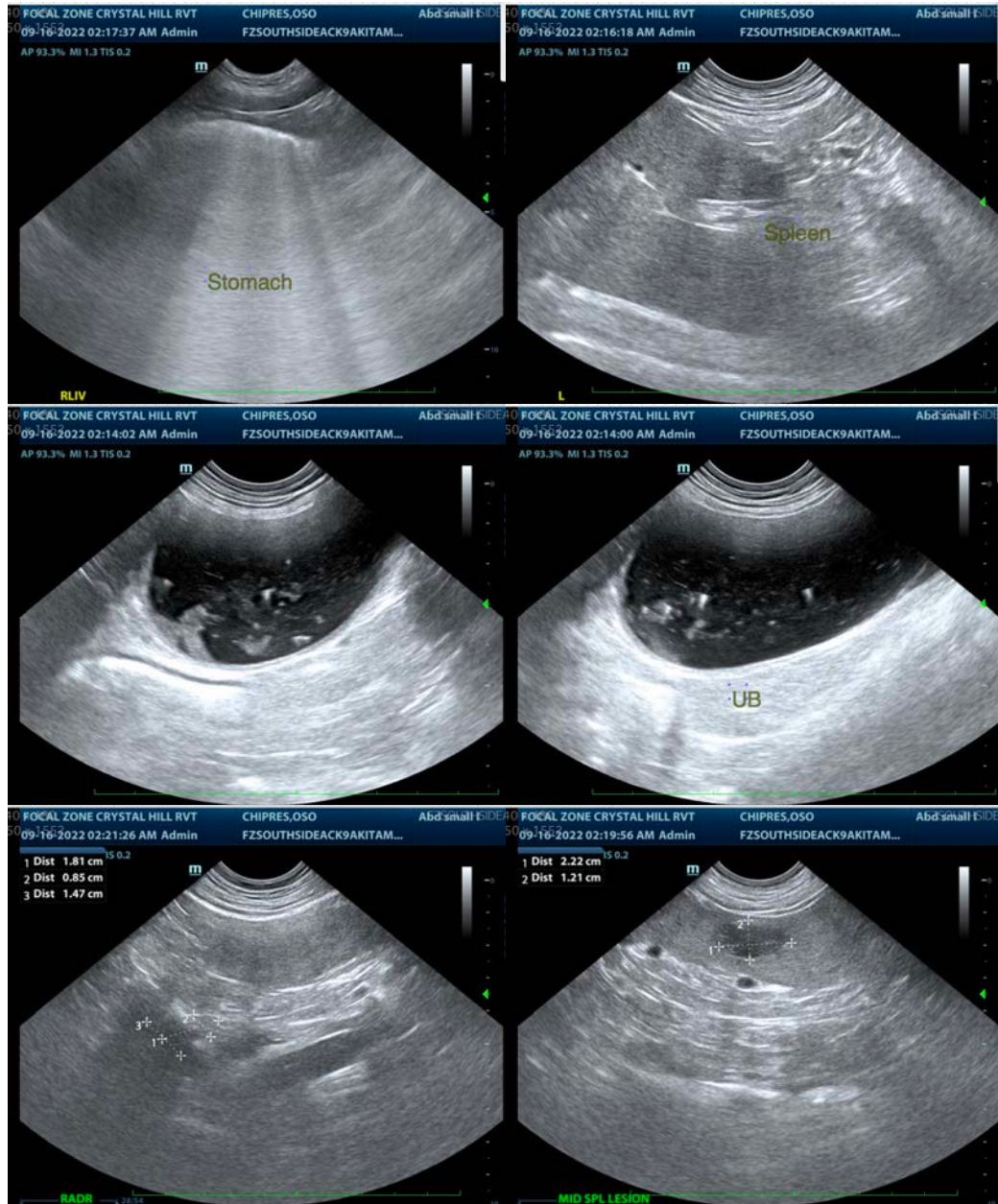
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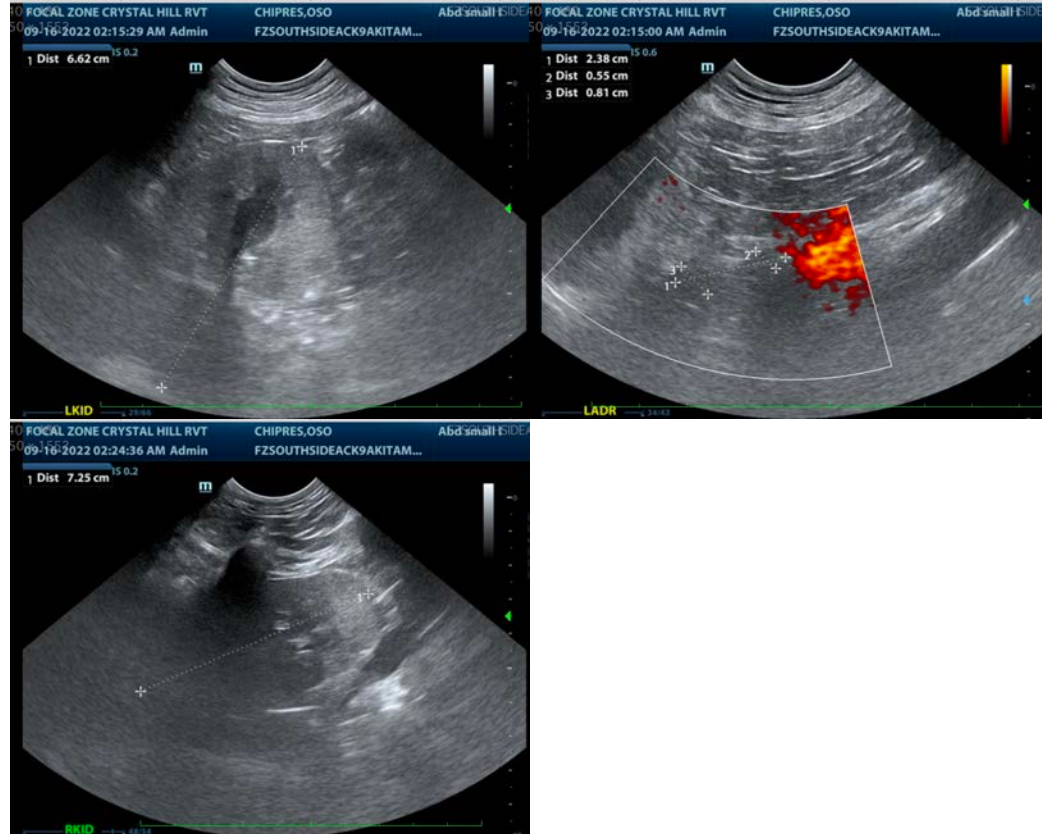
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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