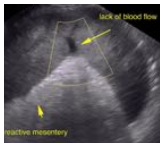
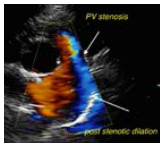
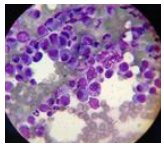
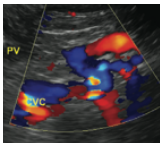
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Max Seguin

SPECIES
Canine

BREED
Golden Retriever

SEX
Neutered male

AGE
2 years

WEIGHT
39 kg

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Ward

HOSPITAL NAME
Kenora VC

REFERRING VET
Dr. Ward

INVOICE
42179

DATE
1/17/23

PRESENTING CLINICAL SIGNS

History: Multifocal cutaneous masses removed Dec 2022 - histopathology report returned as histiocytosis, unable to distinguish between systemic VS cutaneous. Jan 2023 - patient referred to veterinary ophthalmologist for anterior orbital mass involving zygomatic salivary gland (OS). Concern for systemic histiocytosis. Screening chest rads NSF Lymph node aspirates pending Bloodwork Aug 2022 WNL Patient clinically BAR, doing well, no systemic signs. Lymph nodes palpate WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 6.05 cm. The left kidney measured 6.03 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.9 cm in length and 0.49 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measured 1.8 cm in length, 0.64 cm at the cranial pole and 0.33 cm at the caudal pole.

Spleen

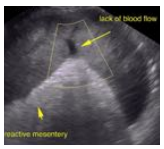
The spleen was normal in size with a mottled/coarse parenchyma and smooth capsule. Normal splenic vasculature with no signs of congestion or thrombosis.

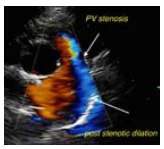
Liver

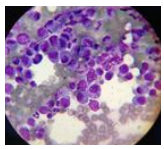
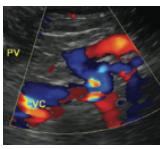
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal

The stomach contains curvilinear shadowing objects consistent with kibble. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall





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

PATIENT

Max Seguin

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

2 years

WEIGHT

39 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Ward

HOSPITAL NAME

Kenora VC

REFERRING VET

Dr. Ward

INVOICE

42179

DATE

1/17/23

layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

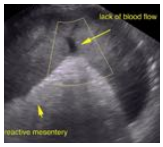
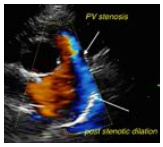
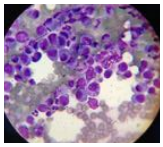
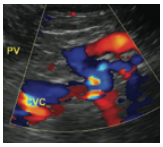
Primary Findings

1. Splenic parenchymal changes with smooth capsule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patients young age and concern for systemic histiocytosis, splenic changes are concerning for infiltrative disease and splenic aspirate is recommended. No significant disruption of architecture is noted and benign reactive or inflammatory change is possible. No other intra-abdominal abnormalities.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Max Seguin

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

2 years

WEIGHT

39 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Ward

HOSPITAL NAME

Kenora VC

REFERRING VET

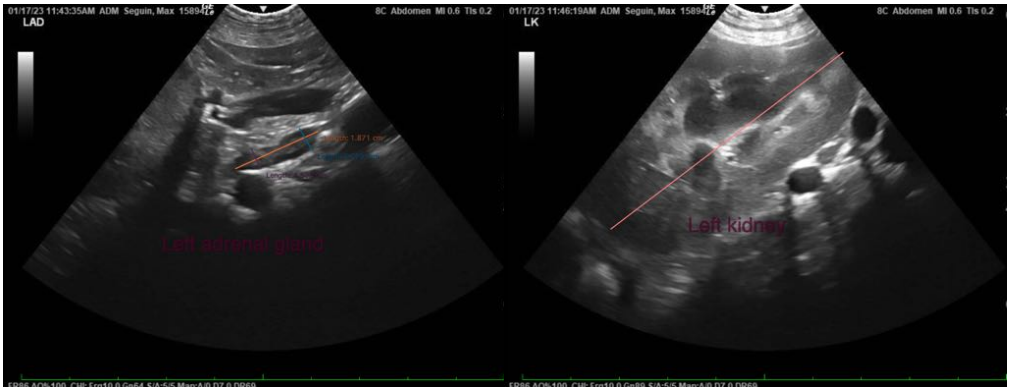
Dr. Ward

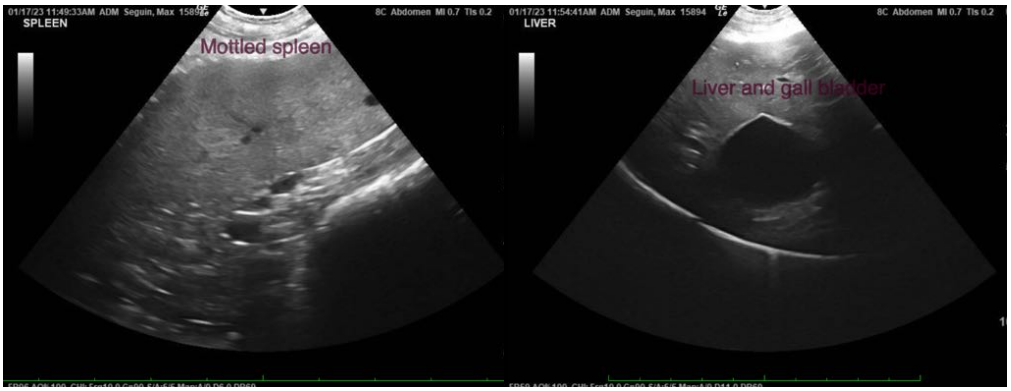
INVOICE

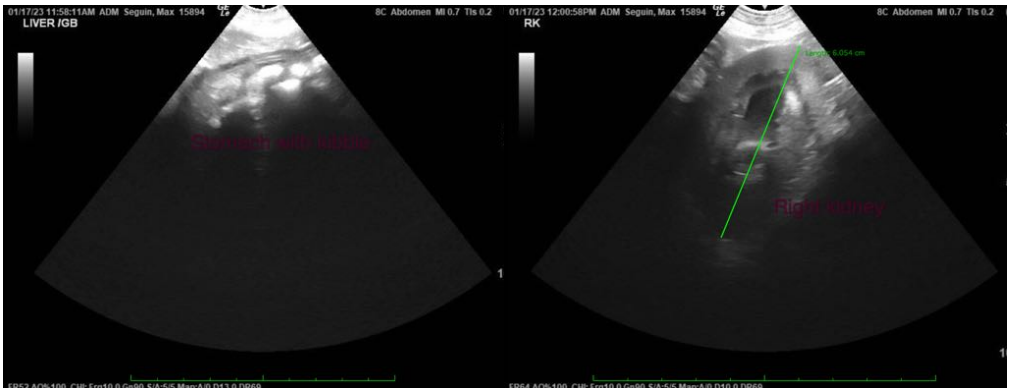
42179

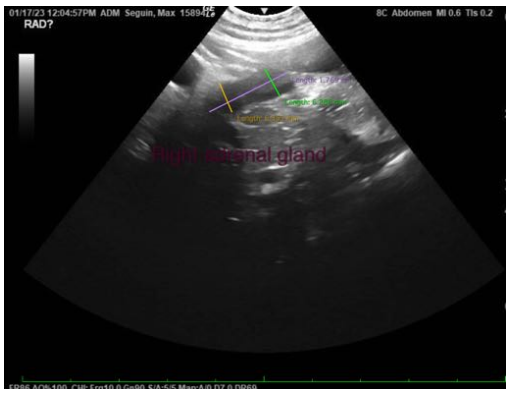
DATE

1/17/23

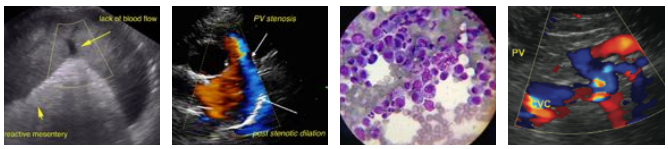








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Max Seguin

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

2 years

WEIGHT

39 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Ward

HOSPITAL NAME

Kenora VC

REFERRING VET

Dr. Ward

INVOICE

42179

DATE

1/17/23

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com