

PATIENT

Penny Conway

SPECIES

Canine

BREED

Redbone Coonhound

SEX

Spayed Female

AGE

5 Years

WEIGHT

256 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS,
 CEO of
 SonoPath.com

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Rhode Island AMC

REFERRING VET

Rachel Rogoff, DVM

INVOICE

20236

DATE

PRESENTING CLINICAL SIGNS

History: Bloody and mucousy stool for several months. Treated with metronidazole - got better, but not resolved. She has a good appetite and normal activity level. Current medications: W/D diet, Fortiflora.

Abnormal PE/Chem/CBC/UA Results: Platelet count 142.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.0 cm. The left kidney measured 6.57 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 right adrenal gland measured 0.54 cm. The left adrenal gland measured 0.55 cm at the caudal pole and 0.48 cm at the cranial pole.

Spleen

The **spleen** revealed a focal hypoechoic target nodule measuring 1.0 cm. The remainder of the spleen was unremarkable.

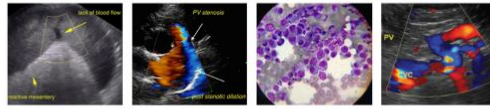
Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively at the time of the sonogram. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. Intestinal wall thickness measured up to 0.42 cm.

Pancreas



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

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ULTRASONOGRAPHIC FINDINGS

- Normal sonogram with focal splenic nodule, hyperplasia versus emerging round cell neoplasia or hemangiosarcoma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA cytology of the splenic nodule +/- culture is indicated. No other evidence of significant GI disease from a visceral standpoint. I recommend a fresh fecal smear and fecal floatation analysis. Diet change is recommended (hydrolyzed diet trial could be considered). An enrofloxacin trial could be considered over a 10-14-day period could be considered to treat for Baytril responsive colitis. Recheck sonogram in 1 month regarding the splenic nodule to assess for any progression.

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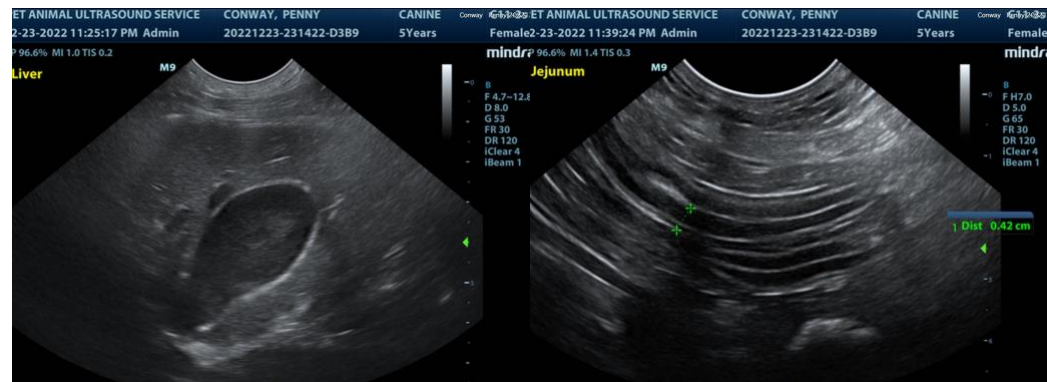
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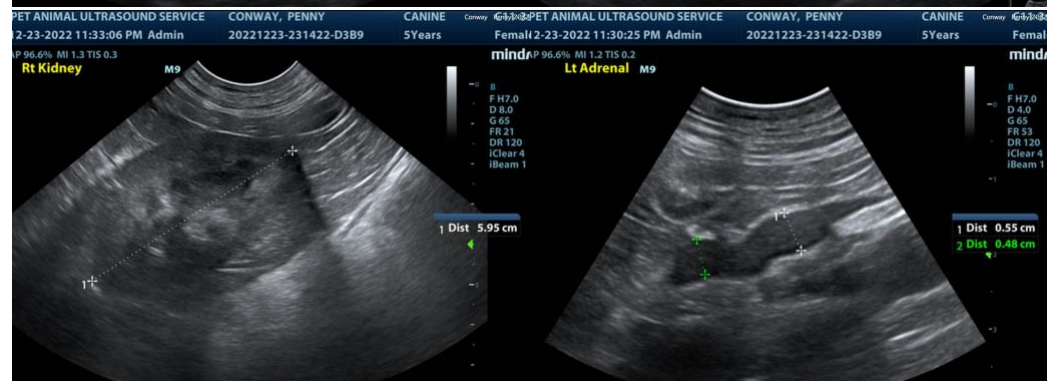
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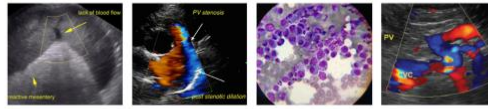
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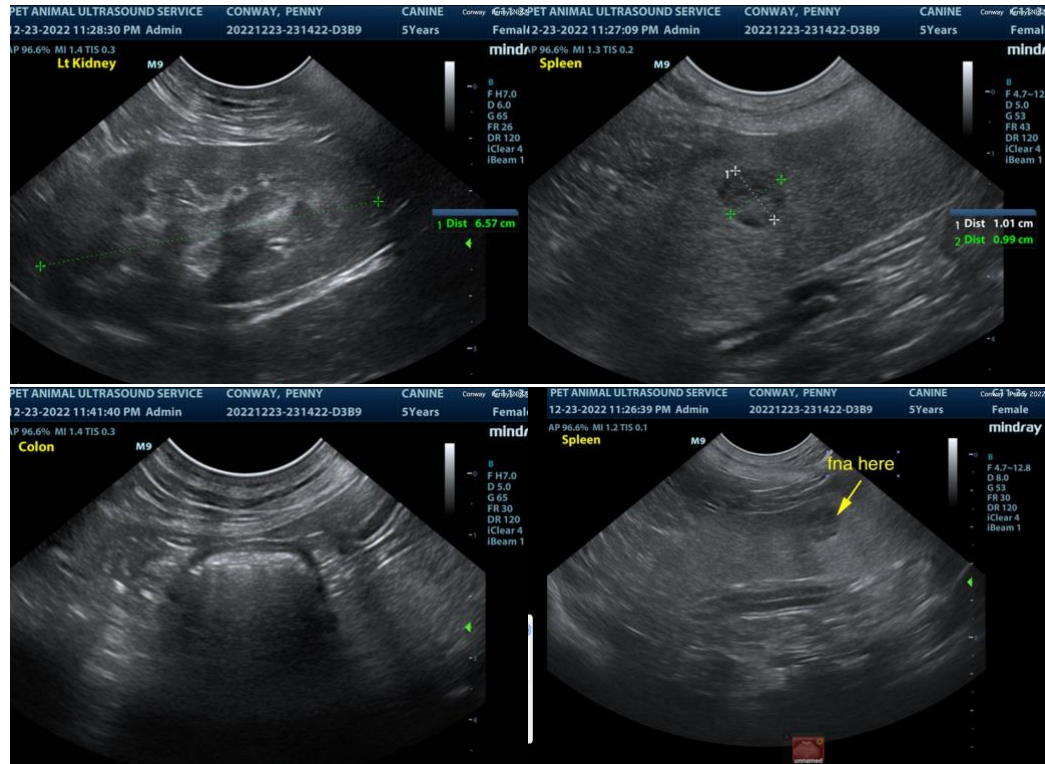
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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