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Clinical Sonography & Telecytology
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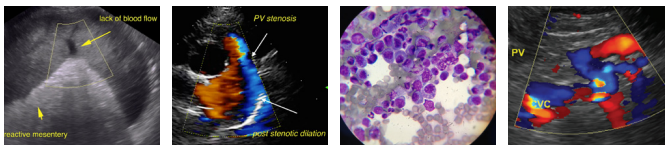

PATIENT
Sammie McBride

SPECIES
Canine

BREED
Mix

SEX
Spayed Female

AGE
12 Years

WEIGHT
49 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Danielle Kitz

HOSPITAL NAME
Woodlands AH

REFERRING VET
Dr. Danielle Kitz

INVOICE
37255

DATE
4/27/22

PRESENTING CLINICAL SIGNS

patient presented for senior annual with complaint of PU/PD and urinary accidents in the house Abnormal PE/Chem/CBC/UA Results: labwork showed azotemia (BUN - 36, Creat -2.1); BP ok at 157 systolic Urine clear other than USG-1.018 (first-morning sample) Patient presented for full abdominal ultrasound to confirm suspected primary aging renal disease, and to collect urine for screening culture SDMA also collected - normal at 12 (<14 normal) Noted splenic nodule while scanning full abdomen

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measured 5.0 cm. The right kidney measured 5.0 cm.

Adrenal Glands

Portions of the **left adrenal gland** imaged obliquely. Unremarkable, measuring approximately 5.0 mm. The **right adrenal gland** was not visualized.

Spleen

The **spleen** revealed an expansive, hypoechoic 2.77 cm parenchymal mass deriving from the cranial pole.

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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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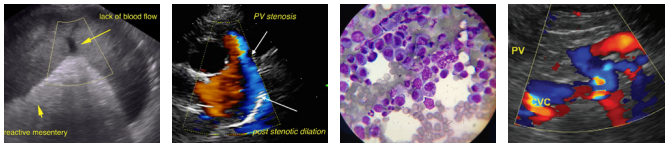

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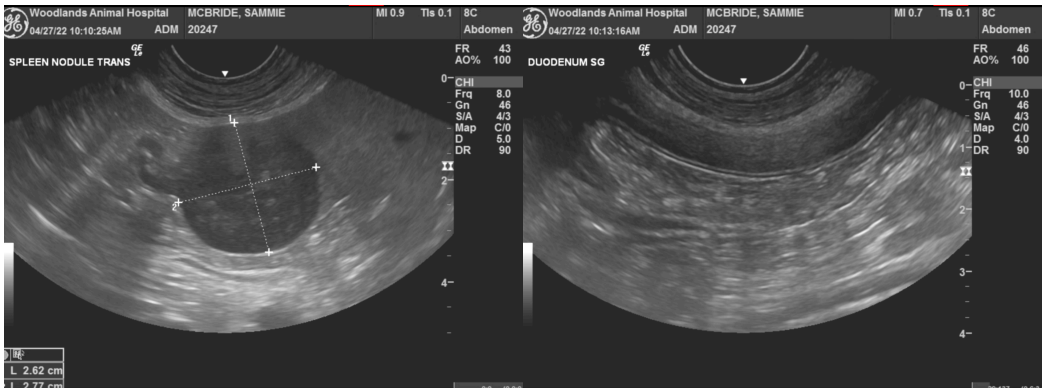
ULTRASONOGRAPHIC FINDINGS

- Splenic mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass appears isolated based on the image set provided. The cause of the azotemia is unclear in this patient, as the kidneys appear unremarkable. Complicating factors such as occult Addison's, acute renal insult should be considered such as Leptospirosis or similar. The splenic mass is likely incidental, yet should be removed surgically. Round cell neoplasia versus sarcoma or hemangiosarcoma likely. Hyperplasia possible. Echocardiogram recommended to assess for metastatic disease as well as chest radiographs.



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.

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

info@SonoPath.com