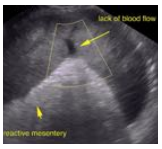
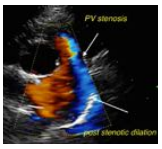
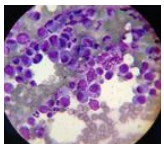
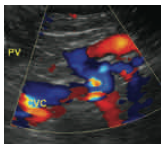

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1-800-838-4268 info@sonopath.com

PATIENT

Dutchess Brackett

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

35 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Sanders

INVOICE

98144

DATE

4/8/22

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting x 4 months. Acute worsening 3 weeks ago, unable to keep any solid food down. Vomits 2-3 hours after eating. Cerenia helps while she is on it. Does better with small meals of wet food.
Abnormal PE/Chem/CBC/UA Results: PE: BCS 3-4/9 CBC/Chem/baseline Cortisol/T-4/specCPL/UA: all WNL RADS: WNL

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 was 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 5.41 cm.

Adrenal Glands

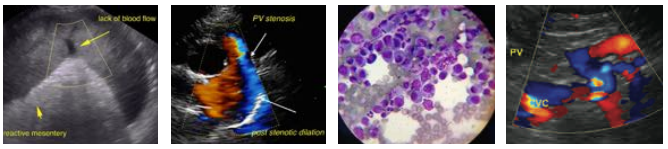
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland was mildly enlarged and uniform measuring 1.19 cm at the cranial pole and 1.05 cm at the caudal pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** revealed a hypoechoic, mucosal polyp that measured 2.5 cm in the anterior aspect of the pyloric outflow. A minor amount of gastric luminal stasis was present. The small intestine and colon were unremarkable.

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.

ULTRASONOGRAPHIC FINDINGS

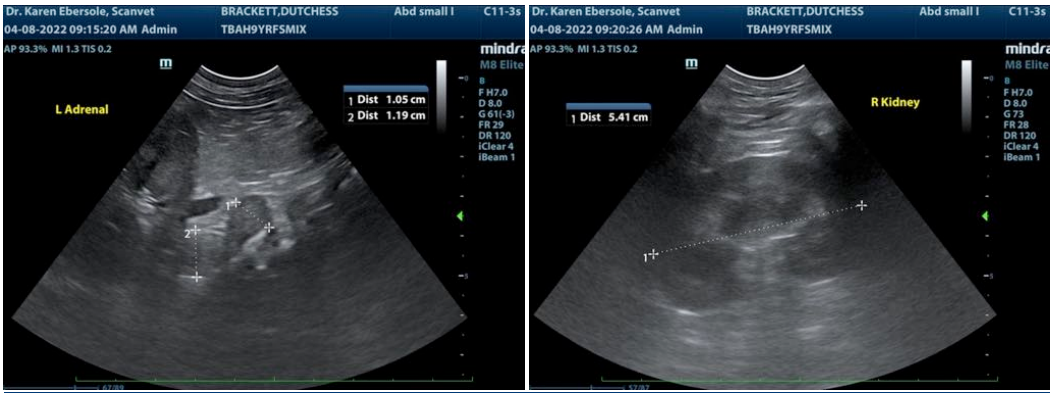
Gastric stasis with mucosal polyp. Mild potential for underlying neoplasia.

Minor, non-obstructive, luminal material was noted in the stomach. This is consistent with chyme and potential ingesta or minor, non-obstructive foreign matter.

Minor hypersplenism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy or full thickness biopsies of the stomach is strongly recommended. The polypoid change appears to be present in the pyloric outflow and does not appear overtly resectable, yet this may be low grade epithelial tumor or chronic inflammatory gastropathy. There was no other evidence of neoplasia present. FNA of the spleen could be considered that this is reactive state as suspected.



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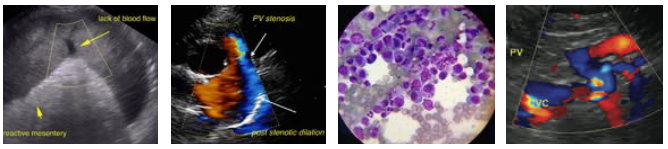

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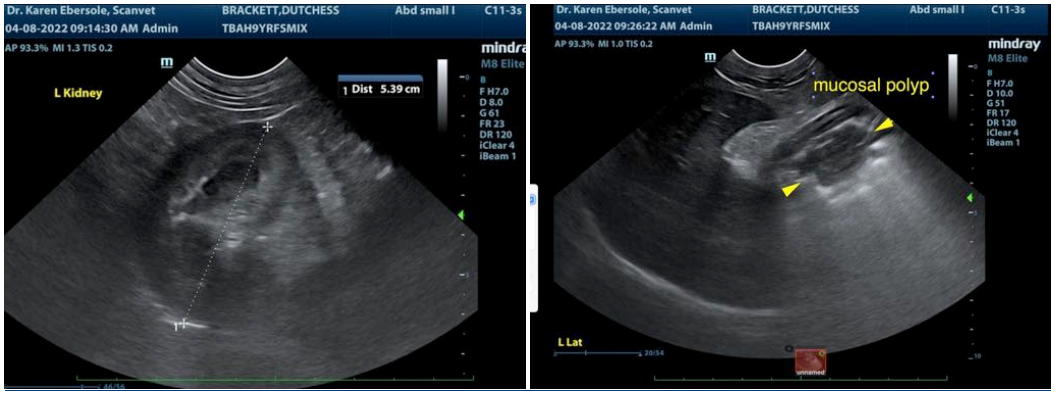

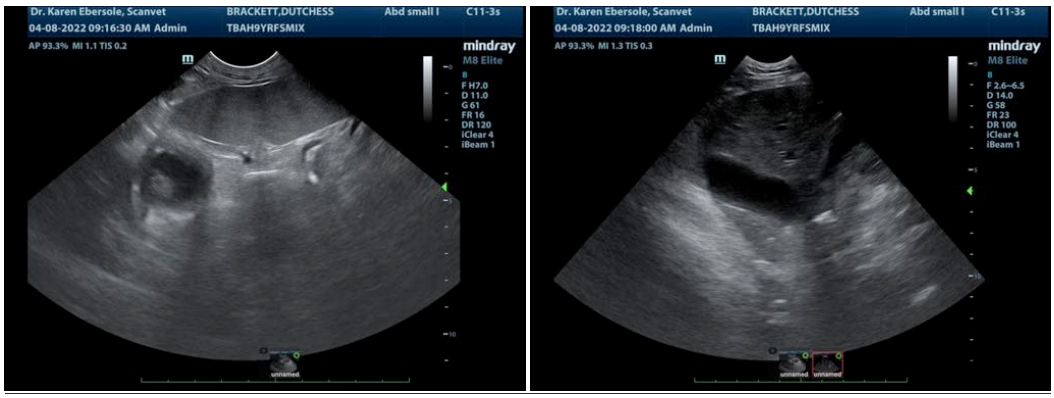

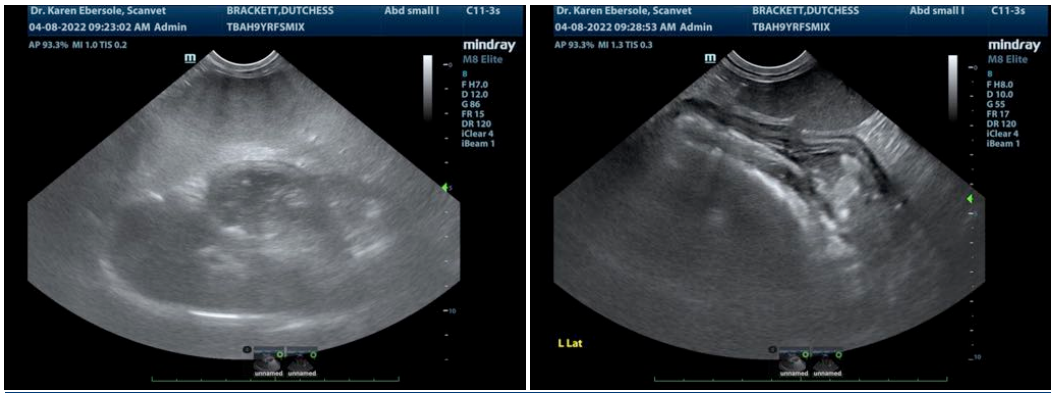

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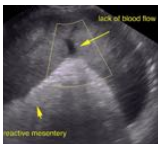

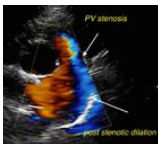

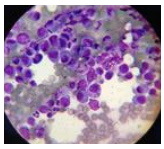
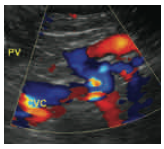

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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