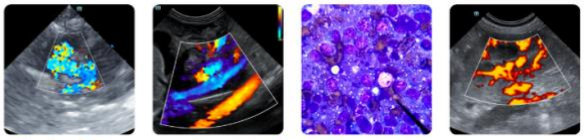



**PATIENT**

Reese McKinney

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

46 lbs

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

**IMAGING PERFORMED BY**

Brittney Beigel, DVM

**HOSPITAL NAME**

Bayside Animal Medical Center

**REFERRING VET**

Katie Buchanan, VMD

**INVOICE**

16385

**DATE**

06/05/26

## PRESENTING CLINICAL SIGNS

Hx of splenectomy in 2022 - bx reported as hemangiosarcoma. Pt has clinically done well since then until developing ataxia end of May, and then started vomiting this week and stopped eating well, vomiting up brown malodorous fluid. Dry heaving despite not producing any vomiting yesterday. X-rays concerning for mass vs FB with small, mineralized filaments in some of the areas of the stomach. No significant shift in mineralized filaments or abnormal area from x-rays on 5/23 to today's x-rays.

## 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.75 cm in length. The right kidney measured 6.37 cm in length. Occasional microcystic cortical changes were noted in the kidneys.

### *Adrenal Glands*

The **right adrenal gland** was 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 1.07 cm width at the cranial pole and 0.95 cm width at the caudal pole.

The **left adrenal gland** was slightly enlarged at the caudal pole. The left adrenal gland measured 1.0 cm width at the caudal pole and 0.85 cm width at the cranial pole.

### *Spleen*

The **spleen** was not visualized owing to previous splenectomy.

### *Liver*

The **liver** revealed slight hepatic enlargement yet not pathological. The gallbladder and commo bile duct were unremarkable.

### *Gastrointestinal*

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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### *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.

### *Free Abdomen*

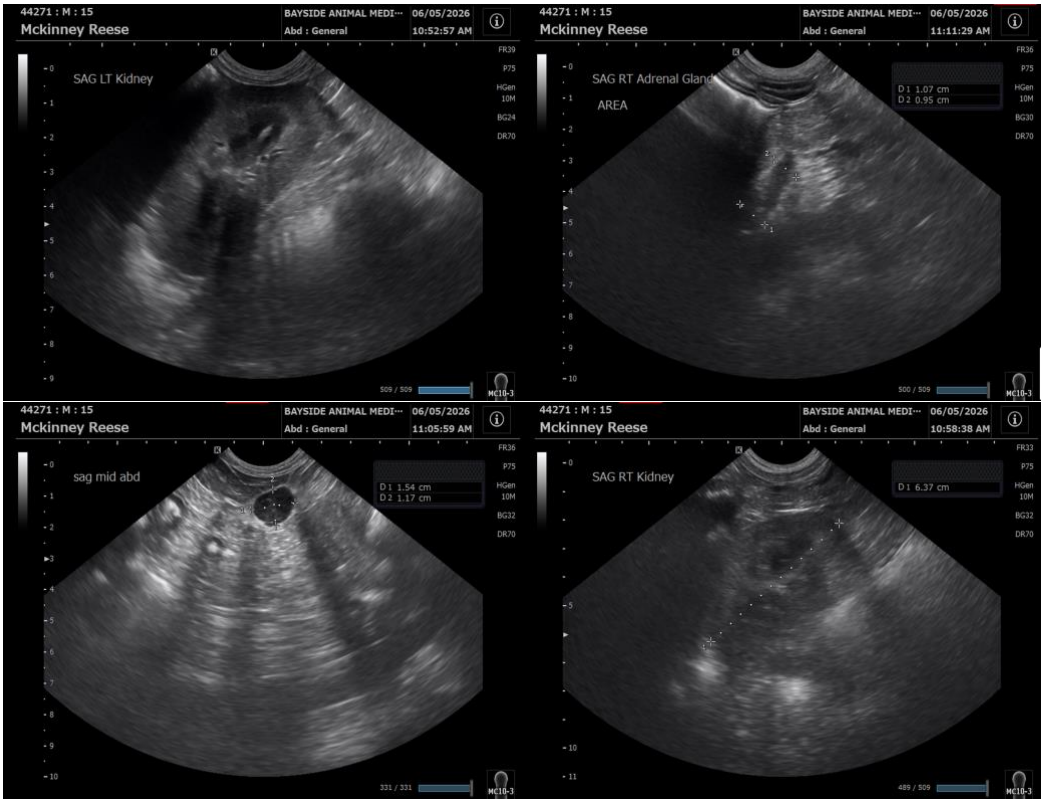
Mid cranial abdomen revealed a hypoechoic undifferentiated 1.5 cm **nodule** that is suspected to be lymph node in origin or local metastasis given that it appears to be in the region of the splenic fossa.

## ULTRASONOGRAPHIC FINDINGS

- Focal mesenteric nodule in the region of the splenic fossa- strong concern for local metastasis from the prior splenectomy.
- Microcystic renal changes.
- Slight hepatic enlargement.
- Slightly enlarged left adrenal gland.
- Full stomach.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical removal or ultrasound guided FNA is indicated. If the patient was NPO at the time of sonogram, gastric foreign matter is possible. Gastrointestinal findings should be matched with the postprandial feeding history at the time of sonogram.



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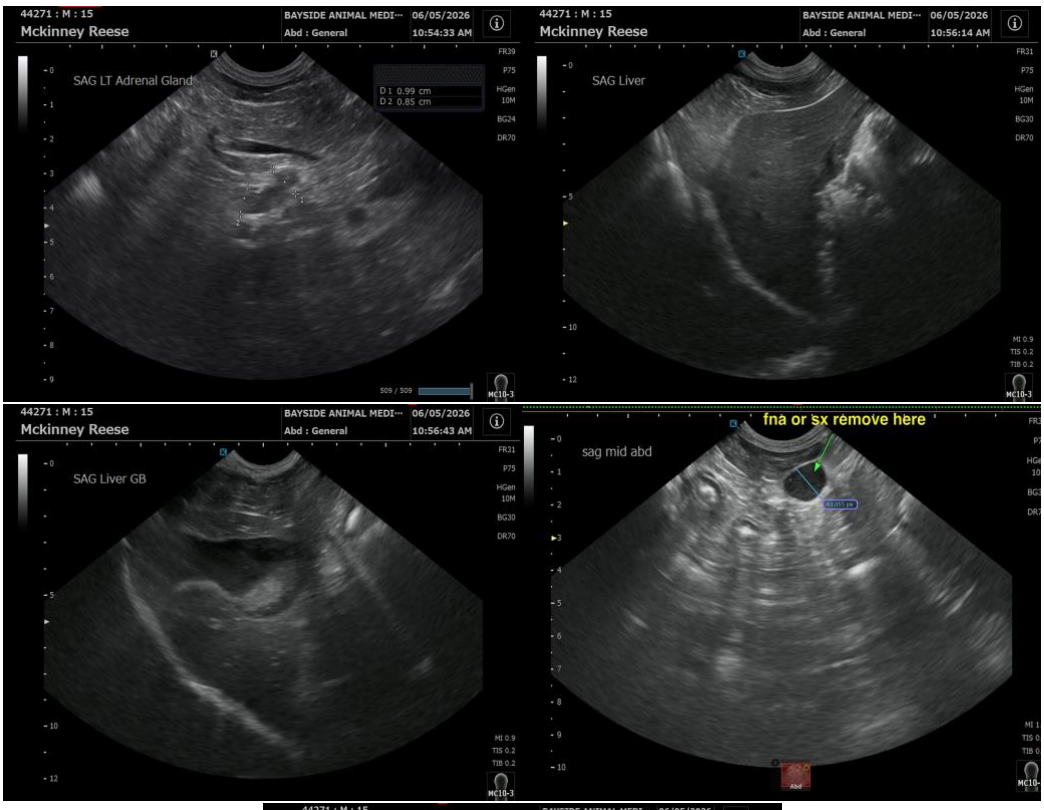



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com

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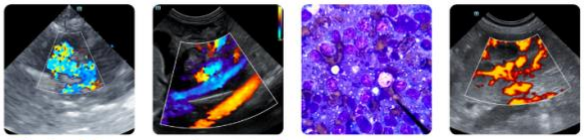

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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