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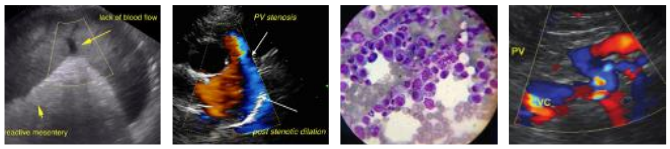
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Noah Ortiz

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Female

AGE

7 Months

WEIGHT

15 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dra. Yaniris Alvarado

HOSPITAL NAME

Ramey VH

REFERRING VET

Dra. Yaniris Alvarado

INVOICE

23710

DATE

7/31/23

PRESENTING CLINICAL SIGNS

Patient came with vomiting, abdominal pain, anorexia, and fever. Abdomen is tense and distended. Patient have been hospitalized since Saturday and there have been no improvement.

Abnormal PE/Chem/CBC/UA Results: Mild polycythemia, moderate leukocytosis, hypoglycemia, increased BUN, and moderately decreased TP/ALB.

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 left kidney measured 4.3 cm. The right kidney measured 4.4 cm. See Free Abdomen section.

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 0.4 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. **See Free Abdomen section.

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. See Free Abdomen section.

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. See Free Abdomen section.

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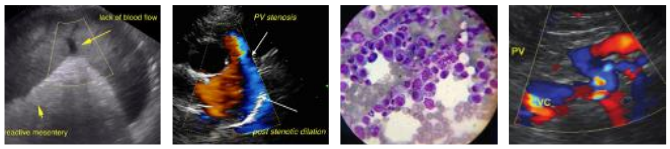

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Pancreas

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

The cranial abdomen in this patient was occupied by a 4.0 cm x 8.0 cm complex **cystic structure** with a focal shadowing calculus of approximately 2.0 cm. The resolution did not allow for exact discernment of the origin; however, it appears to envelope the stomach and portions of the liver and extends to the cranial pole of the right kidney. This appears to be nonvascular and deriving from the spleen. Trauma should be considered in this patient with large hemoabdomen or hematoma. Ultrasound guided centesis of the cystic structure could be considered or direct exploratory surgery. A slight amount of free fluid was noted adjacent to the left kidney.

ULTRASONOGRAPHIC FINDINGS

- Large cystic hematoma type mass in the cranial abdomen, enveloping the liver and stomach, appears to be deriving from the spleen.
- Slight free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strongly recommend exploratory surgery given the patient history and the sonographic appearance, however, coagulation panel is warranted prior to intervention. IV fluid support is indicated. Given the sudden onset, a splenic rupture or similar is suspected, however, I cannot rule out an escaping foreign body from the stomach, that may be involving the spleen and cranial abdomen, given that the origin of the 2.0 cm hyperechoic focus in the center of the cystic structure could not be ascertained. Externally induced or internally derived trauma is suspected.

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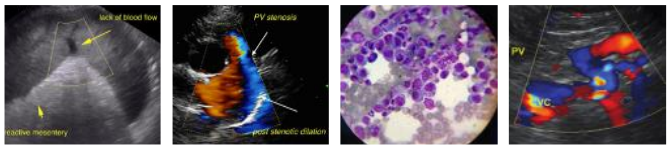

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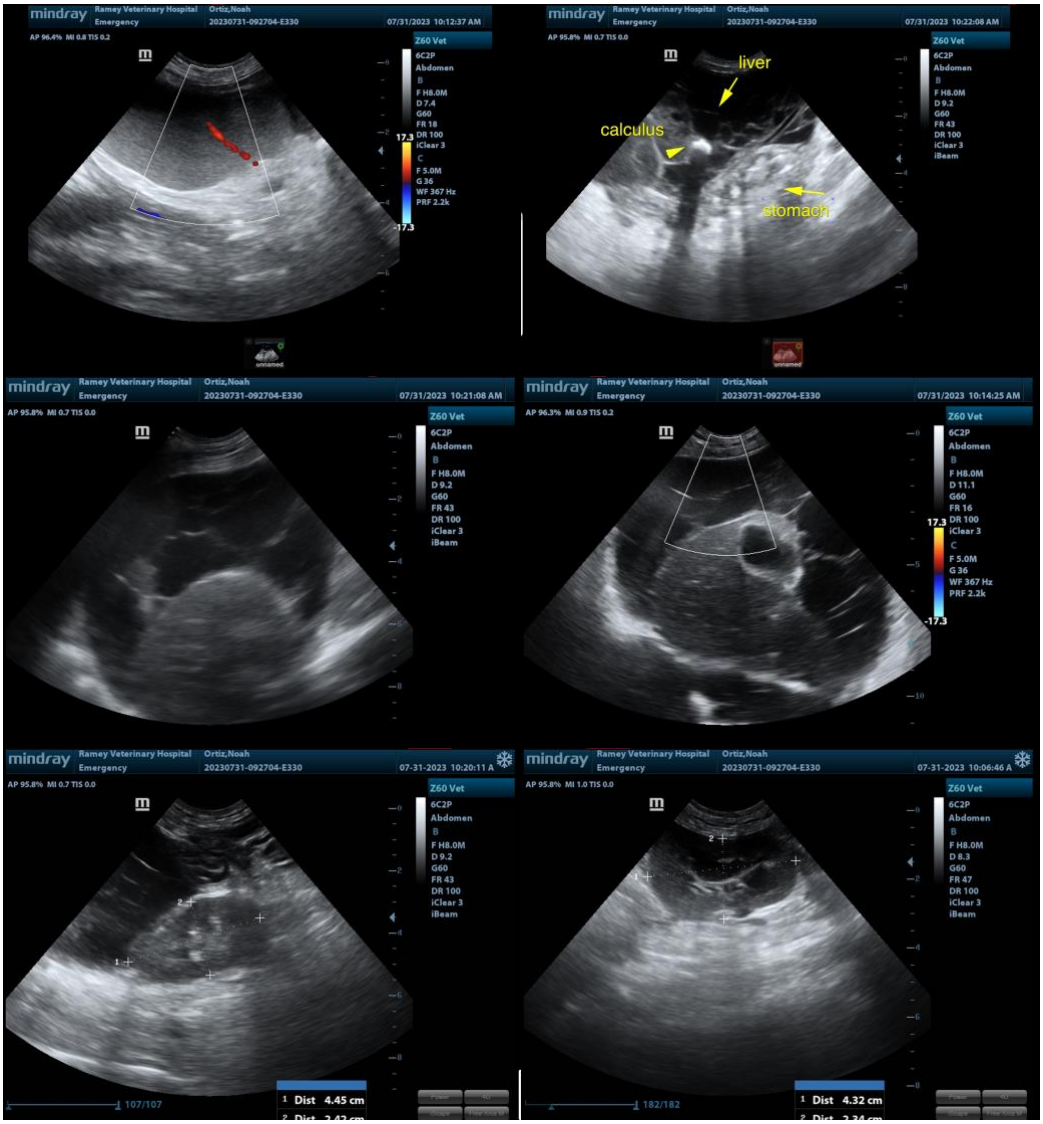

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com