



PATIENT

Lily Sherrer

SPECIES

Canine

BREED

Burmese Mountain Dog

SEX

Spayed female

AGE

10 years

WEIGHT

103 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Abdul Chani

INVOICE

32496

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: Weight loss, lethargic, seems uncomfortable. R/O Abd. neoplasia vs other
Abnormal PE/Chem/CBC/UA Results: CBC mild increase neutros, SDMA & T4 WNL, ^ WBC & ^ RBC, ALKP 200, all else normal, urine specific gravity : 1.047

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.5 cm with slight pyelectasia. The left kidney measured 8.1 cm with minor pyelectasia.

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 3.1 x 0.37 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measured 2.24 x 1.25 cm at the cranial pole and 0.52 cm at the caudal pole.

Spleen

The **spleen** revealed a hypoechoic nodule in the mid body. There was mild disruption of architecture. 25-gauge FNA is warranted. The nodule measured 1.3 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.



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Gastrointestinal

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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.

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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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Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

Undefined splenic nodule, likely benign, possible emerging round cell neoplasia, hemangiosarcoma is unlikely but should be monitored and sampled.

Bilateral renal pyelectasia.

WEIGHT

103 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodule should be monitored and FNA is recommended. If any inflammatory sediment is present in the urine then a urine culture is indicated as pyelectasia may be owing to pelvic scarring, age related change or possible UTI.

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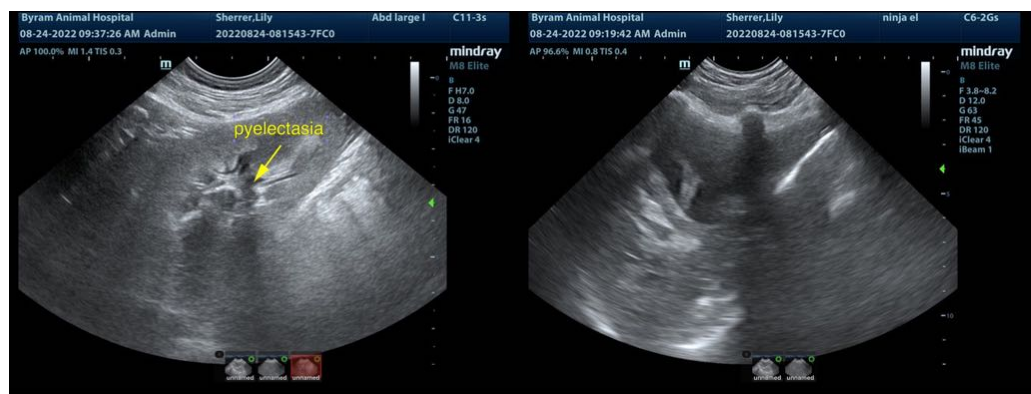
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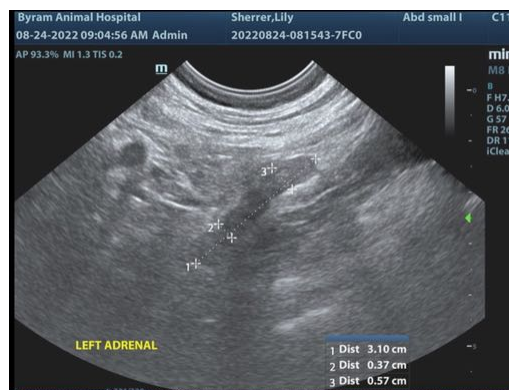
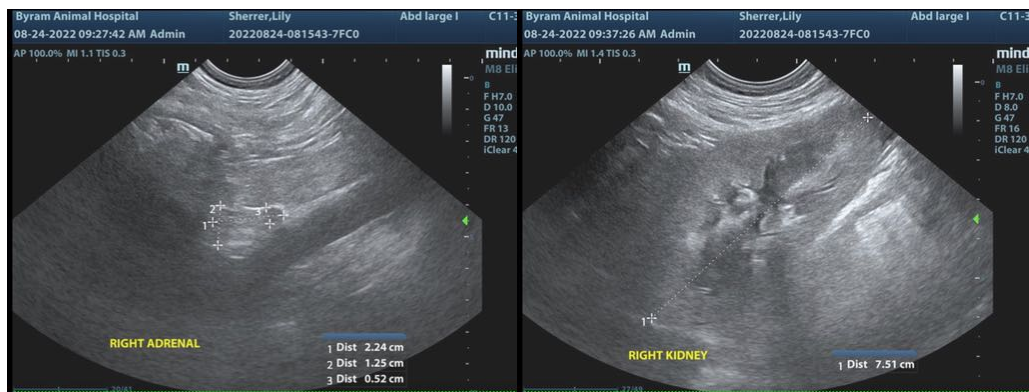
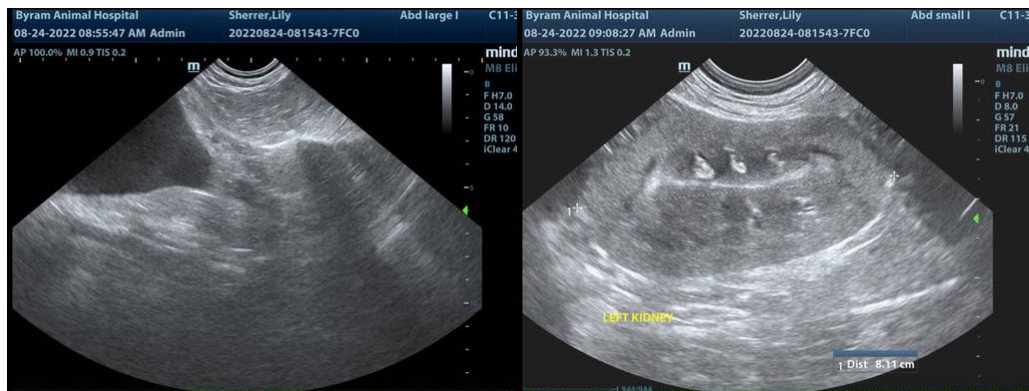
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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