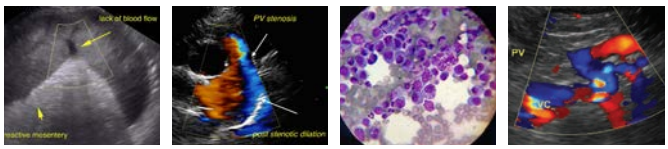
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

**PATIENT**
Sheriff Villalta

**SPECIES**
Canine

**BREED**
German Shepherd

**SEX**
Neutered Male

**AGE**
4 Years

**WEIGHT**
67 Pounds

**INTERPRETED BY**
Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Dr. James Hornbuckle

**HOSPITAL NAME**
Golden Isles AH

**REFERRING VET**
Dr. James Hornbuckle

**INVOICE**
40960

**DATE**
9/1/22

## PRESENTING CLINICAL SIGNS

Sheriff has had a long hx of intermittent vomiting sometimes with diarrhea, sometimes without. Prev. cbc chem was generally normal, Digestive panel from TAMU was normal with a minor suggestion of dysbiosis. He has 4-5 negative IPS screens over the last year and been treated several times with panacur for IP's. He is currently on HG and simparica for hwm and fleas. He has been put on z/d and has been on this for about 1month consistently with some improvement but still vomits at least once a week. AUS ordered to explore further.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 6.0 cm. The right kidney measured 5.0 cm.

### *Adrenal Glands*

The **left 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 left adrenal gland measured 0.50 cm.

The **right adrenal gland** was visualized obliquely, measuring approximately 0.70 cm.

### *Spleen*

The **spleen** was uniformly enlarged (3.5 cm in width) 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 but not suspected. 25g 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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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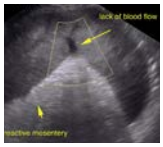
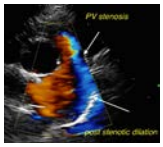
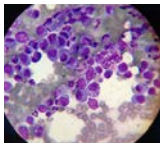
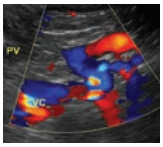

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### *Gastrointestinal*

The **stomach** revealed a hypoechoic nodule measuring approximately 2.5 cm. Image resolution was marginal owing to regional artifact and acoustic dropout. The nodular change may be related to angular deformity on the approach and should be reassessed. The small intestine and colon were unremarkable.

### *Pancreas*

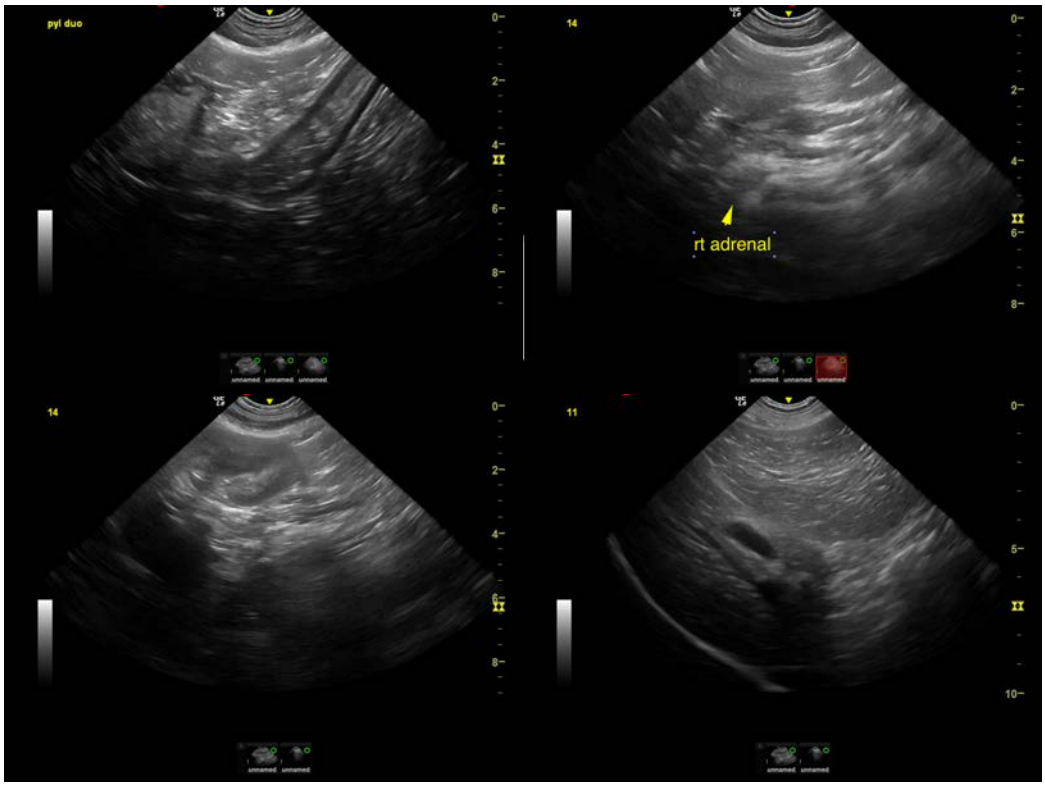
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Possible gastric nodule
- Minor hypersplenism

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck sonogram in one month to assess if the gastric nodule is persistent.



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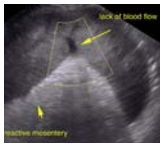
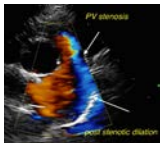
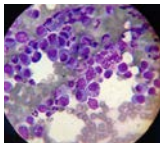
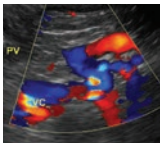

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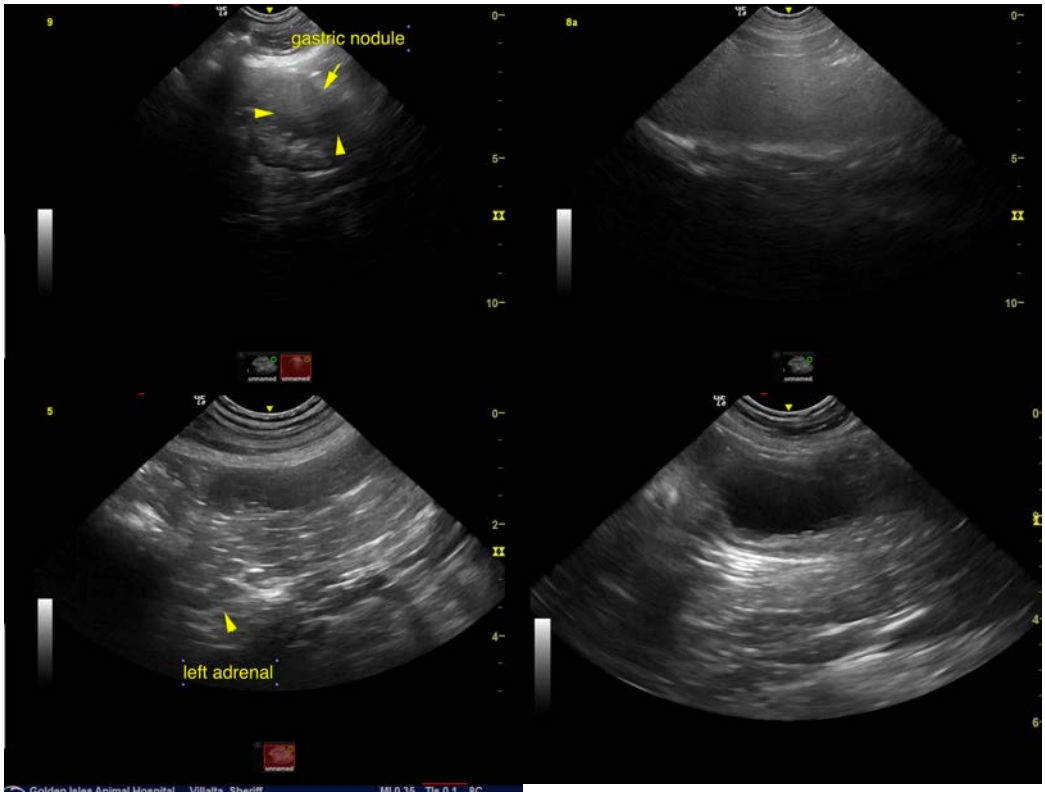


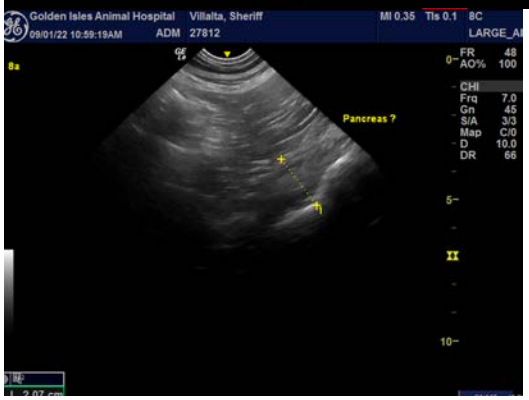


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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