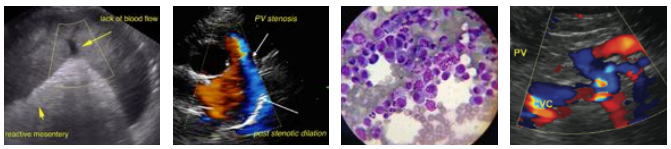
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Juneau Insigna

SPECIES
Canine

BREED
Husky mix

SEX
Spayed female

AGE
12 years

WEIGHT
47.6 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Animal Hospital of Sussex County

REFERRING VET
Dr. Ackernecht

INVOICE
42190

DATE
1/17/23

PRESENTING CLINICAL SIGNS

History: Weight loss, vomiting, anemic, possible soft tissue mass in abdomen. Current meds: Novox, Yunnan Baiyao, Proin
Abnormal PE/Chem/CBC/UA Results: HCT 25.66; HB 7.6; RBC 3.98; EOS 88; PLT 624; TP 5.1; ALB 2.3

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.6 cm. The right kidney measured 5.9 cm.

Adrenal Glands

Both **adrenal glands** appeared isoechoic and flattened. This may be a normal variant. The right adrenal gland measured 1.82 x 0.45 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland measured 1.75 x 0.31 cm at the cranial pole and 0.37 cm at the caudal pole.

Spleen

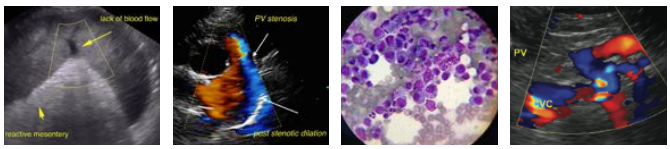
The **spleen** revealed a focal, hypoechoic, 0.6 x 0.46 cm nodule that was non-cavitated. The splenic nodule was noted at the cranial pole.

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.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal.



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Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

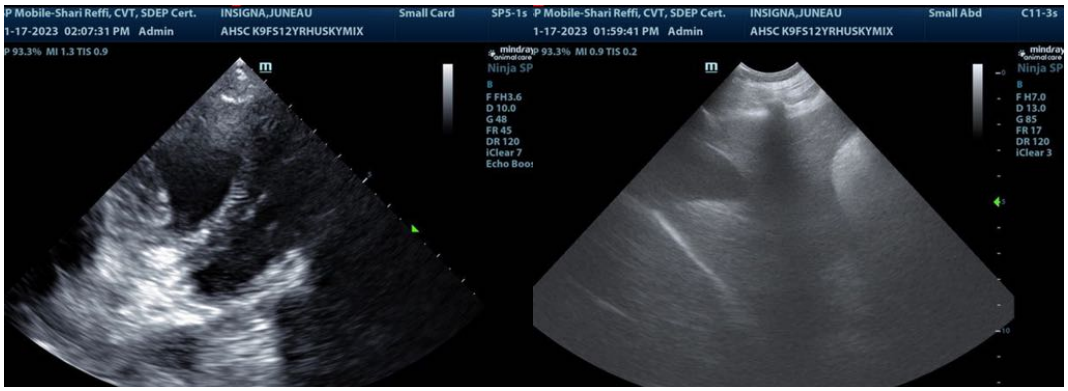
Flattened adrenal glands.

Post prandial presentation.

Focal splenic nodule, not the overt cause of anemia, yet may be related to the cause of anemia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's with baseline cortisol or ACTH stimulation is warranted given the clinical profile. CBC path review +/- bone marrow aspirate is warranted. Recheck of the splenic nodules is recommended in 3-4 weeks and if growing then splenectomy is indicated. However, I recommend investigating the cause of anemia at this time. There was no overt evidence of masses.



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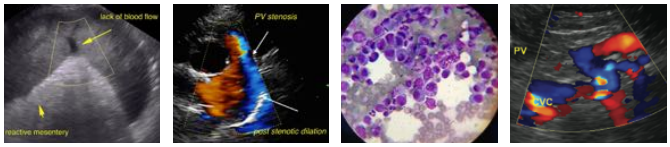

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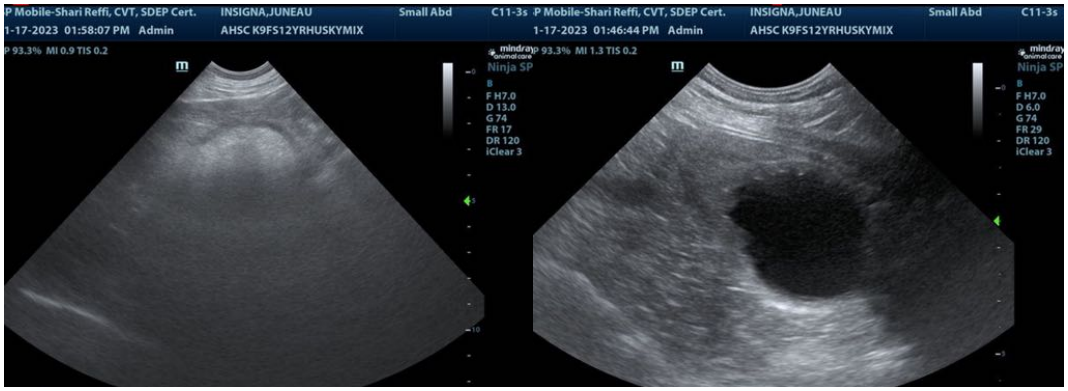

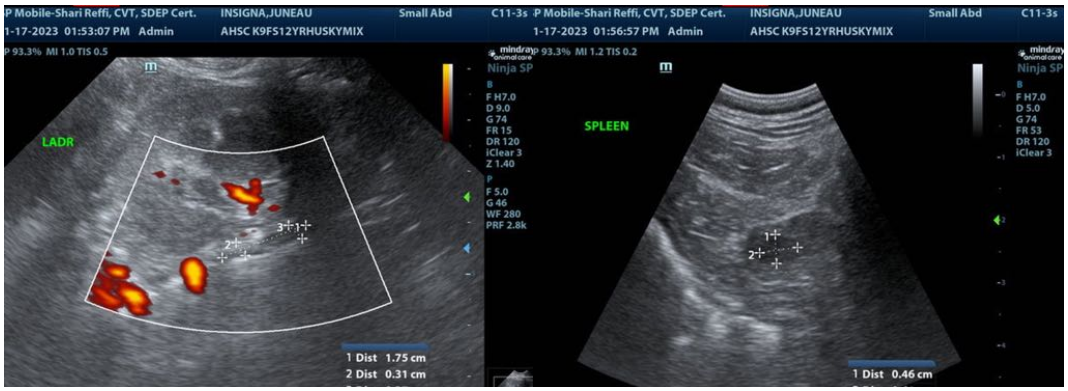

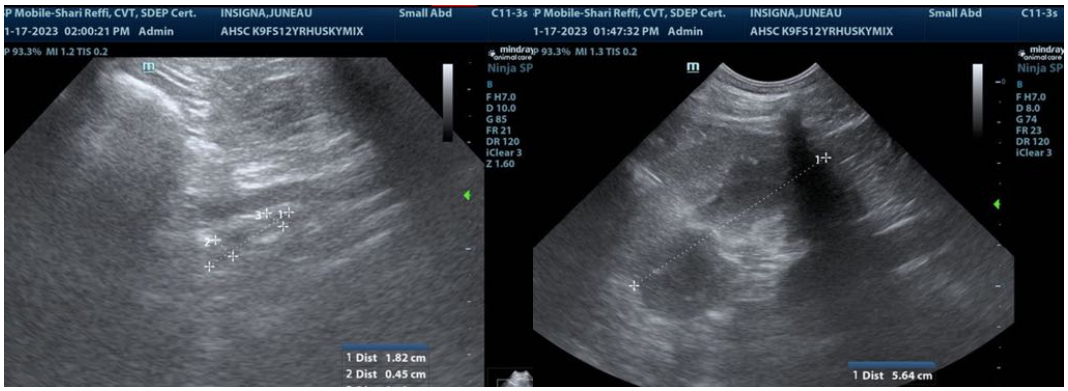

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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