



PATIENT

Guiness Morruissey

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

10 Years

WEIGHT

81.7 Pounds

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Mansfield

INVOICE

45341

DATE

2/16/23

PRESENTING CLINICAL SIGNS

Patient presents for concern of suspect splenic bleed vs. other. Persistent thrombocytopenia, giant platelets, NRBC. Antech Int. Med. consult does not feel ITP is of issue. Current meds: Doxycycline 200 mgs BID.

Abnormal PE/Chem/CBC/UA Results: HCT 52%, 8, platelet count 77 small clumps. 2/2/23 platelets 139, Giant platelets found.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with a moderate amount of anechoic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The prostate measures appropriate for the neutered status of the dog (9.0 mm). The parenchyma appears homogenous.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.0 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.45 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged in size (0.95 cm at the caudal pole and 0.95 cm at the cranial pole). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is enlarged in size (1.13 cm at the cranial pole and 0.60 cm at the caudal pole). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The spleen is diffusely enlarged, measuring up to 3.9 cm at the hilus, though portions of the tail are thicker. The parenchyma is coarse and mottled and bulges the contour, creating a scalloped border around the hilus. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. Echogenicity was very mildly hyperechoic with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended with anechoic bile. The wall is a normal thickness, but there is slight evidence of cystic mucinous hyperplasia. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The gastric lumen is empty. Overall the stomach wall measures thick in some areas up to 1.0 cm, and other areas measure 0.70 cm. Wall layering is preserved, and it is the mucosa that is thickened. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal with distinct wall layering. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Significant splenomegaly with coarse echotexture

SECONDARY FINDINGS

- Gastritis
- Mild cystic mucinous hyperplasia of the gallbladder
- Mild adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of abdominal bleeding or an overt mass at the spleen or liver on this exam. The spleen, however, is significantly enlarged and has a coarse echotexture. While these changes can be seen with significant extramedullary hematopoiesis or lymphoid hyperplasia, fine needle aspiration is recommended to evaluate for the possibility of round cell neoplasia (e.g., lymphoma or mast cell tumor).

Also, expanded tick testing could be considered to further work up the low platelets in addition to a pathologist review versus serial monitoring.

The stomach wall measures thick. Consider treating for gastritis if there are symptoms to support this finding.

The adrenal glands are both enlarged, measuring just over the normal range. This could be from chronic physiologic stress or adrenal gland hyperplasia. If symptoms and lab work support the possibility of adrenal gland hyperfunction, consider testing.



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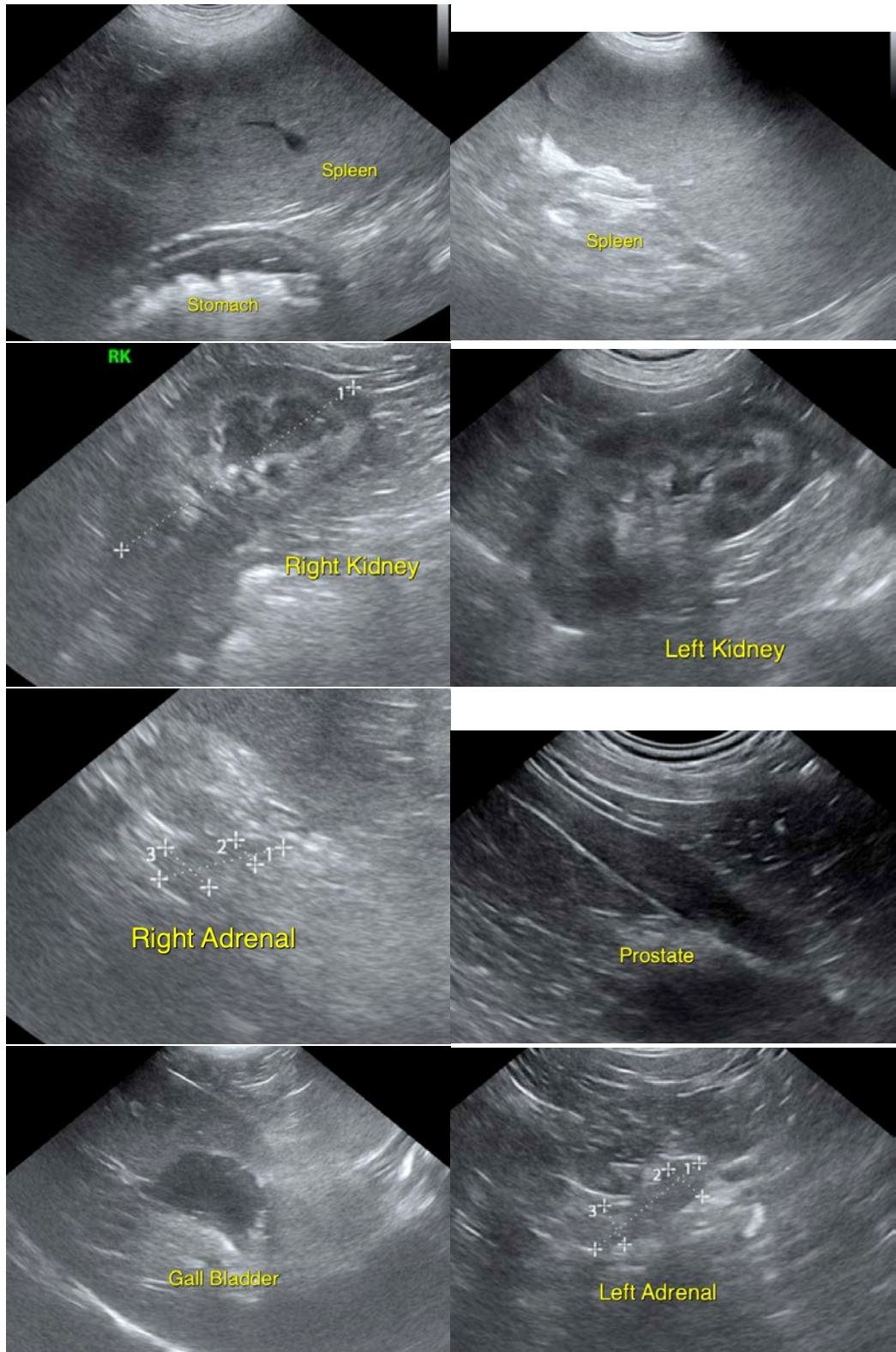
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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