

**PATIENT**

Zippy Rice

**SPECIES**

Canine

**BREED**

Labrador Retr Mix

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

50 lbs

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

N. Stiff

**HOSPITAL NAME**

Steamboat VH

**REFERRING VET**

N. Stiff

**INVOICE**

12707

**DATE**

4.7.23

**PRESENTING CLINICAL SIGNS**

History: Zippy was presented on 03.27.23 for "blood shot" eyes and not eating. WBC elevated (20.25K/mL) and fever 103.5. Cephalexin and Rimadyl were prescribed. Pet didn't respond the treatment.

Abnormal PE/Chem/CBC/UA Results: BW on 03.27.23 Retic 125 (10-110) WBC 20.25 (5.05-16.76) Neu 13.16 (2.95-11.64) Chem normal Plan to recheck BW if owner agrees

**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 anechoic urine and bladder thickness is considered normal for volume of urine.

The prostate measures appropriate (1.00 cm) for the neutered status of the dog. The parenchyma appears homogenous.

The left kidney has a generally normal shape and architecture with smooth peripheral margins and measures slightly small in size (5.70 cm). There is decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney has a generally normal shape and architecture with smooth peripheral margins and measures slightly small in size (6.10 cm). There is decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal in size (caudal pole 0.65 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (cranial pole 0.76 cm / caudal pole 0.69 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

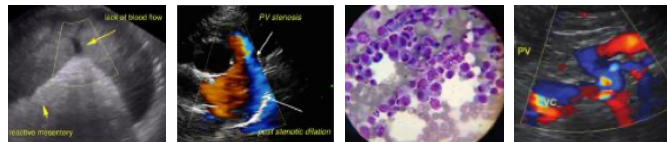
**Spleen**

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. At the tail of the spleen there is a hypoechoic mass that is round and measures 2.40 cm x 1.70 cm. This mass does bulge from the contour of the spleen. The splenic vasculature is normal without signs of congestion or thrombosis.

**Liver**

The liver is subjectively enlarged with rounded contours and normal structure. Some liver lobes have a rounded irregular peripheral margin, though others are normal. The echogenicity appears mottled and coarse with decreased portal markings. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed. The fat within the portahepatis is hyperechoic.

The gallbladder lumen is moderately distended with anechoic bile and a small volume of dependent hyperechoic debris. The wall is a normal thickness and smooth. The cystic and common bile ducts are normal/not visible.



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**Gastrointestinal Tract**

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

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The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are 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.

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The sections of colon are visualized with formed fecal material and gas shadowing distally.

**SEX**

Neutered Male

**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.

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**Peritoneum**

There is questionable pleural effusion. Some views of the liver are more convincing for anechoic pleural effusion, while others suggest it could be imaging of the heart. Evaluation of the peritoneal cavity did not reveal any evidence of peritoneal effusion or subjective lymphadenomegaly. The omentum is slightly hyperechoic.

**WEIGHT**

50 lbs

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Splenic mass
- Coarse mottled hepatomegaly
- Possible steatitis of the omentum

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**Secondary Findings**

- Chronic degenerative renal changes
- Gall bladder sludge

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a splenic mass that, while small, does bulge from the contour. This mass could be consistent with benign pathology (such as extramedullary hematopoiesis or lymphoid hyperplasia), but could also represent malignant neoplasia (such as round cell neoplasia, sarcoma, histiocytic sarcoma, etc.) The mass is in a location that would be amenable to fine-needle aspiration.

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The liver has a coarse and mottled echotexture and is somewhat large. While these changes could be consistent with vacuolar hepatopathy or nodular regeneration, they may also represent inflammatory or infiltrative pathology. Consider fine-needle aspirate if coagulation parameters are normal.

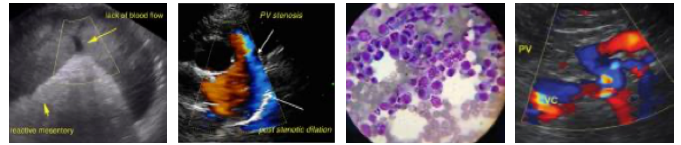
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There is questionable pleural effusion. Consider thoracic radiographs or thoracic ultrasound to evaluate further. If present, then consider thoracocentesis for cytology and culture of the fluid.

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The remainder of the changes in the abdomen are considered reactive. Consider repeat CBC/serum chemistry/T4/UA, including a pathologist's review of the CBC, as well as infectious disease testing appropriate for the area, if there is no pleural effusion.

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The chronic degenerative renal changes and gall bladder sludge are considered incidental.

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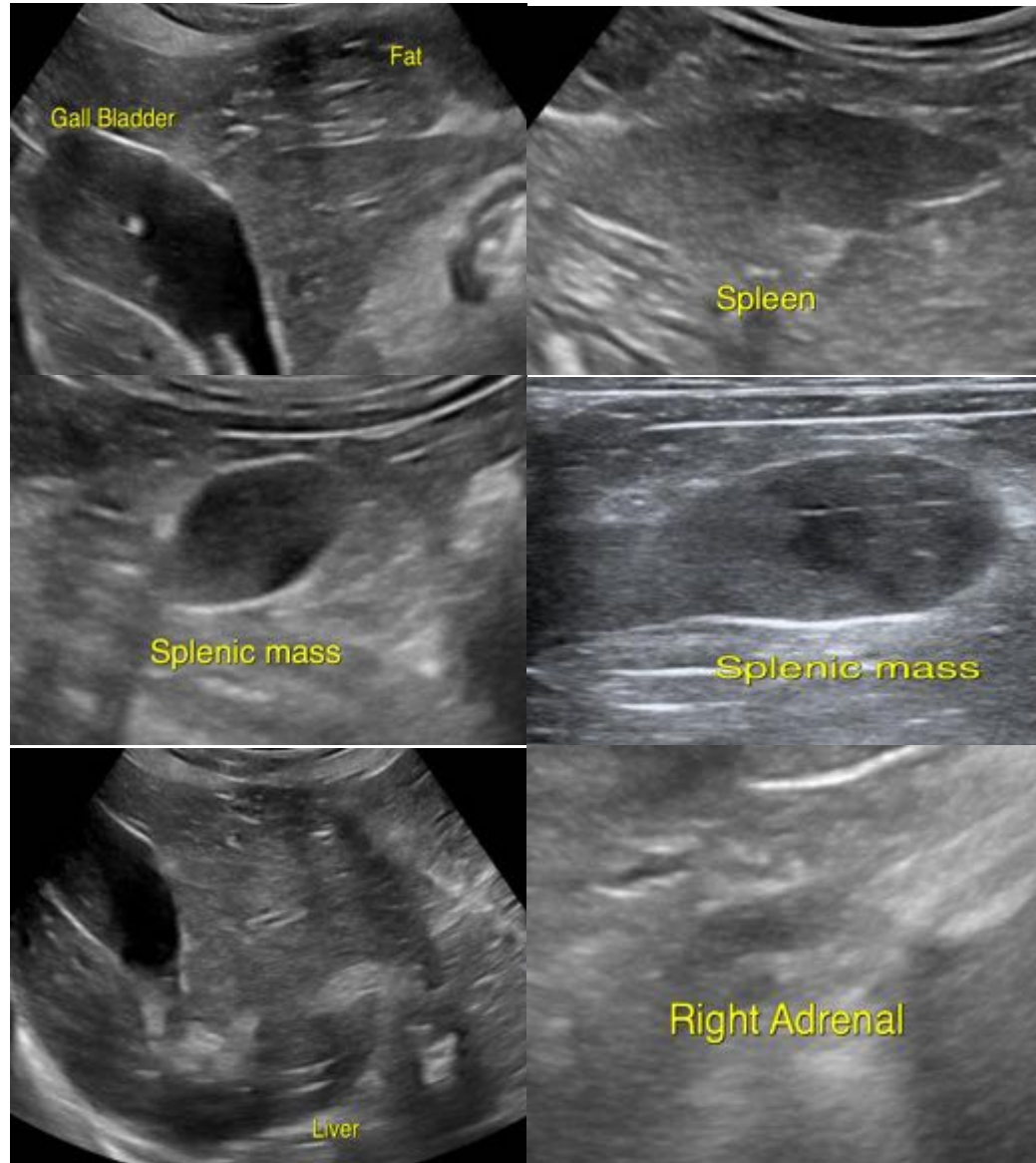
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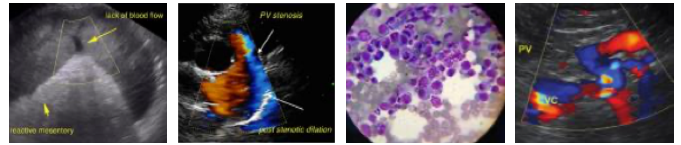


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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