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Clinical Sonography & Telecytology
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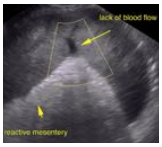

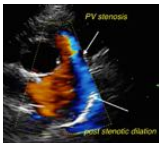

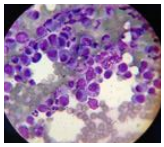
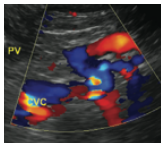

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1-800-838-4268 info@sonopath.com

PATIENT

Precious Hancock

SPECIES

Canine

BREED

Pit Mix/Border Collie Mix

SEX

Spayed female

AGE

9 years

WEIGHT

72 lbs

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Jagger

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Dr. Jagger

INVOICE

46662

DATE

8/17/23

PRESENTING CLINICAL SIGNS

History: Previous ultrasound on 7/20 found pancreatic inflammation and splenic nodule. The O declined aggressive treatment (hosp/fluids/pain management) as recommended as the patient was back to acting normally and eating well at home. Recheck US recommended to monitor for progression of splenic lesion and see if pancreas appearance has changed at all in the absence of clinical signs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 2.0 cm and was normal in thickness and tone.

Both kidneys were of a normal size and shape. The capsule contour was smooth. Normal corticomedullary distinction was present with a normal 1:3 cortex to medulla ratio. The cortex was normal in echogenicity. There was no pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 6.7 cm in length.

The iliac trifurcation was visualized and evaluated with normal vascular perfusion and no evidence of thrombus formation. There was no iliac lymphadenopathy.

Adrenal Glands

Both adrenal glands were visualized and found to be normal in size, and shape for the age and breed. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. The left adrenal gland measured 6.0 mm at the caudal pole and 6.0 mm at the cranial pole. The right adrenal gland measured 5.0 mm at the caudal pole and 13.0 mm at the cranial pole.

Spleen

The spleen was similar in size and shape to the previous examination. The previously noted mass was unchanged in size, shape and echogenicity. The spleen overall is mildly enlarged and folded caudally, which is not pathological. There was a newly noted hypoechoic nodule in the tail of the spleen by a splenic fold that measured 1.1 cm x 1.4 cm. The remainder of the spleen had occasional, non-disruptive mildly hypoechoic nodular areas.

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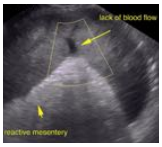

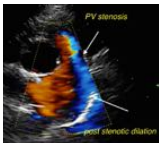

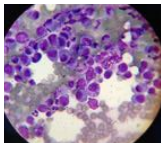
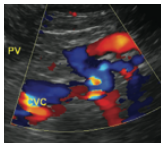

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Liver/Gallbladder

The liver was subjectively normal in size with mildly irregular capsule contour. The hepatic parenchyma was mildly heterogenous with moderate coarse echotexture. The parenchymal changes are subjectively benign remodeling and likely represent an aging change. The hepatic vasculature was normal in volume and structure. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was mildly thickened with echogenic mucosal hypertrophy with intact wall layering. The gastric body wall measured 0.8 cm which is less than the last sonogram. There was very mild fluid accumulation in the stomach. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. Normal peristalsis was present. The visible colon wall was normal in thickness and layering, there were no visible masses or focal lesions.

Pancreas

The left pancreas was normal in shape, size and largely isoechoic to the surrounding mesentery. The right pancreas was mildly increased in size with a mild, irregular capsular contour and mildly tortuous pancreatic duct. There was mild mesenteric inflammation around the right pancreas. This was reduced from the previous sonogram.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass-stable in size and echogenicity with no visible changes.
- Mild, pancreatitis with mild regional inflammation in the right limb.
- Mild gastritis pattern.
- Likely aging nodular changes in the liver-unchanced from previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously noted splenic mass appears stable and unchanged. However, there is a separate nodule in the tail of the spleen, which could represent hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Given the previously severe inflammation associated with the right pancreatic limb, an inflammatory or infarct lesion is certainly possible.

The right limb pancreatitis is much improved, with mild mesenteric inflammation remaining. There is a mild gastritis pattern remaining as well, but it is also much improved.

Options for the spleen include monitoring over time with ultrasound, or a pro-active splenectomy could be considered given the multiple splenic lesions.

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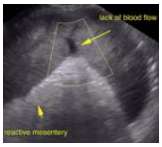

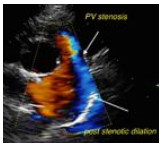

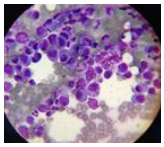
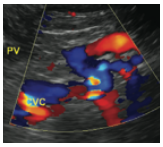

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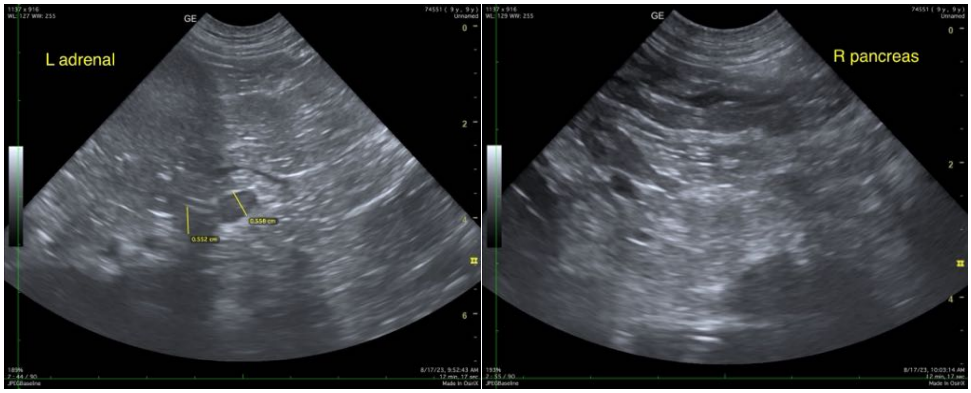

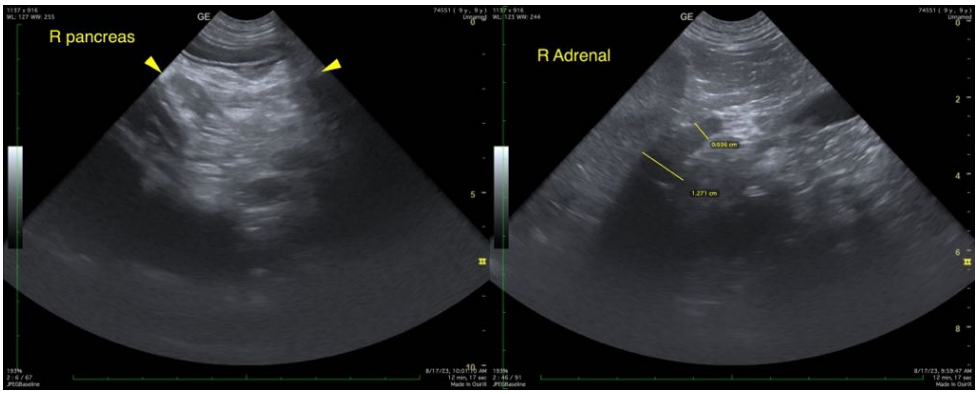

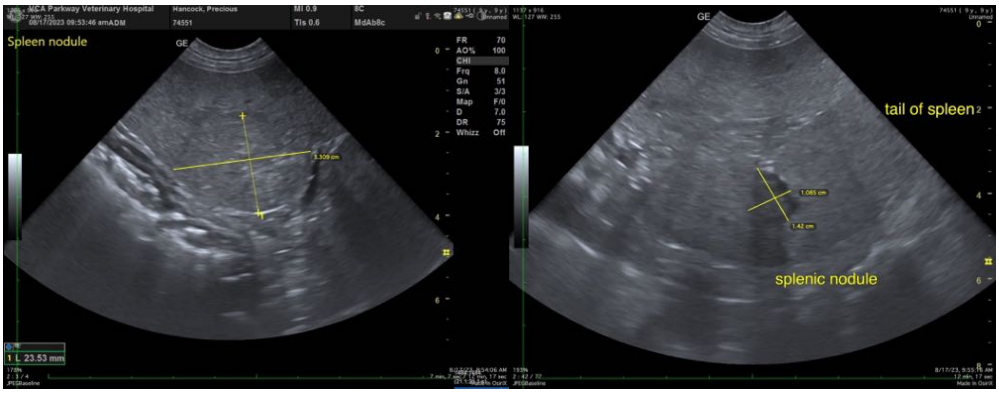

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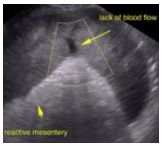
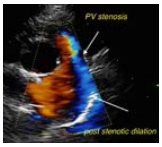
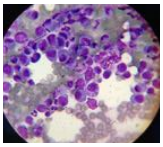
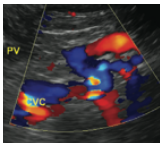

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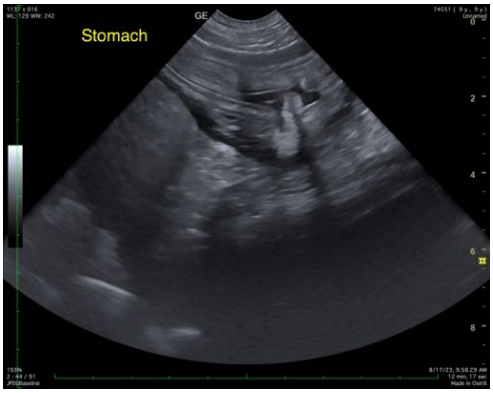

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com