

PATIENT

Dexter Potter

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

15 Years

WEIGHT

21.8 lbs

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Rachel Hill

INVOICE

71634

DATE

11/6/25

PRESENTING CLINICAL SIGNS

No sedation- panting heavily- Chief Concern relapse of IMTP, concern for splenic mass/nodule. thrombocytopenia noted 10/31 after severe bruising seen following cystocentesis. Relevant History history of IMTP, suspected to be in remission since end of 2023/beginning 2024. Current medications prednisone 10mg BID, atopica SID

Abnormal PE/Chem/CBC/UA Results: LABS attached- LABS also attached platelet count read ~1k on 10/31, increasing daily to 49k today (11/6). full labs to be sent.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.80 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.85 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.69 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.46 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.67 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. Numerous poorly defined hypoechoic nodules are present in the spleen. Examples measure 1.0 cm x 5.3 cm, 0.20 cm, and 0.30 cm.



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Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined hypoechoic nodules in the parenchyma, the largest of which measures 1.04 cm x 2.69 cm. Others measure 1.11 cm, 0.81 cm, 0.50 cm, and 0.77 cm in diameter.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.55 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There are some sections of small intestine that appear slightly more prominent, measuring up to 0.36 cm.

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

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. The iliac lymph nodes are somewhat prominent. The left measures 0.40 cm. The right measures 0.59 cm in diameter. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mottled spleen with numerous ill-defined hypoechoic nodules – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Hyperechoic liver with numerous ill-defined hypoechoic nodules – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy. The hypoechoic nodules have a somewhat benign appearance, but early neoplastic lesions cannot be ruled out.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.



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- Mild small intestinal thickening – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

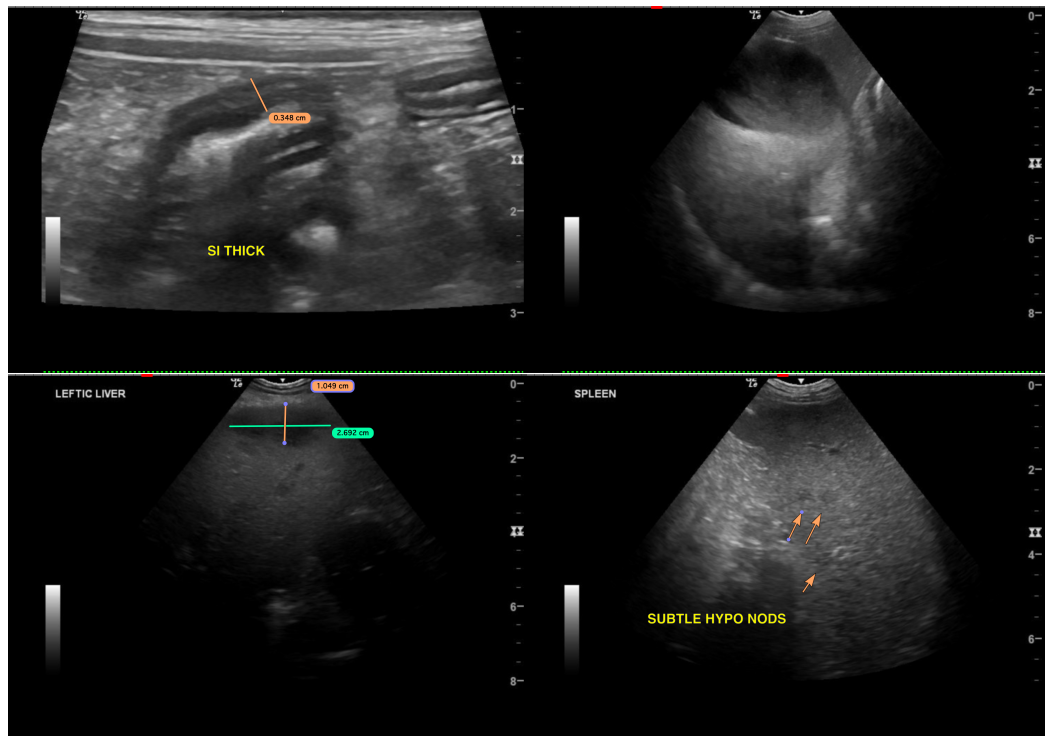
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and hyperechoic with ill-defined hypoechoic nodules, and the spleen is somewhat mottled with ill-defined hypoechoic nodules. These lesions could represent neoplastic lesions, but benign lesions are also very possible.

The presentation is most consistent with a relapse of IMTP. Evaluation of the nodules is recommended to look for an inciting cause (could just be regenerative nodules etc.) Once the platelet count increases to a safe range, you could consider a fine needle aspirate of the liver and spleen to further evaluate.

Subjectively, some areas of small intestine appear somewhat prominent and thickened. Wall layering appears intact. The significance of this is uncertain. Recommend continued monitoring for any gastrointestinal symptoms. If these should develop, consider repeat imaging, looking for progression of these changes.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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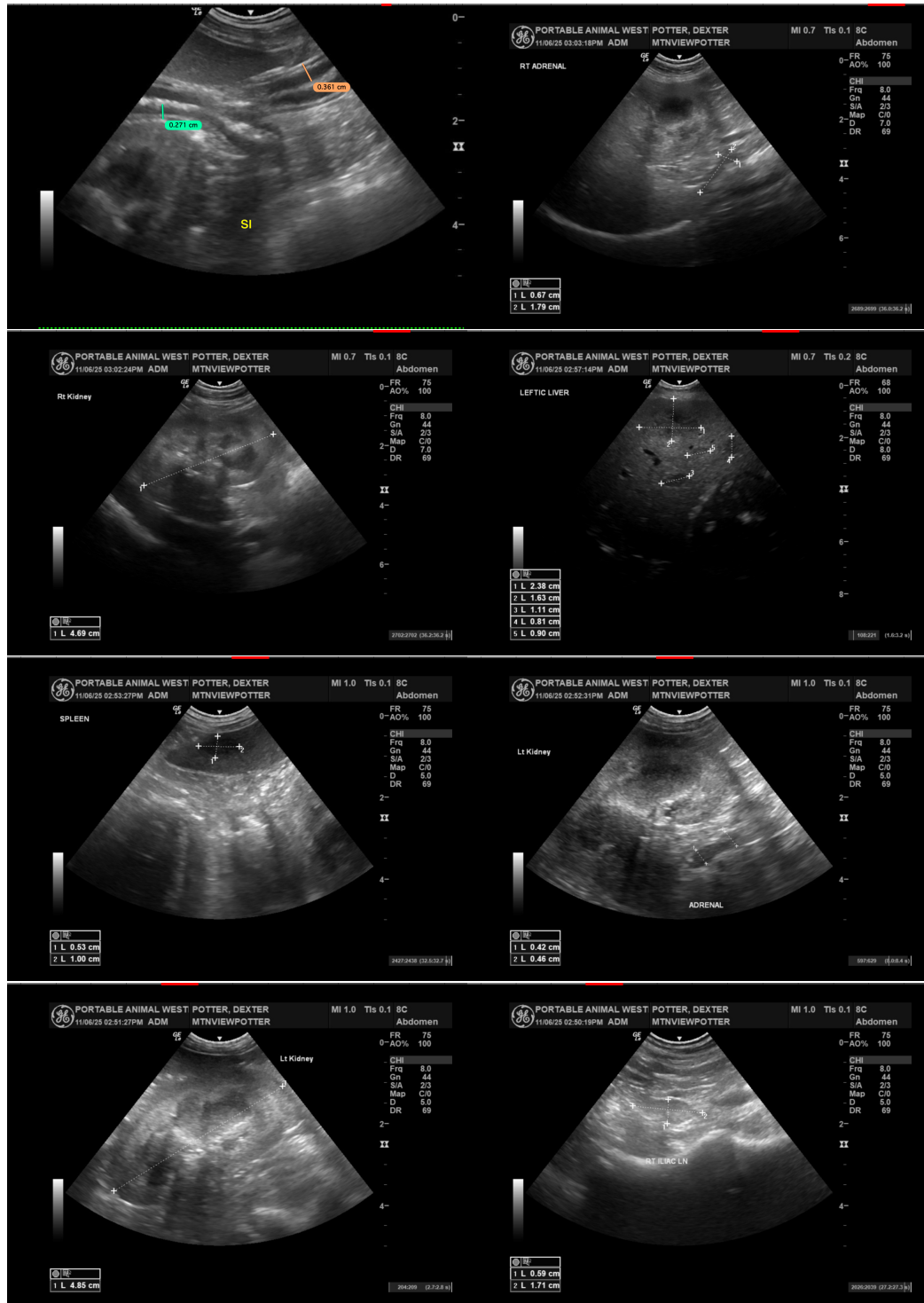
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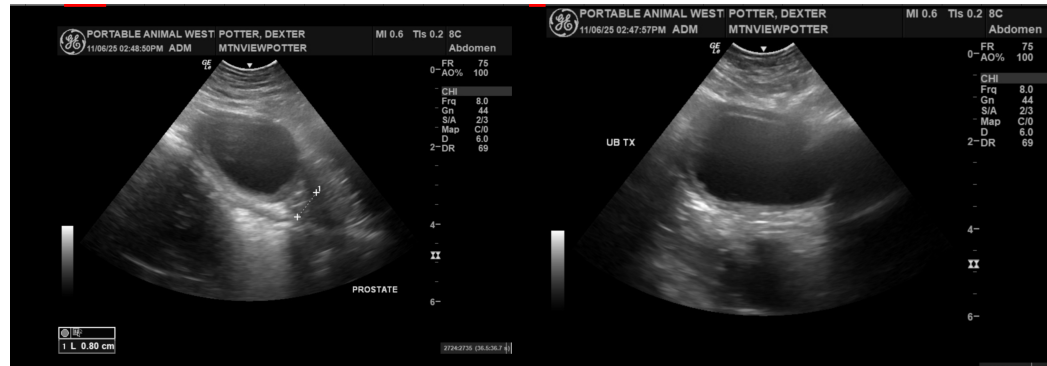
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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