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DATE PRESENTING CLINICAL SIGNS

12/2/21

History: Pt has history of Lumbosacral stenosis with mild cord compression. PE on 11/12/21 had concern for pendulous abdomen with possible splenomegaly. Rads showed possible mass effect in mid cranial abdomen. DVM rec recheck rads when fasted in -7-10 days. 12/1/21- recheck rads show similar mass effect now with possible mineralization.

PATIENT

Lucy McGeagh

SPECIES

Canine

BREED

Labrador Retriever X

SEX

Spayed Female

AGE

12/12/10

WEIGHT

80 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brillhart RDMS

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Alexander

INVOICE

33207

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 left kidney has a normal shape and size (6.65 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (6.48 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.60 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 0.83 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 somewhat irregular in appearance in that it is very large and appears to have folded upon itself in the abdomen, creating somewhat of an S-shape appearance on ultrasound. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal lesions are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering 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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

A brief view of the heart was submitted. No pericardial effusion was seen.

PRIMARY FINDINGS

- Large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The spleen is folded upon itself, creating a mass effect. No focal lesions observed.

SECONDARY FINDINGS

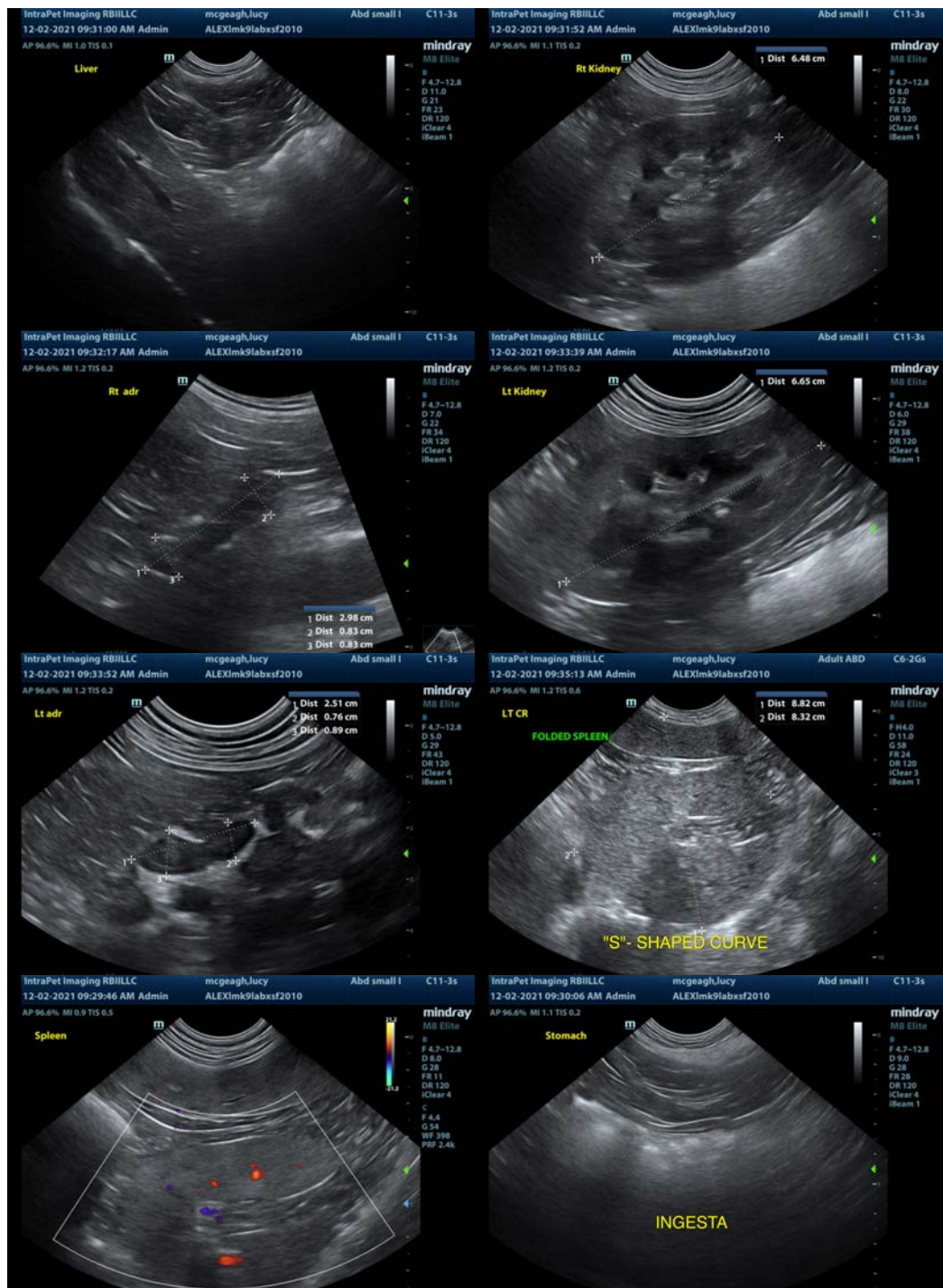
- Mild gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Moderate ingesta within the gastric lumen – Correlate findings with feeding history. If patient was fasted, differentials include delayed gastric emptying or a partial outflow obstruction (none observed).

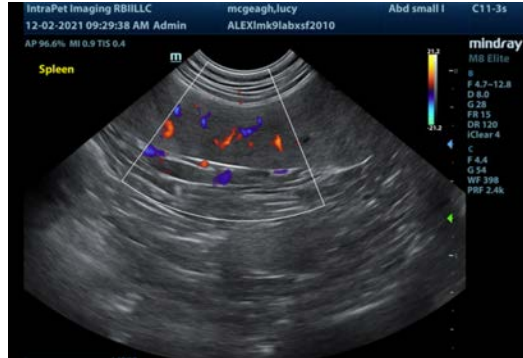
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is large and appears to have folded over on itself within the abdomen, creating a mass effect. No focal lesions are observed. There is subjectively more mottling in the folded area, but this is a questionable finding. Options moving forward include:

- Continued monitoring of the spleen with ultrasound as long as the patient is asymptomatic and lab work is normal. Recommend 3-view thoracic radiographs for baseline.

- You could consider a fine needle aspirate of the more distal sections of the spleen (the tail). This is recommended due to the splenic echotexture and size.
- If concern persists, you could consider a splenectomy.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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