

**DATE PRESENTING CLINICAL SIGNS**

2/16/22

defecate, wouldn't drink a lot -- acting very uncomfortable. Seemed better Tuesday morning, urinated and defecated. Ate breakfast, then started shaking and behaving abnormally again. Yelped when owner moved her. History of pancreatitis -- several bouts. Saturday morning, she got excited and urinated in the bed. On exam, patient resisted left cervical ROM. Hunched posture; T/L hyperpathia.

PATIENT

Dolly Siegel

SPECIES

Canine

BREED

Yorkie X

SEX

Spayed Female

AGE

10/10/12

WEIGHT

8.4 Pounds

INTERPRETED BY

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(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Twardzik

INVOICE

35696

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 (3.6 cm) with small, non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.58 cm) with a 0.35 cm non-obstructive nephrolith present. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.58 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 0.52 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, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic, motheaten appearing mass effect visualized in the periphery of the spleen measuring 2.97 cm x 2.08 cm. This lesion deviates the splenic capsule.

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 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 <0.7cm 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 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 prominent and mottled compared to the surrounding isoechoic 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 significant pericardial effusion was seen.

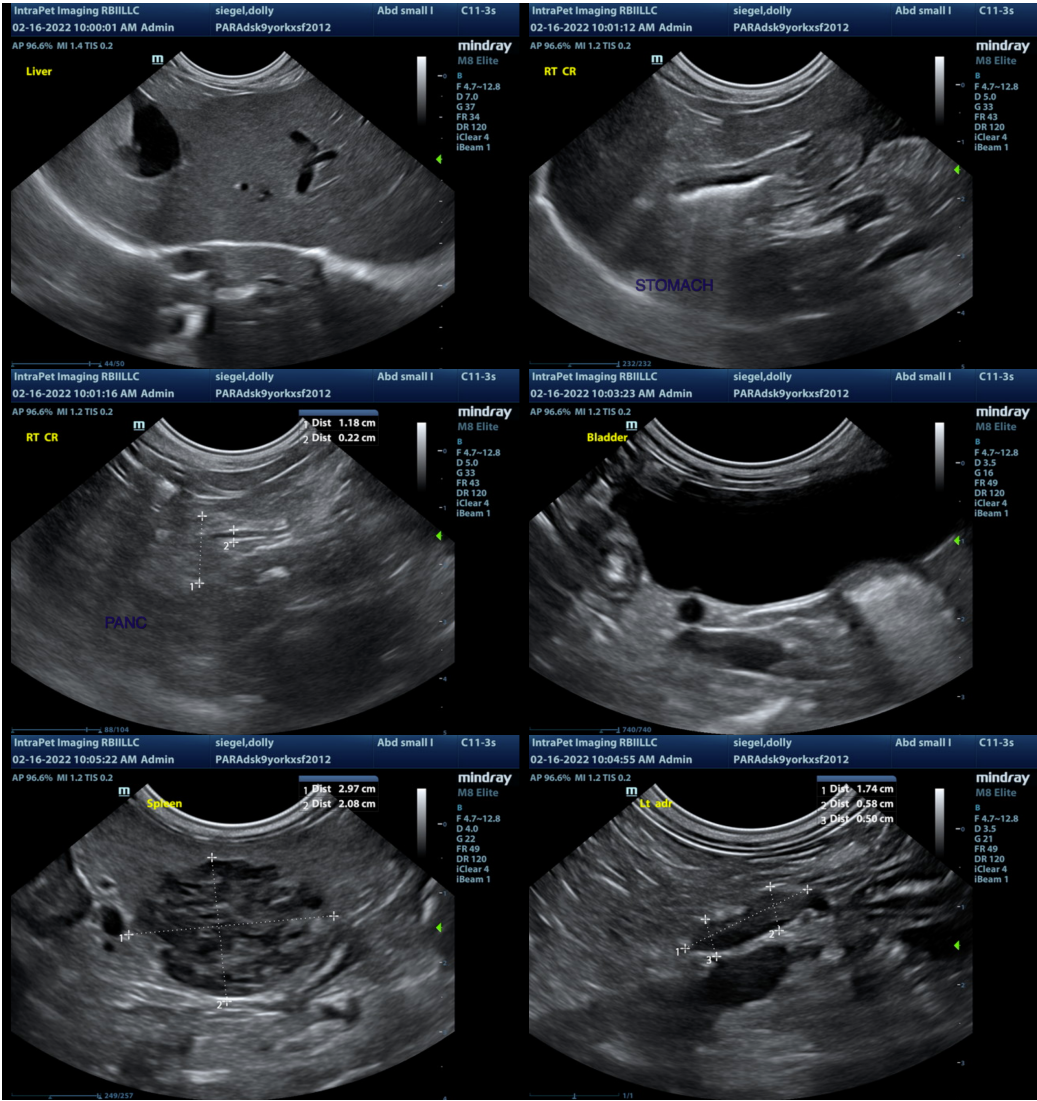
ULTRASONOGRAPHIC FINDINGS

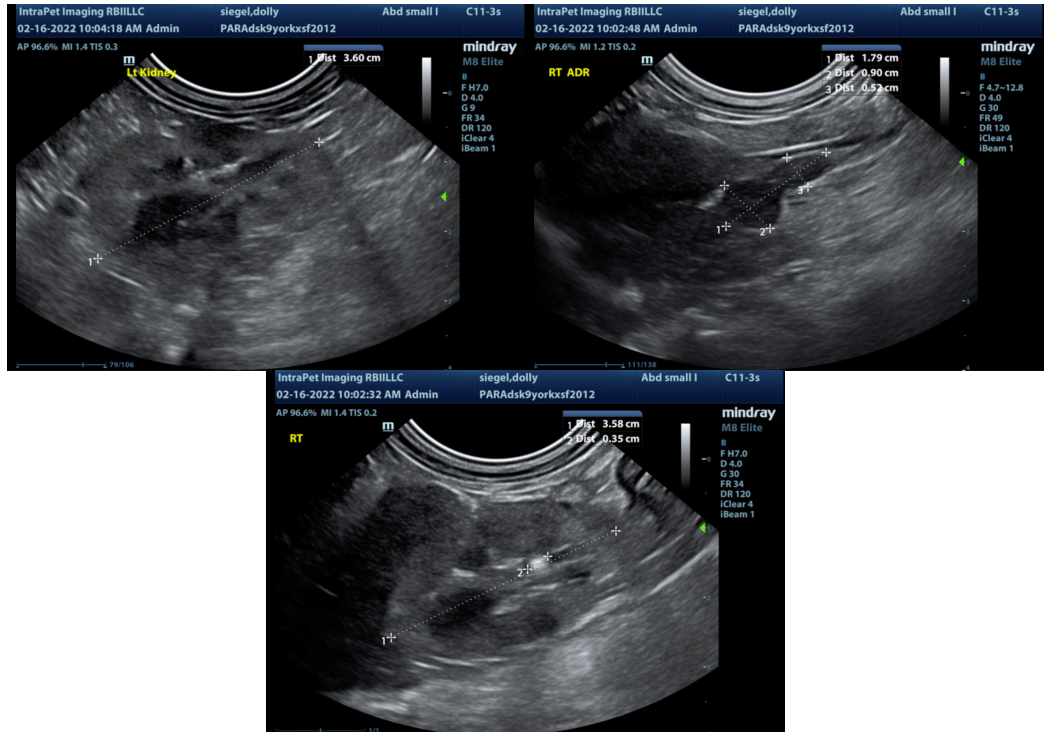
- Hypoechoic, mildly cystic/cavitated small splenic mass – Differentials include benign lesions (lymphoid hyperplasia, hemangioma, etc.) or neoplasia (hemangiosarcoma, lymphoma, etc.).
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Decreased corticomedullary distinction in both kidneys with small, non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change.
- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A mass effect is visualized in the spleen. There is no evidence of surrounding fluid or inflammation, so it is unclear as to whether or not this lesion is currently causing any of the symptoms described. The pancreas is prominent in both limbs and mottled, but there is minimal inflammation surrounding the pancreas, so changes could be consistent with chronic mild pancreatic inflammation or previous episode of pancreatic inflammation. The changes observed in the kidneys are consistent with chronic age related renal changes.

It is likely that the splenic lesion should be removed for both diagnostic and therapeutic purposes, as it appears somewhat thin walled at the periphery of the spleen and could rupture even if it is a benign lesion, but prior to doing so, I would consider symptomatic treatment for possible thoracolumbar pain as well as conservative treatment for pancreatitis. Close monitoring for possible splenic rupture should be maintained. Recommend 3-view thoracic radiographs.





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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