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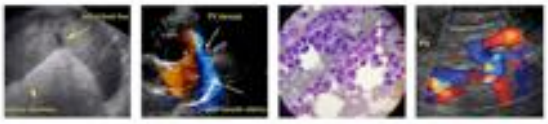

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8348

PATIENT

Lola Flippin

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

4 years

WEIGHT

85 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Mendoza

INVOICE

97981

DATE

PRESENTING CLINICAL SIGNS

History: Chief Concern / Provisional Diagnosis: ~Scant Plaural effusion, abdominal pain, lumbar pain, occasional lethargy and paleness~ Relevant Medical History and Physical Exam findings: ~P presented on 3/29 for severe lethargy, anorexia and significantly pale gums. Initial hematology showed moderate thrombocytopenia and mild hypochloremia. Further evaluation of hematology showed normal platelet count. On radiographs and TFAST there was evidence of scant pleural effusion. Reduced serosal detail on abdominal radiographs. Recommended double cavity U/S Rad report: Study: Lateral and ventrodorsal views, three images of the thorax are available. Radiographic findings: A mild bronchial pattern is throughout the lung lobes diffusely. Several of the bronchial walls are lined by thin mineralization. The cardiac silhouette is mildly narrow and the pulmonary vasculature is normal. The caudal vena cava is small in size. Thin, mildly-divergent pleural fissure lines on the lateral view. A small amount of soft tissue opaque fluid is within the caudal esophagus. Cranial abdominal serosal detail is poor. The descending duodenum contains a small amount of gas. The liver is mildly decrease in size. The stomach is small in size and contains a small amount of gas. No other abnormalities identified. Conclusions: 1. Small volume pleural effusion. DDx: pleural fibrosis or tangent beam artifact 2. Caudal vena cava small in size. DDx: hypovolemia, dehydration, or normal variant (due to variations in intrathoracic pressure during respiration and stage in the cardiac cycle), 3. Otherwise normal thorax 4. Individual variant hepatic size. DDx: chronic inflammatory hepatopathy and fibrosis. Consider with historic laboratory results. 5. Esophageal reflux. DDx: secondary to gastritis or pancreatitis. 6. Decreased peritoneal detail in the cranial abdomen. DDx: small volume peritoneal effusion, soft tissue summation or underexposure~ Recent Diagnostics: Relevant Labratory Results / Abnormalities: ~ 3/29/22 Chloride 107 (109 - 122 mmol/L) Platelets 139 (148 - 484 K/µL) 3/30/22 Platelets 247 (143 - 448 K/µL)
Abnormal PE/Chem/CBC/UA Results: ECG for full rad. RADS attached as supplemental only- NO need to comment due to RAD report available

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 (7.53 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 (7.2 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 0.67 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.

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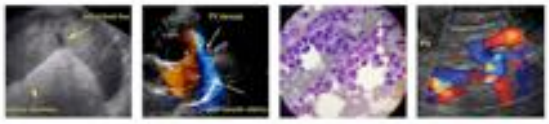

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The right adrenal gland is normal in size measuring 0.63 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape 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. There is a very small, ill-defined, hypoechoic nodule visualized within the parenchyma and measured 0.62 cm.

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 gallbladder lumen is moderately distended. The wall of the gallbladder 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 (0.53 cm) and the jejunum measured as normal (0.32 cm). 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.

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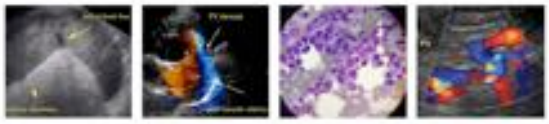

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

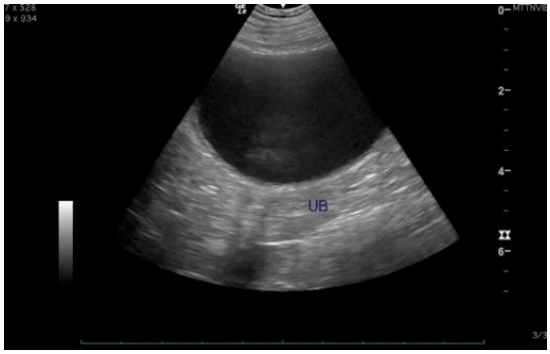
- Mildly mottled spleen with small, hypoechoic nodules/lesion. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The changes are subjective, mild and could be within normal limits for this patient.

- Mild gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. The spleen is slightly prominent and has a very small, ill-defined nodule present. The changes could be within normal limits for this individual, but given the symptoms described a FNA could be considered. The changes observed in the gallbladder are likely incidental.

If back pain is a predominant sign you can consider a referral to a veterinary neurologist for further evaluation, palpate the joints for joint pain, etc. Additionally, in these non-specific cases I will often screen for tick borne disease in a young dog like this.



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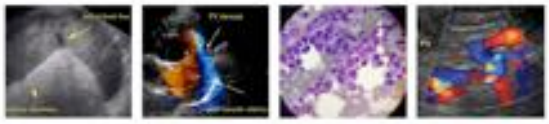

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
kathleen.sennello@sonopath.com