

**DATE PRESENTING CLINICAL SIGNS**

7/5/23

Went to ER/urgent care 6/28 for vomiting and diarrhea. Pet improved since then but still lethargic and decreased appetite. History of hypertriglyceridemia (on RC GI LF diet). History mild degenerative valve disease stage B1-no cardiac meds at this time due for recheck echo with cardiologist as murmur has increased in intensity. Radiographs at ER (we do not have copies yet) revealed splenomegaly, hepatomegaly, egg shaped soft tissue density along LEFT caudolateral body wall. Mildly elevated ALP (265) at Urgent Care.

PATIENT

Millie Gunderson

SPECIES

Canine

Lab Results: Mildly elevated ALP, snap cpl normal, Blood work from Urgent Care.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugesic.

Stat Report: Not requested.

BREED

Cock-a-Poo

Imaging Performed By: Stephanie Warga RDCS, RVT>

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.53 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi.

Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

AGE

10/18/14

WEIGHT

27 Pounds

The left kidney has a normal shape and size (4.9 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (5.18 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.

HOSPITAL NAME

Frederick Road VH

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 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.

REFERRING VET

Dr. Beyer

The right adrenal gland is normal in size measuring 0.55 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.

INVOICE

43794

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. In the cranial third of the spleen there is an irregular hypoechoic, almost cystic appearing nodule measuring 1.63 cm x 0.89 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 gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. 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. Jejunum wall measures 0.23 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 right limb of 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

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

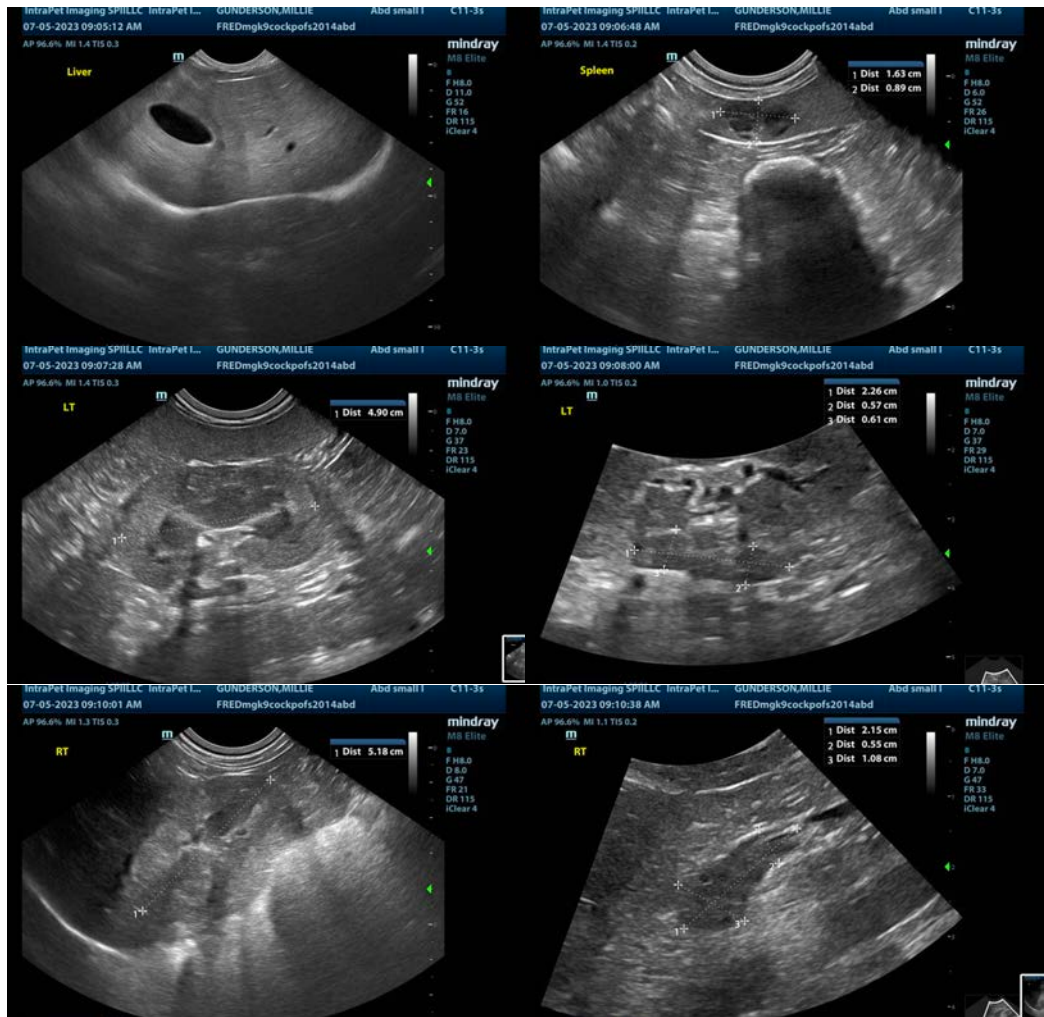
ULTRASONOGRAPHIC FINDINGS

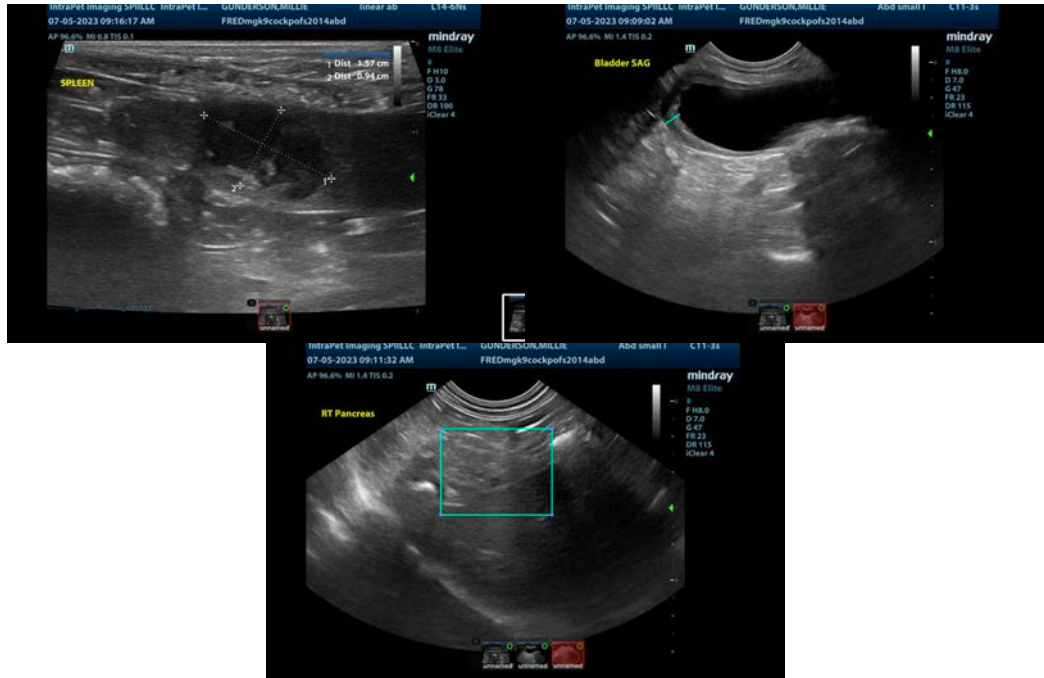
- Subjectively mildly thickened/irregular urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Irregular, hypoechoic nodule visualized in the cranial portion of the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mildly prominent/mottled right limb of the pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a slightly irregular hypoechoic, almost cystic appearing lesion visualized within the spleen. This could represent a benign or neoplastic process. Options moving forward would include a fine needle aspirate, continued monitoring with ultrasound (recheck in 6-8 weeks), or splenectomy. The lesion is somewhat concerning because it does mildly deviate the splenic capsule.

It is not clear what the source of the current lethargy and not feeling well is, as the splenic lesion is relatively small at this time. The pancreas is slightly prominent in the right cranial abdomen but does not appear to have significant surrounding reactive mesentery, etc. Consider empirical therapy for acute gastroenteritis/pancreatitis and monitoring of the triglyceride levels, etc. Additionally, 3-view thoracic radiographs are warranted. If symptoms are persistent, you could consider follow up imaging in the future to see if anything has progressed/become more apparent.





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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