

**DATE**

5/20/22

PRESENTING CLINICAL SIGNS

Collapsed on 5/12- seen at ER but owner declined diagnostics, checked on 5/16 with us- exam showed tense/painful abdomen, pale pink mm.

Current Medications: Gabapentin 300mg BID.

PATIENT

Radiographs: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Kate McClelland

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Imaging Performed By: Rachel Brillhart, RDMS.

Canine

Thoracic radiograph

A lateral view of the thorax shows a mild to moderate mixed interstitial and peribronchiolar lung pattern.

BREED

Mild hypovolemia may have been present at the time of the radiograph.

Irish Setter

Age-related changes of the costochondral junctions is noted, in addition to spondylosis of the sternbrae and a few of the thoracic vertebrae.

SEX

No obvious signs of neoplasia

Spayed Female

Abdominal radiograph

Severe splenomegaly with caudal displacement of the gastrointestinal tract.

AGE

No evidence of hepatomegaly

8/22/12

No obvious signs of neoplasia

WEIGHT

83 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Kidneys

The **left** kidney measures 7.09 cm. The capsule is mildly irregular, which may be due to a previous infarct and secondary fibrosis. A mild loss of the normal definition of the cortico-medullary junction is present.

HOSPITAL NAME

Animal Care Center

Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. Blood flow is excellent, and may be mildly increased (i.e. possible hypertension). The surrounding mesentery is not hyperechoic.

REFERRING VET

Dr. Beavers

The **right** kidney measures 7.68 cm. The capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. Blood flow is within normal limits, but not excessive. The surrounding mesentery is not hyperechoic.

INVOICE

30606

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.73 cm at the cranial pole, 0.60 cm at the caudal pole and 2.40 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.63 cm at the cranial pole, 0.56 cm at the caudal pole and 3.59 cm in length. The gland is mildly flattened, but is not thinner than normal. No abnormalities are noted with the gland's overall echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

Moderate splenomegaly, with a smooth capsule and preservation of its curvilinear structure. The spleen is folded. It is within normal limits in architecture and echotexture. Subjectively, it is mildly, but diffusely hyperechoic and slightly "swollen". A small, subcapsular, hyperechoic nodule, measuring 4.91 mm in diameter x 3.56 mm in length is noted. The latter may be due to mineralization, fibrosis, fat, and nodular regeneration. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. The mesentery surrounding the spleen is not hyperechoic.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous, but is diffusely hyperechoic (i.e. it is hyperechoic to the falciform fat). Focal lesions are not visualized. No obvious abnormalities are observed with the hepatic vessels.

The gallbladder wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

Gastrointestinal

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

Gas is present in the transverse colon.

The colonic wall is not thickened and mural detail is considered normal.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

Pancreas

No overt abnormalities are observed with the echogenicity or echotexture of either limb. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

Other

Lymph nodes

No abnormalities are observed

Abdominal effusion is not visualized.

Heart

A brief video clip of the heart was submitted. Pericardial and pleural effusion are not identified. There is no evidence of a mass in any of the cardiac chambers, including the right auricle, however, a mass may be overlooked in the absence of pericardial effusion.

No obvious abnormalities with contractility (measurements not performed).

ULTRASONOGRAPHIC FINDINGS

- **Splenomegaly**; overall, the normal architecture of the spleen is preserved, however, subjectively, it appears slightly "swollen" and hyperechoic. Differential diagnoses include splenitis due to antigenic stimulation and secondary immune mediated induced inflammation. Infectious diseases are possible causes of the latter. Other differential diagnoses include extramedullary hematopoiesis, hypersplenism and reactive hyperplasia. Neoplasia, such as lymphoma, or other round cell tumour, cannot be excluded. A fine needle aspirate is suggested to obtain a definitive diagnosis, however, a decision to perform the FNA may be affected by the results of the CBC, i.e., it will not be necessary if anemia, spherocytes, agglutination and reticulocytes are present.
- A vacuolar hepatopathy secondary to stress (illness) could explain the diffuse hyperechogenicity. No other pathology of the **liver** is noted.
- The **renal changes** are suggestive of age-related degeneration. Subjectively, blood flow to the left kidney may be mildly increased. The capsule of the left kidney is mildly irregular, which may be due to a previous infarct and secondary fibrosis.

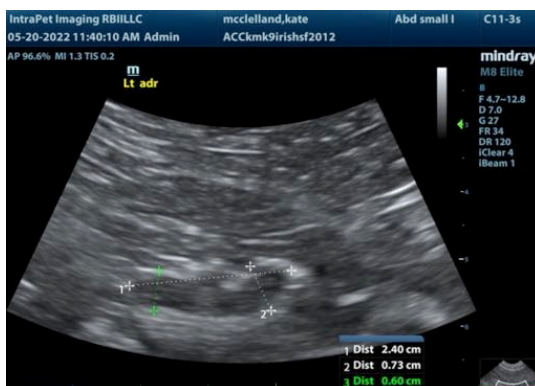
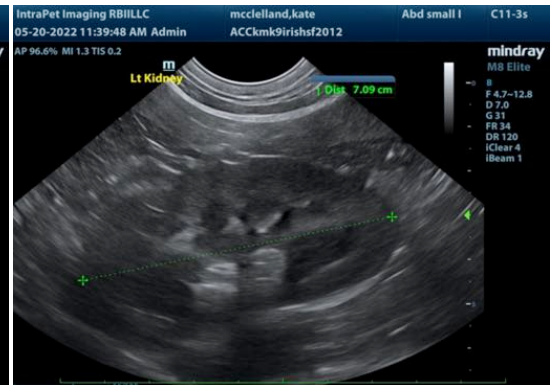
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

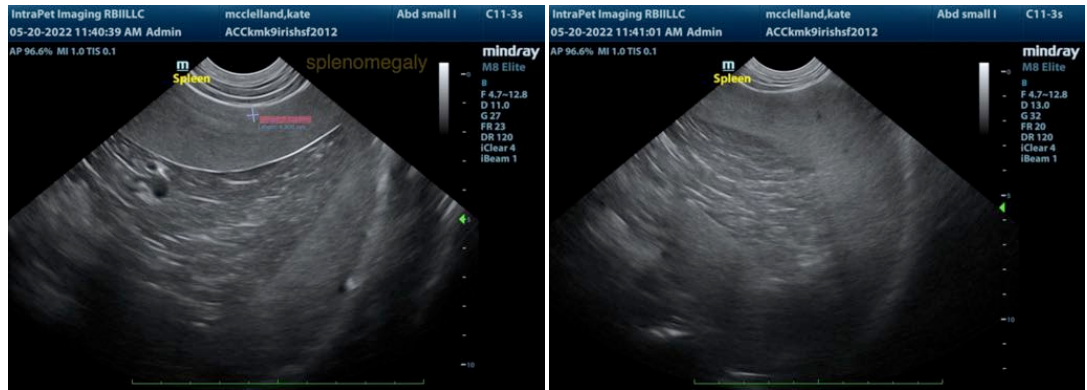
Baseline laboratory work, including, a CBC, serum biochemical profile, SNAP 4Dx, T4/TSH, and urinalysis are recommended, if not already performed.

An arterial blood pressure is recommended.

A fine needle aspirate of the spleen is suggested to obtain a definitive diagnosis, however, a decision to perform the FNA may be affected by the results of the CBC, i.e., it will not be necessary if anemia, spherocytes, agglutination and reticulocytes are present.

A baseline (random) cortisol may be considered, as hypoadrenocorticism can present in many ways. The serum may be frozen if not run immediately pending the above results.





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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