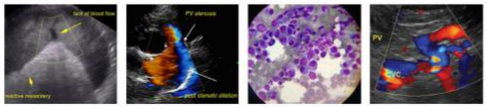

PATIENT

Mac Miller

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

8 Years

WEIGHT

75.3 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Falmouth AH

REFERRING VET

Dr. Lilan Hauser, DVM

INVOICE

13720

DATE

1/31/22

PRESENTING CLINICAL SIGNS

History: Cardiac arrhythmia; no murmur. Normal proBNP. Normal senior labs. Normal 4Dx. IDEXX Cardiopet consult: HR 143 bpm. Rhythm: underlying sinus rhythm with intermittent, single, premature ventricular beats of RBBB morphology suggesting left-sided focus. Echocardiogram to assess for cardiac disease (myocarditis, dilated cardiomyopathy), considered unlikely vs. extracardiac disease (metabolic disease, electrolyte disturbances, splenic disease, GI disease pheochromocytoma - vs idiopathic. Having bi-cavity ultrasound exams.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.7 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.52 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole and 0.59 cm width at the cranial pole.

Spleen

The spleen exhibited potential mild generalized enlargement with primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No splenic masses or nodules noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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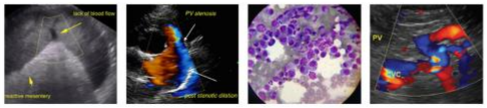

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Gastrointestinal

The visualized gastric walls were sonographically normal. The stomach was mildly to moderately gas distended. The ventral gastric body wall measured 0.50 cm.

The small intestine exhibited intact wall layering with subjective propensity for mild segmental prominent to echogenic submucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.44 cm. The jejunum wall measured 0.35- 0.41 cm.

Normal visible colon wall layers were present with subjective semi-formed to soft feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent, mildly prominent to enlarged mid abdominal mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 4.3 cm x 1.1 cm. No effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Subjective mild nonspecific splenomegaly
- Possible mild inflammatory enteropathy pattern
- Intermittent, benign/reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The potential for mild splenomegaly is nonspecific with considerations, including patient variant, benign hyperplasia, hematopoiesis or potential incidental splenitis. No overt evidence of neoplastic splenic criteria which is considered unlikely. However, assuming normal clotting status, ultrasound guided FNA of the spleen for screening cytology, primarily to ensure only benign changes are present would be warranted.

Although nonspecific, the small intestine exhibited potential for subtle mural changes, which may suggest inflammatory enteropathy with possible associated reactive mesenteric lymphadenopathy. However, given the lack of reported gastrointestinal signs in this patient, this finding is nonspecific. The mesenteric lymph nodes were not consistent with inflammatory or neoplastic criteria. Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate.

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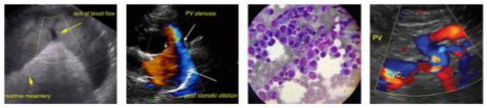

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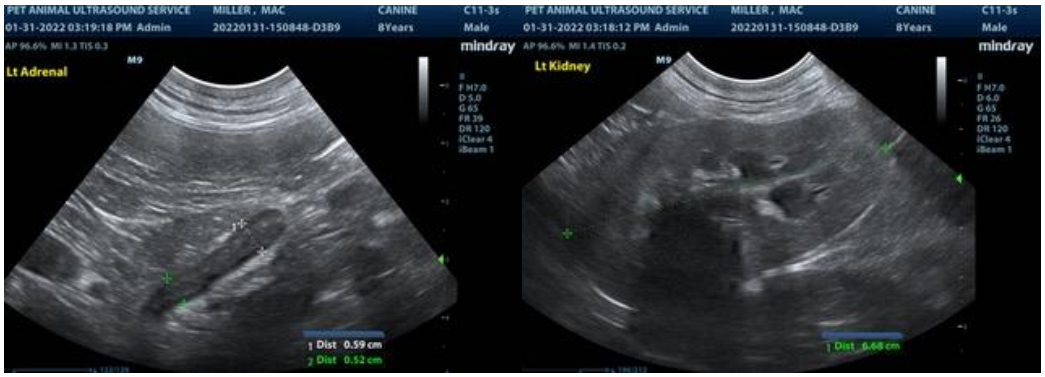

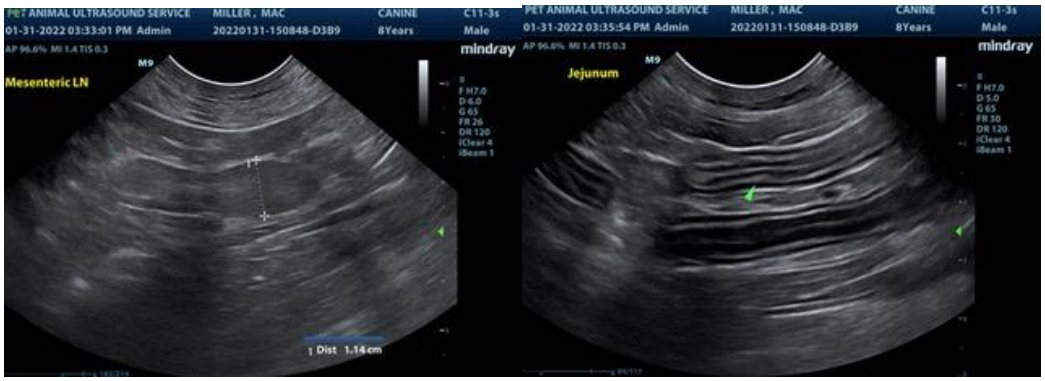

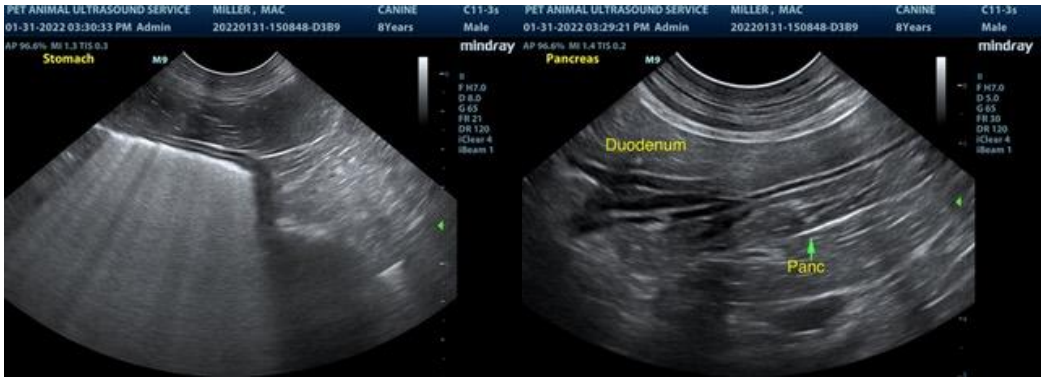

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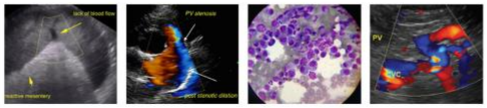

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com