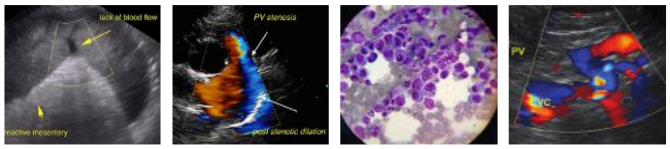
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

NaMul Chung

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

MN

AGE

10yr

WEIGHT

17.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park Animal Hospital

REFERRING VET

Dr. Kim

INVOICE

11821ag

DATE

10/10/2022

PRESENTING CLINICAL SIGNS

P presented for shivering and discomfort in abdomen to the touch, decreased appetite lately but ate wet food before visit. No v/d/c/s. BW sent out today in house ProBNP= 685.6pmol/L , cPL2= 80.9 ng/mL

The submitted study contained 24 still images and 7 videos for review

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 left kidney was not definitively visualized.

Normal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint medullary mineral was present. No evidence of pelvic dilation was present. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology measuring 0.75 cm in diameter.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole.

Spleen

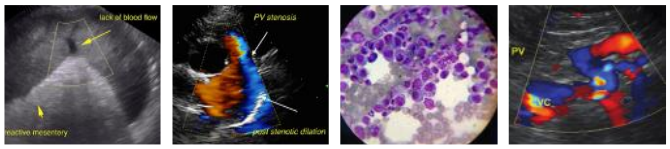
The spleen exhibited variable enlargement with a homogeneous to mildly non-homogeneous subjectively non-cavitated mass/lesion within the mid to cranial spleen along with peripheral non-uniform to nodular lesions around the lateral spleen. The splenic mass measured 4 - 5 cm in diameter. Potential for caudal splenomegaly with subcapsular fluid measuring 3.8 cm in diameter was noted. Subtle perisplenic hyperechoic mesentery was present. Mild volume peritoneal free fluid was present.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.



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The visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained non-shadowing ingesta/chyme in the upper duodenum and likely segmental jejunum with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Subtle perisplenic hyperechoic mesentery was present. Mild volume peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Non-specific variable splenomegaly exhibiting indistinctly nodular to potential fluid filled nodular lesions/masses
- Mild volume peritoneal free fluid
- Mild hepatic parenchymal remodeling, unremarkable gallbladder
- Gastrointestinal ingesta

Secondary

- Mild chronic right kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consideration for the variable splenomegaly including the nodular to mass like lesion include hyperplasia, hematopoiesis, hematoma, granuloma, splenitis or neoplasia. Abdominocentesis for fluid analysis cytology +/- C/S if evidence of inflammatory cells may be considered. Potential for mild to chronic pancreatitis which may present sonographically normal cannot be excluded. Correlation with pending blood work and assessment of ALB levels for evidence of hypoalbuminemia is recommended. If no evidence of thoracic pathology on three view radiographs, laparotomy with potential for splenectomy may be considered.

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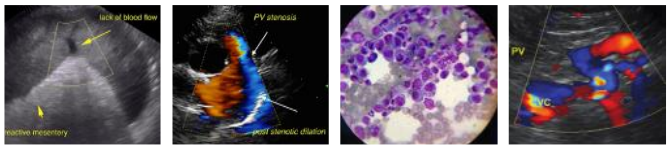

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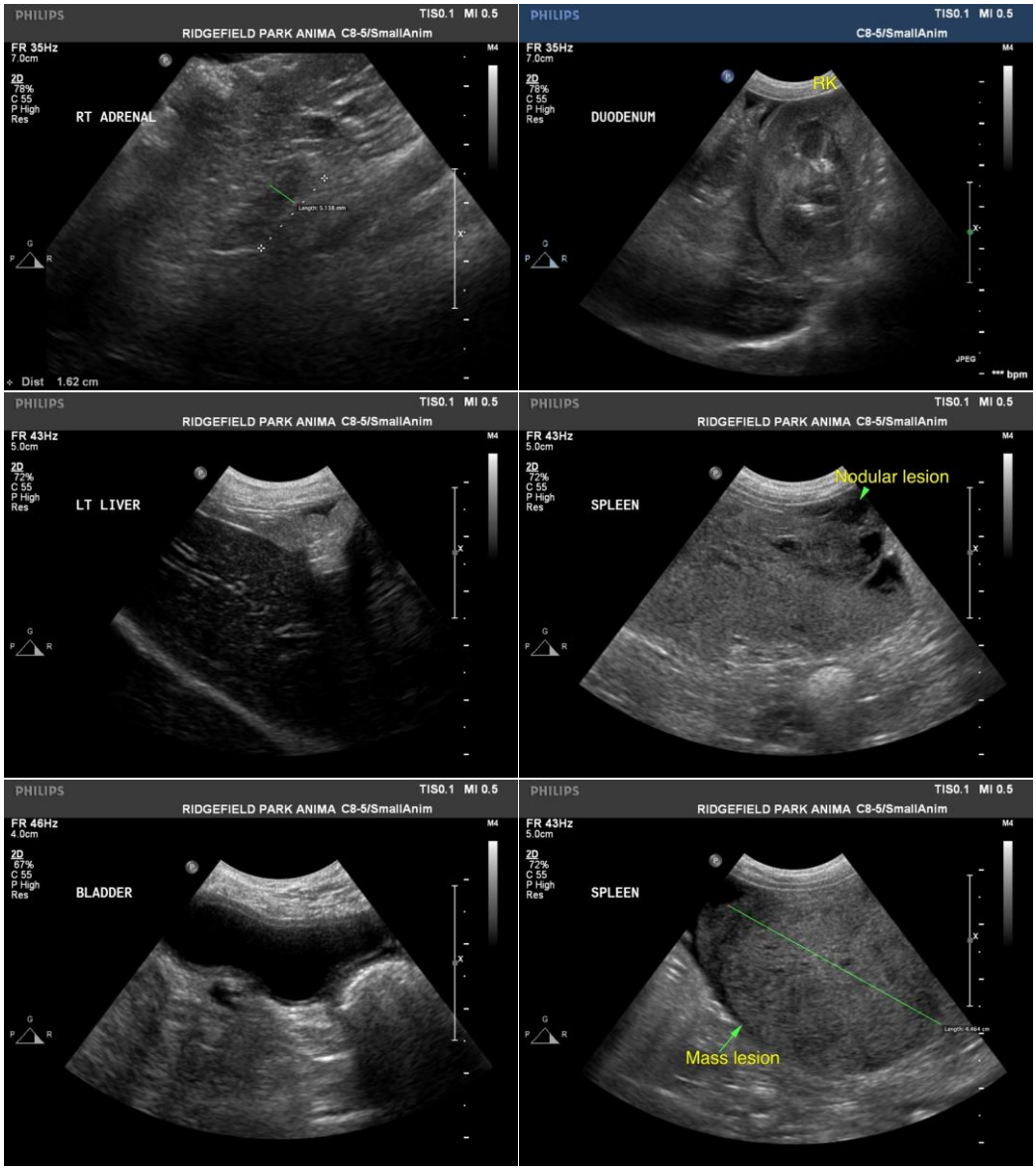

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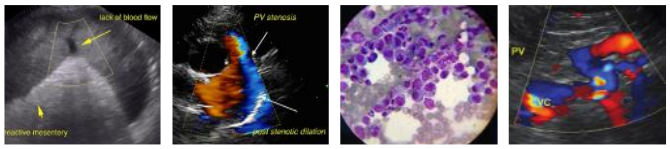

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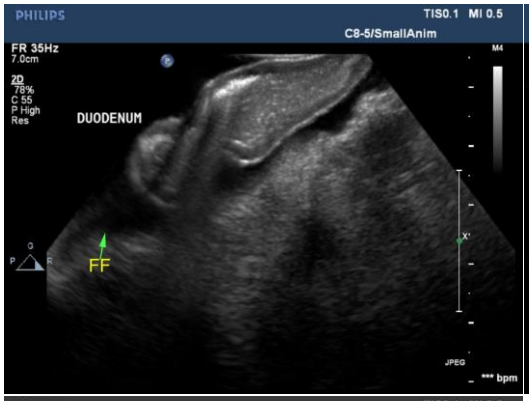

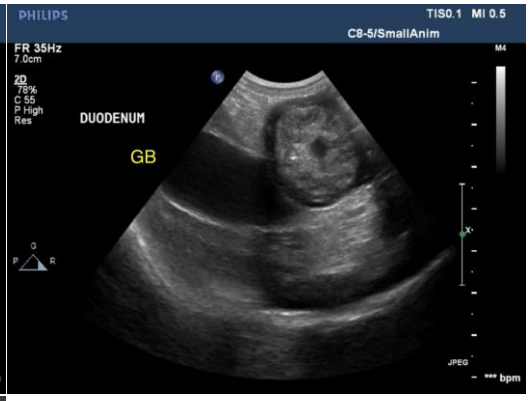

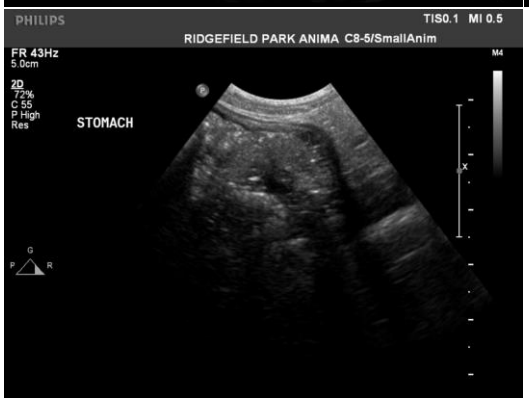

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com