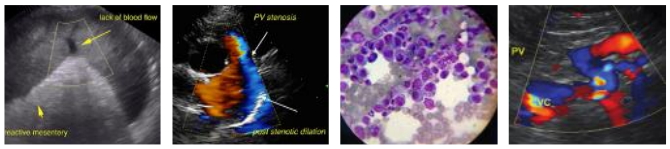
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Willow Bergman

SPECIES
Canine

BREED
German Shepherd

SEX
FS

AGE
10yr

WEIGHT
34kg

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
Airdrie Animal Health Center

REFERRING VET
Dr. Henderson

INVOICE
11892ag

DATE
10/17/2022

PRESENTING CLINICAL SIGNS

Chronic vomishion intermittent appetite

Abnormal PE/Chem/CBC/UA Results: Mild elevation protien otherwise non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 0.47 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 0.46 cm width at the caudal pole.

Spleen

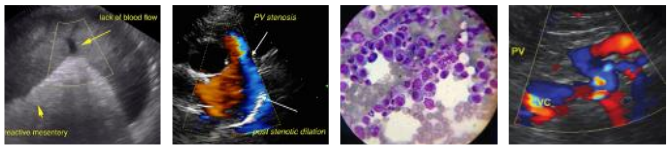
The spleen exhibited mild enlargement with subtle parenchyma heterogeneity and intermittent discrete non-disruptive hypoechoic nodules. A solitary mildly expansive non-homogeneously hypoechoic mass was present in the mid to caudal spleen measuring ~ 4.0 cm in diameter. The mass appeared to subtly distort the lateral and medial capsule yet without evidence of parenchymal escape. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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. Probable small thinly walled cyst was present in the mid liver. 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 with mild non-organized mildly hyperechoic debris. 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 was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.39 cm in width.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mildly prominent to mildly hyperechoic submucosa layer was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.38 cm in width. The duodenum wall measured 0.46 cm in width.

Normal visible colon wall layers were present with apparent formed 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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Mildly expansive non-specific splenic mass-The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, breed associated hypersplenism, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).
- Minor hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Intact GI wall layering with mildly prominent to hyperechoic intestinal submucosa layer
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle mural changes which may suggest underlying inflammatory enteropathy/IBD. This finding is non-specific with potential for patient variant, dietary intolerance / food hypersensitivity, occult parasitism, occult Addison's disease, low grade to chronic pancreatitis which may present sonographically normal or inflammatory enteropathy.

A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol to rule out occult Addison's Disease is warranted. Assuming normal clotting status and using a 25g needle, a splenic mass FNA for screening cytology is warranted.

Assuming no evidence of thoracic pathology on three view chest radiographs, splenectomy with GI biopsies may be considered.

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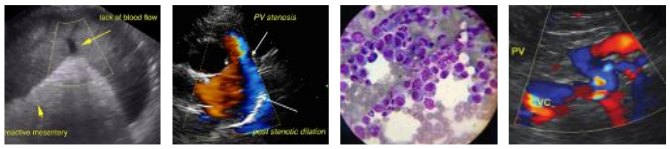

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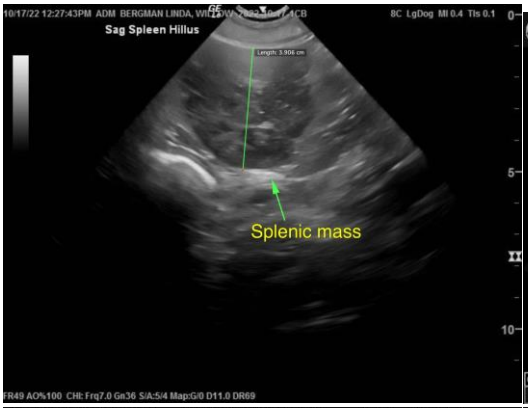

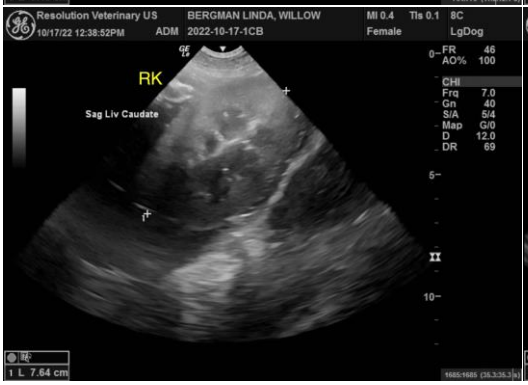

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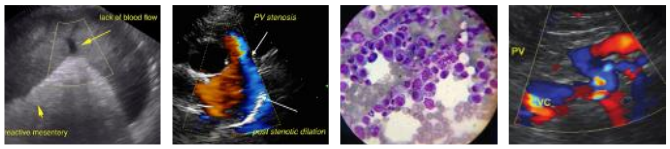

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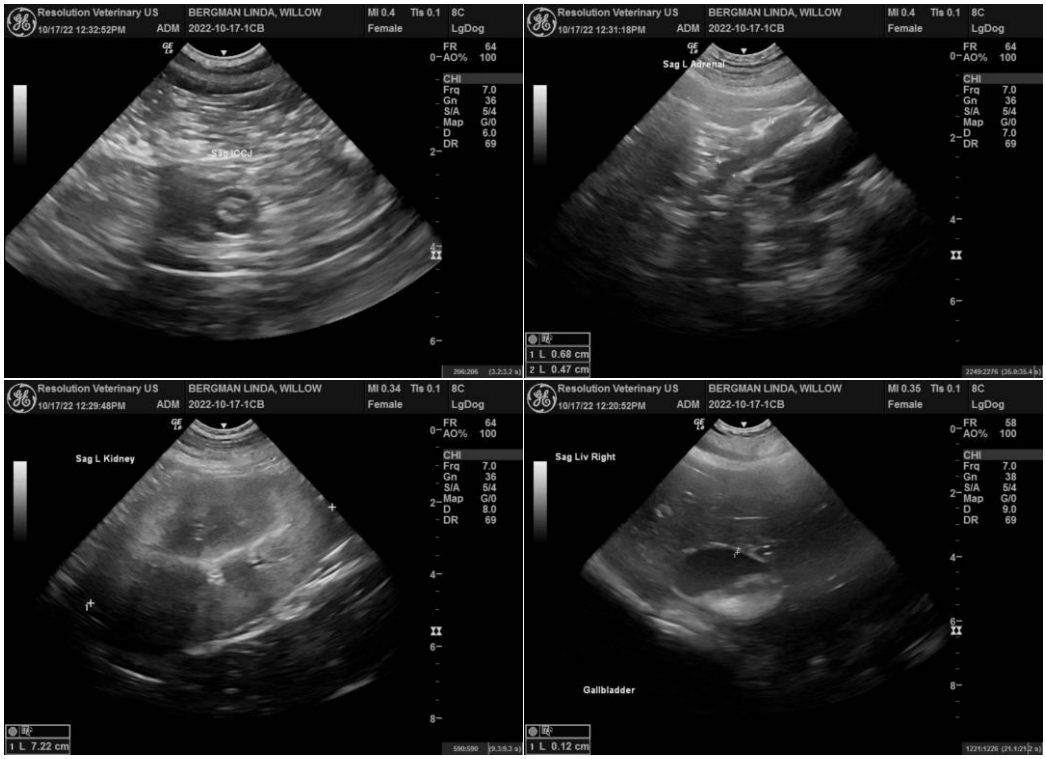

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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