



PATIENT

Molly Cook-Feltz

SPECIES

Canine

BREED

Lab Mix

SEX

SF

AGE

10 years

WEIGHT

70 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Molly Bies

INVOICE

12411

DATE

10/20/21

PRESENTING CLINICAL SIGNS

Lameness on left rear leg. Previously had hemangiopericytoma surgically removed from dorsal surface of tarsal area of left hind limb. Also had left caudal lung lobectomy to remove what turned out to be a carcinoma that was found on CT prior to surgical removal of mass on leg.

Abnormal PE/Chem/CBC/UA Results: Pitting edema found on distal portion of left hind limb. No obvious bony lesions present, but does have a dermal mass in this area. Aspirate is pending. Blood work relatively unremarkable, with a slightly elevated BUN (37 mg/dL), slightly elevated ALKP (347 U/L), slightly elevated amylase (1840 U/L), and mild anemia (33.9% HCT).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

Several medial Iliac lymph nodes were present. The lymph nodes exhibited subtle hypoechoic homogeneous parenchyma without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a medial iliac lymph node measured 2.2 cm x 0.99 cm.

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. Minor areas of medullary mineral were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 5.8 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 3.4 cm length x 1.0 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 4.0 cm length x 0.94 cm width at the caudal pole.

Spleen

The spleen exhibited generalized enlargement with primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. A solitary, mildly expansive, heterogeneous nodule was noted in the medial splenic parenchyma with subtle associated medial capsule distortion. The nodule measured 2.9 cm in diameter. 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.

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Liver/ Gallbladder

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 yet sectorial prominent wall layering. The gastric body wall width measured up to 0.78 cm. The stomach was primarily empty with mild luminal gas.

The upper to mid duodenum exhibited intact yet slightly indistinct to prominent wall layering. The upper duodenum wall width measured 0.68 cm. The descending duodenum, jejunum, and ileum were sonographically unremarkable.

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

No other evidence of peritoneal lymphadenopathy was noted. No effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Splenomegaly with generalized nonhomogeneous parenchyma and focal mildly expansive nonspecific nodule
- Hepatic parenchymal remodeling
- Suspect gastroduodenitis
- Heterogenous pancreas

Secondary Findings

- Bilateral mild chronic renal changes with minor medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound-guided FNA of the splenic parenchyma and nonspecific nodule If accessible using a 25-gauge needle is warranted for screening cytology. Hyperplasia, hematopoiesis, age-related splenic changes, splenitis with small lipogranuloma, or potential primary vs. metastatic splenic neoplasia are possible.



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The pancreas may indicate age-related pancreatic changes, minor remodeling owing to previous inflammation or low-grade chronic pancreatitis.

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The noted medial iliac lymph nodes were not overtly consistent with neoplastic criteria, yet monitoring is recommended given the patient history +/- FNA if accessible or if evidence of progressive enlargement.

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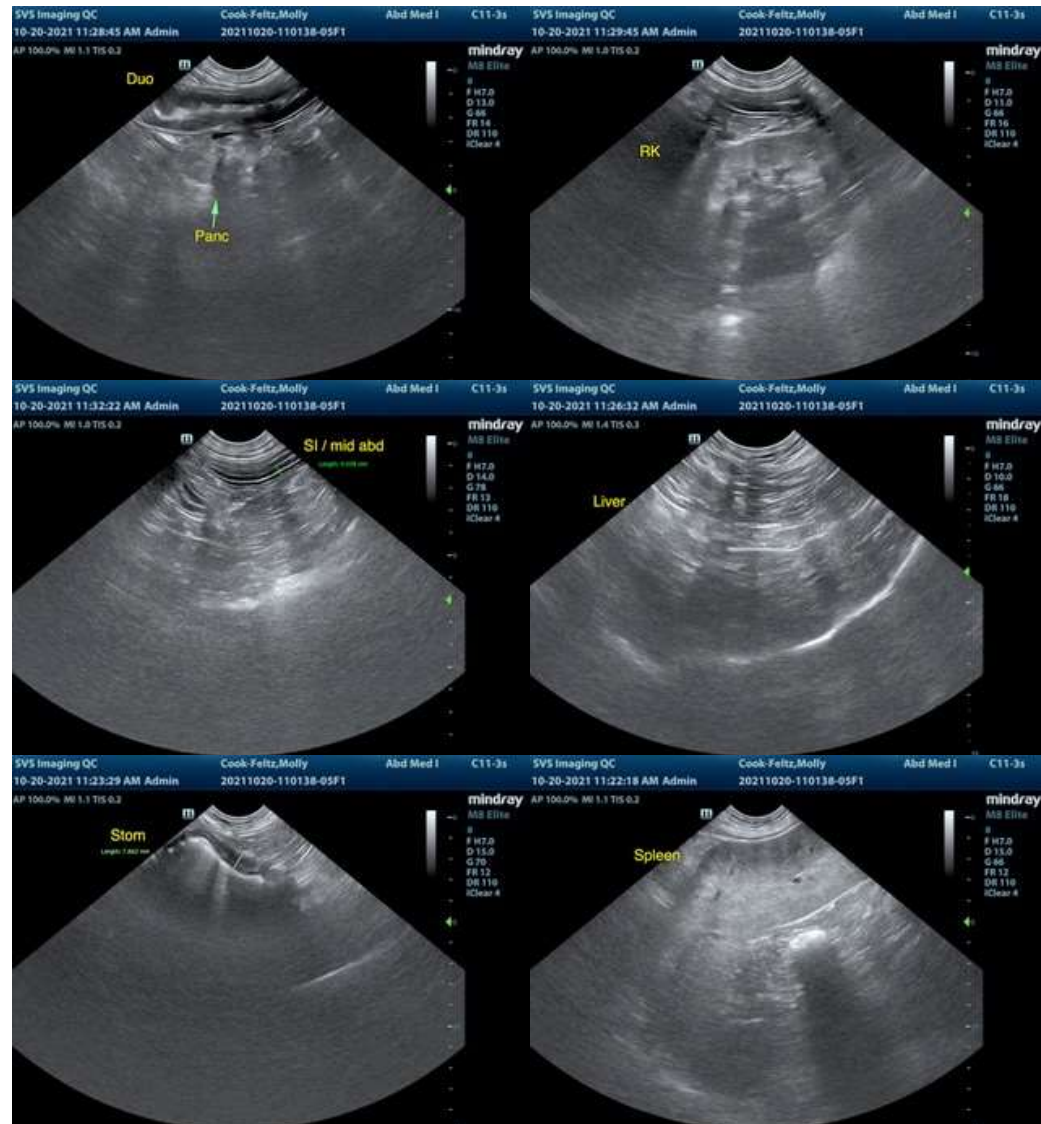
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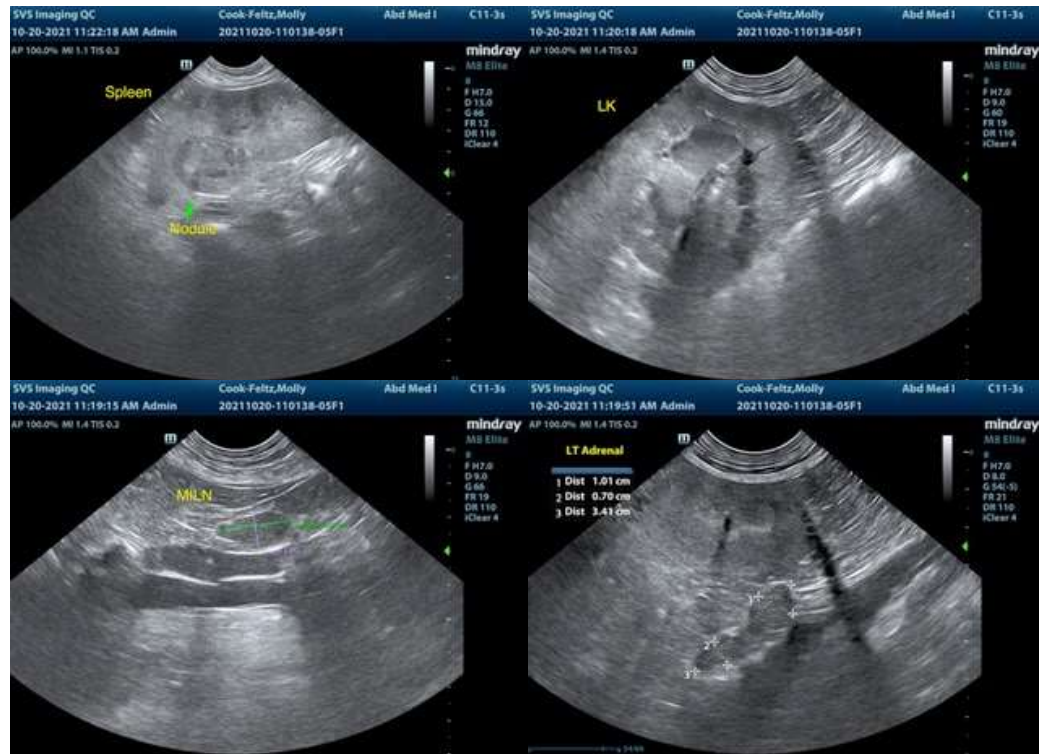
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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