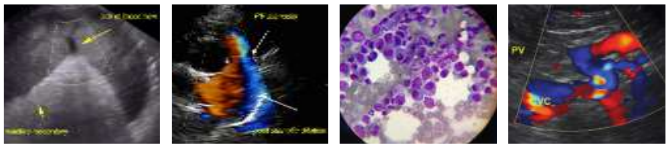
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bella Heyl

SPECIES

Canine

BREED

Yorkie

SEX

Spayed

AGE

10

WEIGHT

13.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rachel Eddleman

HOSPITAL NAME

Mt Yonah AH

REFERRING VET

Dr. Rachel Eddleman

INVOICE

12443

DATE

10/25/21

PRESENTING CLINICAL SIGNS

-ABD RADS today revealed no urolith/nephrolith visible. noted moderately enlarged liver extending to umbilicus region. mild splenomegaly.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the aortic trifurcation was free of pathology.

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 3.9 cm in length. The right kidney measured 4.3 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 0.57 cm width at the caudal pole and 0.44 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 0.53 cm width at the caudal pole and 0.5 cm width at the cranial pole.

Spleen

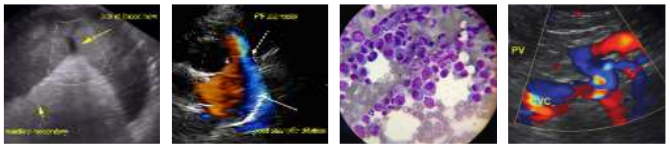
The spleen was overall normal in size and contour exhibiting a primarily finely textured homogeneous parenchyma with overall normal parenchyma echogenicity. A solitary, mildly expansive, asymmetrically marginated, anechoic to hypoechoic nodule was present without associated capsule distortion, measuring 1.5 cm in diameter.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma exhibited a moderate coarse echotexture with evidence of parenchymal remodeling. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild, dependent to nondependent, yet nonorganized, echogenic 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 width measured 0.40 cm.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.30 cm.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Solitary, mildly expansive splenic nodule
- Hepatomegaly with mild parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodule was nonspecific with considerations including hyperplasia, hematopoiesis, focal splenitis, acute infarction, infection, or neoplasia. Assuming normal clotting status, ultrasound-guided FNA of the splenic nodule using a 25-gauge needle Is warranted for screening cytology. Sonographic monitoring with an initial recheck in 4 weeks would be a more conservative approach.

The overall appearance of the liver Is suggestive of benign hepatomegaly and parenchymal remodeling with potential areas of hematopoiesis or subtle nodular to regenerative hyperplasia. If elevated hepatic enzymes, concurrent hepatic FNA could be considered for screening cytology. Hepatosupportive medications including Ursodiol may prove beneficial If hepatic enzyme elevations. If evidence of PU/PD, further renal staging +/- screening UCCR may be considered.

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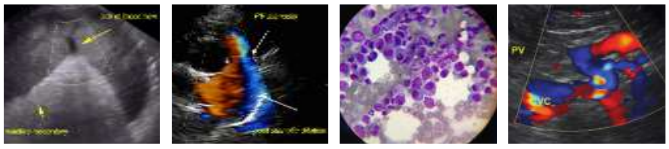

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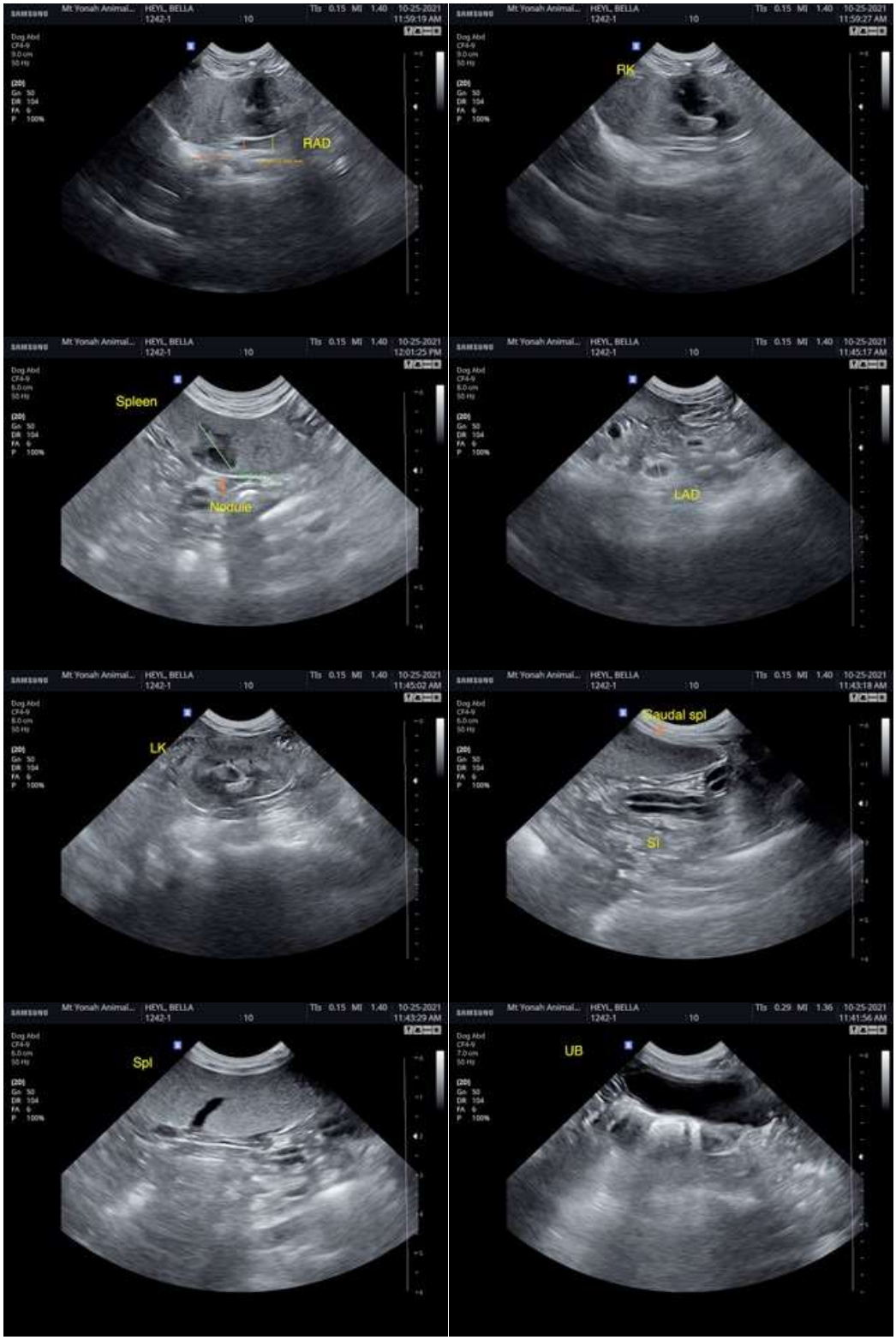
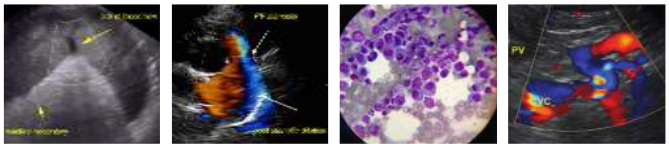


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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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