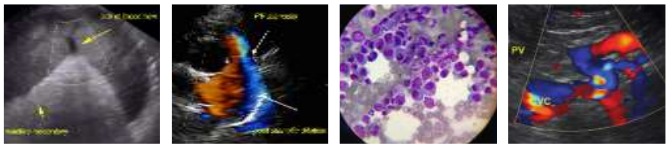
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Patron Lopez

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

8 years

WEIGHT

67.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Elizabeth Oetting

INVOICE

12455

DATE

10/26/21

PRESENTING CLINICAL SIGNS

-Loosing weight; referred from another veterinary clinic. Appears to have mass effect mid abdomen in rads. Ehrlichia positive, but not being treated at this time.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 6.5 cm in diameter.

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 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 7.1 cm in length. The right kidney measured 6.9 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 2.7 cm length x 0.60 cm width at the caudal pole. The right adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 2.5 cm length x 0.64 cm width at the caudal pole.

Spleen

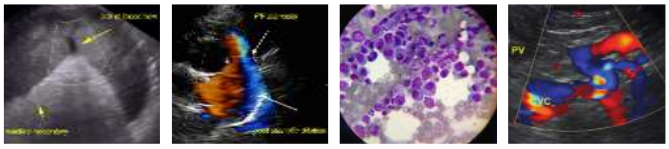
The spleen exhibited primarily uniform generalized enlargement with generalized parenchyma heterogeneity. The capsule was mildly swollen yet symmetrical. No distinct splenic masses or nodules were noted. Normal splenic vascularity was present.

Liver/ Gallbladder

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 mild, dependent, hyperechoic gallbladder 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 duodenum wall width measured 0.42 cm. The jejunum wall width measured 0.40 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 peritoneal masses, lymphadenopathy, or effusion were noted. The omentum was of uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Benign prostatic hyperplasia, minor potential for prostatitis
- Splenomegaly with generalized nonhomogeneous parenchyma
- Sonographically unremarkable small bowel

Secondary Findings

- Mild gallbladder debris - likely incidental, potentially owing to fasting or nonclinical cholestasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the spleen is most suggestive of breed-associated hypersplenism and reactive hyperplasia with potential for hematopoiesis. However, early infiltrative neoplasia such as lymphoma, mast cell neoplasia, or other may present in a similar sonographic manner and cannot be definitively excluded, given the patient's weight loss.

Assuming normal clotting status, ultrasound-guided FNA of the spleen using a 25-gauge needle is recommended to ensure only benign changes are present. Pretreatment with Benadryl 15 minutes prior to FNA is recommended. Potential for structurally insignificant inflammatory bowel or alterations in gastrointestinal flora may also be present, given the breed. Further assessment, given the weight loss, may include A GI panel to include PLI/TLI/Cobalamin/Folate. Three view chest radiographs as well as thorough neurological and muscular/skeletal examination to rule out occult disease are recommended.

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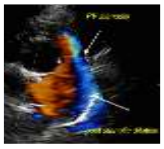
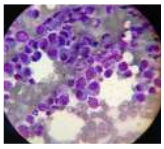
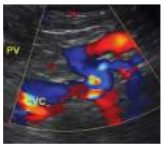

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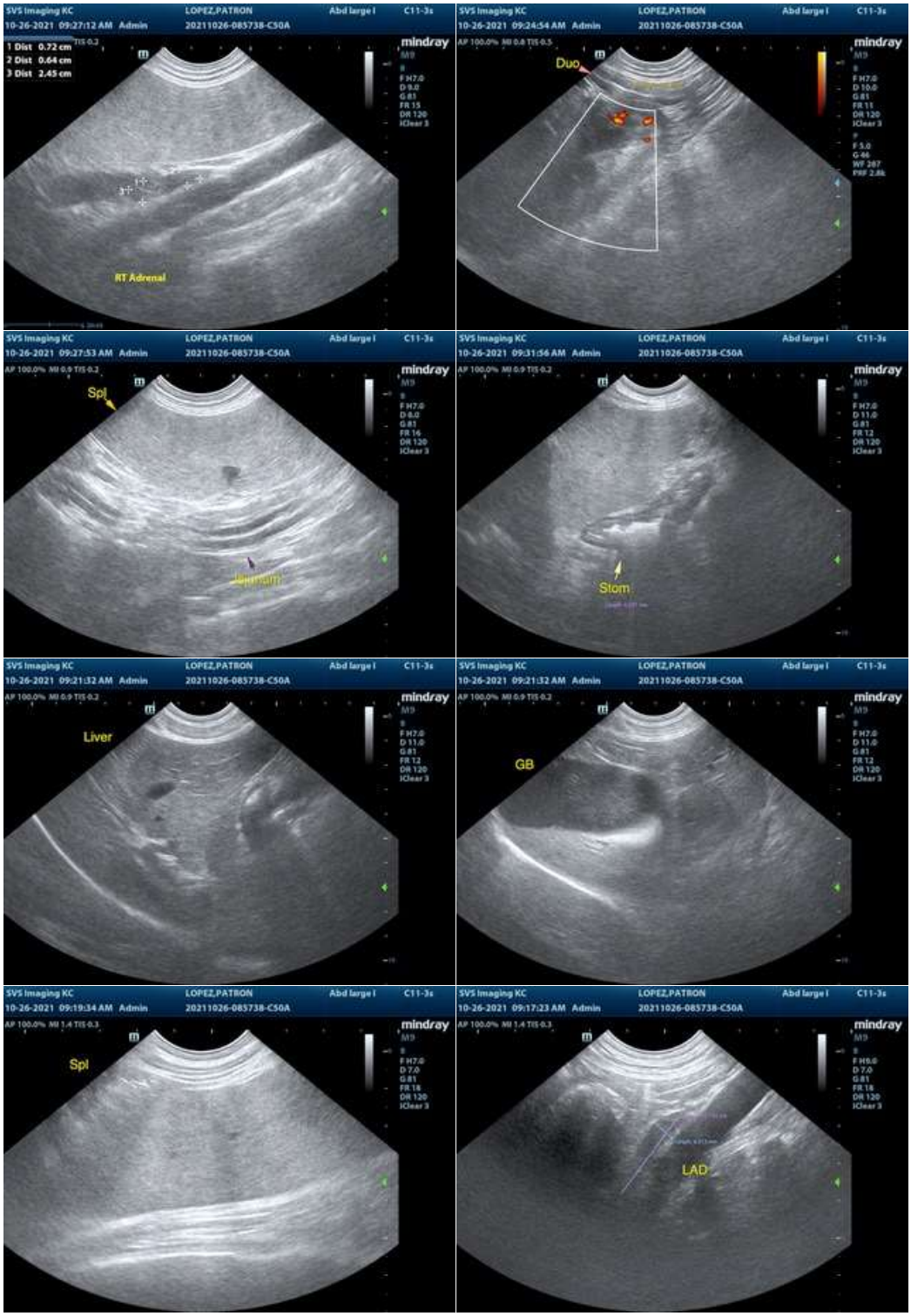

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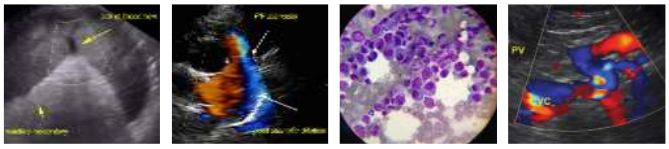

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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