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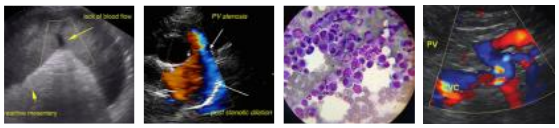


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Quinlan Romsos

SPECIES

Canine

BREED

Terrier X

SEX

MN

AGE

11 years

WEIGHT

27.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Corvallis Veterinary Hospital

REFERRING VET

Dr. Gross

INVOICE

15060

DATE

10/4/22

PRESENTING CLINICAL SIGNS

Patient present for limping on his left hind leg 9-29-22. On abdominal palpation pet seemed to have possible splenomegaly. We advised sedated radiographs for radiographs of pets stifles and coxofemoral joints. On 9-30 sedated radiographs were taken. They were sent out for a radiology consult. His orthopedic structures were found to be unremarkable but the radiologist wrote" Suspect splenic mass. Differentials should include neoplasia (hemangiosarcoma), regenerative nodules, extramedullary hematopoiesis, hematoma, or abscess. " We advised an US +- an aspirate Current Medications Carprofen 25 mg po bid for pain and inflammation. Radiographic Findings Suspect splenic mass. Differentials should include neoplasia (hemangiosarcoma), regenerative nodules, extramedullary hematopoiesis, hematoma, or abscess.

Abnormal PE/Chem/CBC/UA Results: Rads: Suspect splenic mass. Differentials should include neoplasia (hemangiosarcoma), regenerative nodules, extramedullary hematopoiesis, hematoma, or abscess. CBC wnl Chem wnl PT/ PTT wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

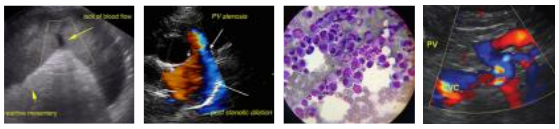
The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

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 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. Pinpoint areas of medullary mineral were noted in both kidneys. The left kidney measured 5.0 cm in length. The right kidney measured 5.4 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 1.9 cm length x 0.62 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 2.7 cm length x 0.62 cm width at the caudal pole.



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Spleen

The spleen was normal in overall size and primarily maintained a symmetrical capsule contour with a finely textured homogeneous parenchyma. A solitary, isoechoic, uniform nodule was present in the lateral spleen measuring approximately 2.5 cm in diameter. The Isoechoic nodule resulted in mild symmetrical distortion of the lateral splenic capsule, yet without evidence of parenchymal escape. Normal splenic vascularity was noted.

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, non-dependent, mildly echogenic debris. The gallbladder and common bile duct 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 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.

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, isoechoic splenic nodule - subjectively benign, hyperplasia, hematopoiesis, or similar, likely
- Mild age-related kidneys exhibiting pinpoint medullary mineral

Secondary Findings

- Mild gallbladder debris - incidental unless evidence of cholestasis

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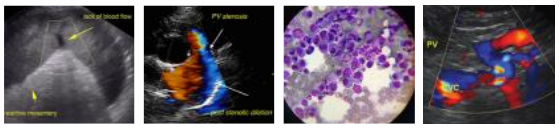

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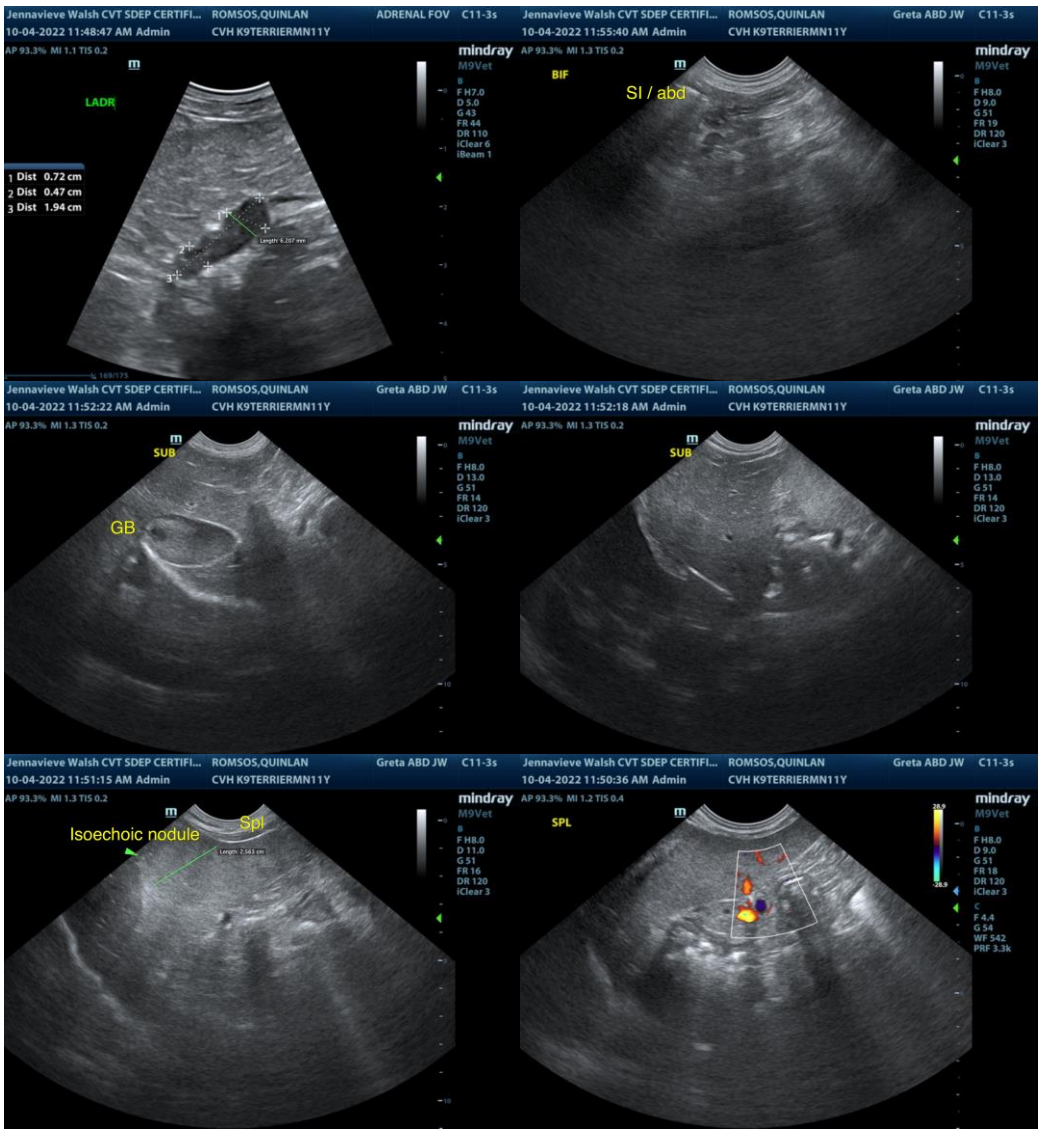
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for emerging splenic neoplasia cannot be definitively excluded yet overall, the isoechoic nodule in conjunction with the radiographs is sonographically suggestive of benign criteria.

Ultrasound-guided FNA of the isoechoic splenic nodule, assuming normal clotting status and using a 25-gauge needle, could be considered for screening cytology and further assessment. Sonographic monitoring of the nodule with an initial recheck in 4-5 weeks would be a more conservative approach, yet reasonable.



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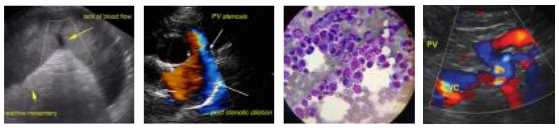

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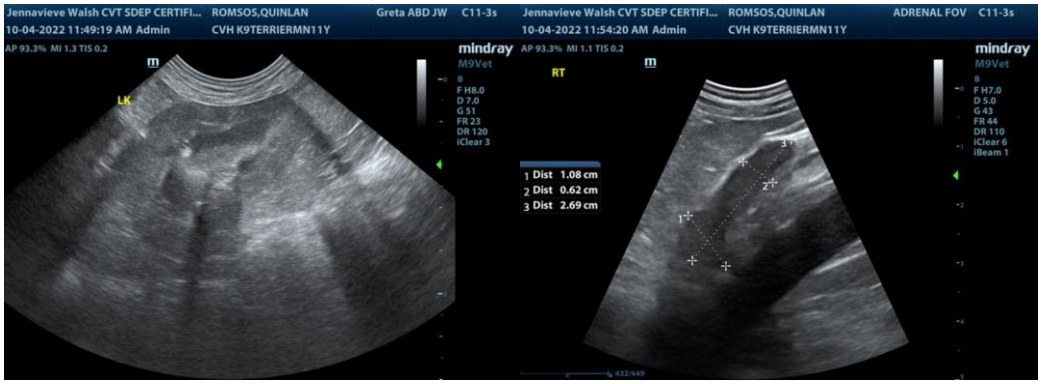

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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