

**PATIENT**

Bandit Doyle

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

10yr

WEIGHT

15lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging
Michigan**REFERRING VET**Union Lake
Veterinary Hospital**INVOICE**

12259ag

DATE

11/25/2022

PRESENTING CLINICAL SIGNS

Anemia, history of seizures. On phenobarbital. increased liver enzymes

Abnormal PE/Chem/CBC/UA Results: Anemia, alk phos 2100 alt 340 hct 26 Please see attached labs
HCT 32.9, retics 39, WBC 8.2**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 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 4.6 cm in length. The right kidney measured 4.4 cm in length

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The area of the residual prostate appeared normal and 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 0.50 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 0.61 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and generalized parenchyma heterogeneity with multiple variably sized variably echogenic non-disruptive nodules, an example measuring 0.93 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver was mildly enlarged with symmetrical to mildly rounded contour and mild variably parenchyma echogenicity exhibiting moderate coarse echotexture. Potential for discrete isoechoic parenchymal nodular changes and minor hepatic remodeling observed. The gallbladder was non-distended in size with thin walls and moderate congealed hyperechoic luminal 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 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.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas**SPECIES**

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The right limb of the pancreas was normal in size and contour with heterogeneous mildly echogenic parenchyma. The pancreas base and left limb exhibited potential for mild enlargement with subtle capsule asymmetry and variably echogenic to hypoechoic parenchyma. Potential for pancreas base and left pancreatic limb nodular changes observed. Possible peri pancreatic mesenteric lymphadenopathy was noted. An example of a potential pancreatic nodule measured 1.9 cm x 1.0 cm. Subtle evidence of hyperechoic mesentery in the area of the left pancreatic limb was present.

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Free Abdomen

No omental masses or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS**AGE**

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- Heterogeneous spleen with multiple variably echogenic non-disruptive nodules-hyperplasia, hematopoiesis, splenitis, small hematomas, granulomas with potential for emerging nodular neoplastic criteria possible
- Hepatopathy exhibiting mild non-uniform parenchyma-vacuolar hepatopathy, non-specific hepatitis/cholangiohepatitis, hyperplasia, hematopoiesis, infiltrative neoplasia less likely
- Moderate congealed hyperechoic gallbladder debris (non-mucocele)
- Variably echogenic potentially nodular pancreas-possible variable to mixed pattern pancreatic inflammation with potential hyperplasia, neoplastic criteria thought less likely
- Possible associated peri pancreatic mild mesenteric lymphadenopathy

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Secondary

- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic parenchyma and splenic nodule FNA for screening cytology is warranted for further assessment. Potential FNA in the area of the pancreas could be considered if accessible although this may be limited given the patient's size. A spec cPL could be considered for further assessment of the pancreas. Sonographic monitoring of the splenic nodules and pancreas for evidence of progressive changes with initial recheck in 4-6 weeks would be reasonable. A CBC pathology review is recommended.

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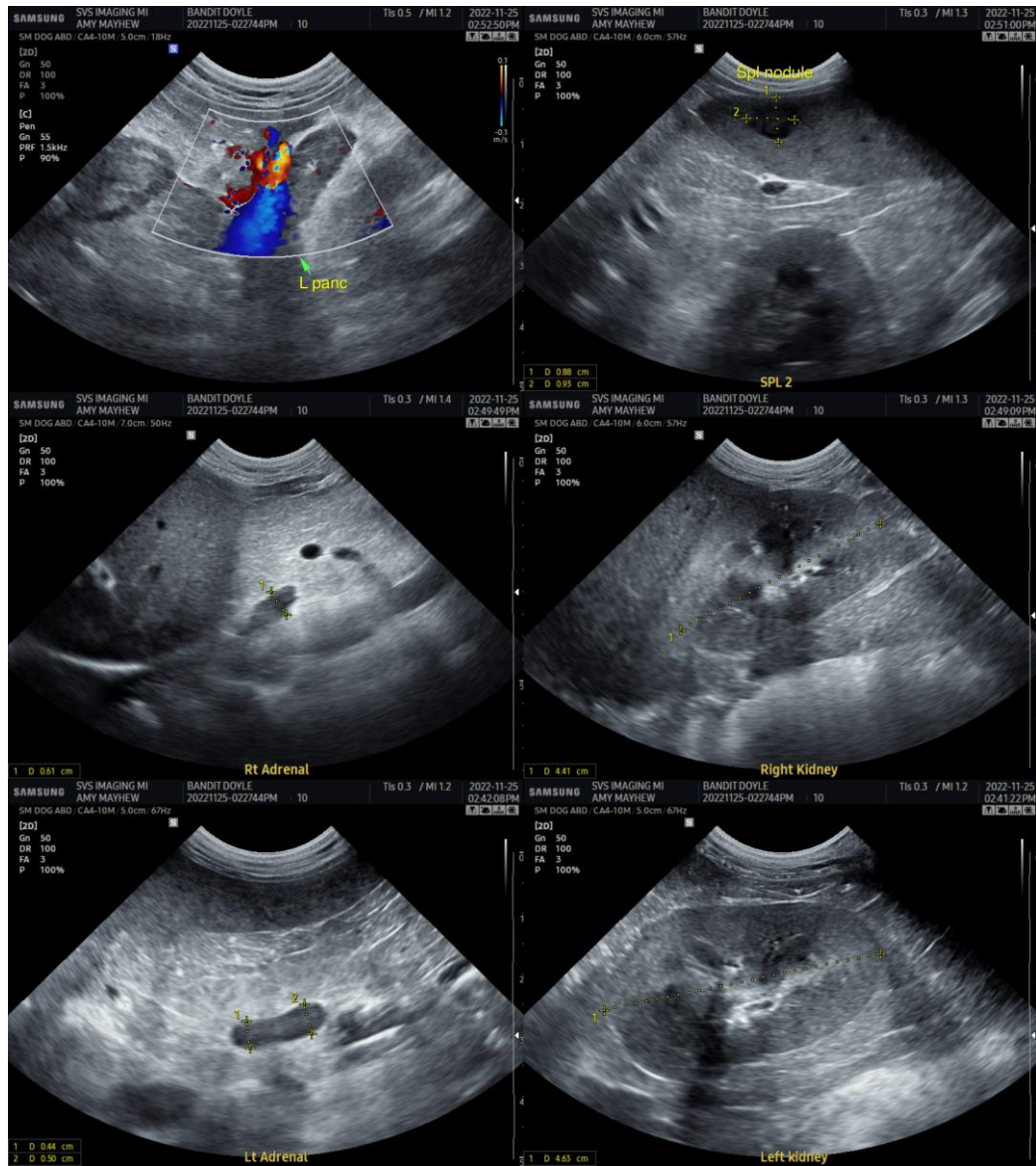
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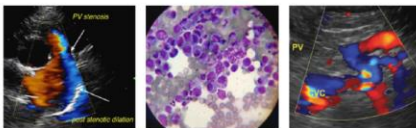
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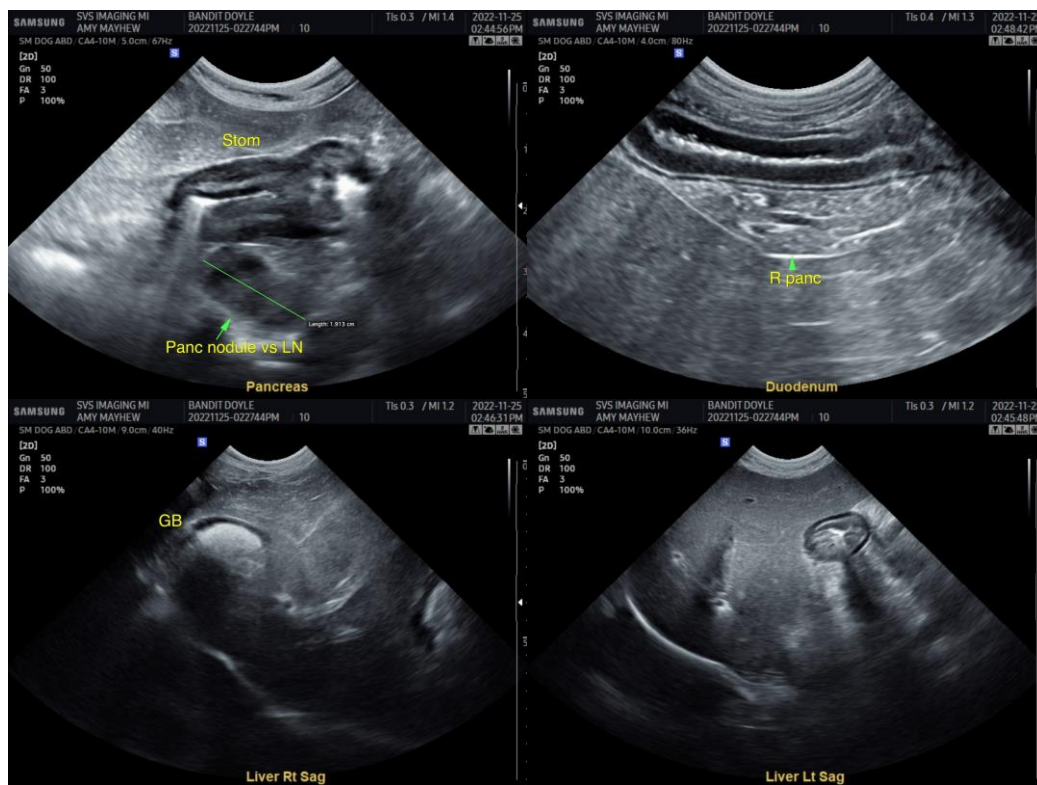
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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