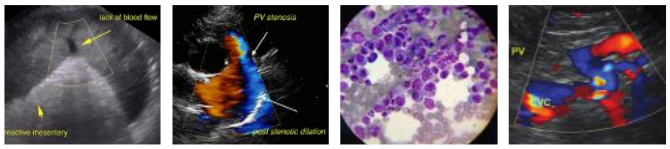
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Snicker Clemmer

SPECIES

Canine

BREED

Labrador Retriever

SEX

F

AGE

10

WEIGHT

25.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kalenius

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Companion Pet Clinic- McMinnville

INVOICE

12117ag

DATE

11/08/2022

PRESENTING CLINICAL SIGNS

Presented to RDVM for weightloss and loss of appetite. RDVM referred for abdominal ultrasound due to bloodwork results

3-4 cm mass associated with inguinal mammary gland.

rDVM Labs 11/1 ALB 2.5 g/dl, Cl 107, K+ 3.2, GLOB 4.8, SDMA 19, T4 wnl (2.3), WBC 96.8 k/ul, PLT 61 k/ul, lymphocytosis, monocytosis, neutrophlia negative fecal, negative 4DX

Pathology review of CBC = neutrophilia, left shift, monocytosis, mild toxic changes,. No large atypical cells appreciated. PLT clumps

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 mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. 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. Scant left kidney pyelectasia was present. Solitary discrete mildly expansive non-homogeneous cortical nodules were present bilaterally. The left kidney measured 6.9 cm in length. The right kidney measured 7.0 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 uterus and bilateral ovaries appeared normal and free of pathology if an intact female.

Adrenal Glands

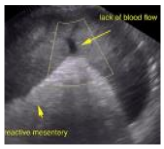
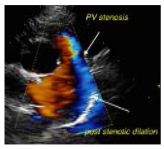
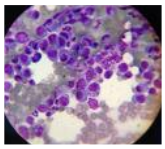
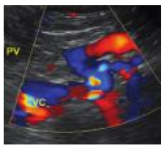
The bilateral adrenal glands were not definitively visualized.

Spleen

The spleen exhibited generalized enlargement with mild asymmetrical medial capsule contour and generalized mild parenchymal heterogeneity exhibiting decreased parenchymal echogenicity. A solitary ill-defined hypoechoic mildly expansive splenic nodule was present measuring 2.6 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver presented with mild borderline to mild enlargement in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

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The gallbladder was non-distended in size with primarily anechoic luminal content. 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 contained mild progressively shadowing ingesta 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 was evident.

Free Abdomen

No omental masses/abscess, evidence of peritonitis/peritoneal free fluid or overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Splenomegaly exhibiting heterogeneous hypoechoic parenchyma, focal discrete splenic nodular lesion- hyperplasia, hematopoiesis, small hematomas, focal splenitis, focal necrosis/abscess or neoplasia possible
- Hypoechoic liver-nonspecific given lack of reported hepatic enzyme elevations, emerging acute hepatitis, reactive hepatopathy, non-cardiogenic congestion, potential occult neoplasia possible
- Overtly normal GI tract with mild progressively shadowing gastric ingesta-potential post prandial presentation, possible metabolic gastric stasis or hypomotility if documented NPO
- Bilateral chronic renal changes with non-specific discrete cortical nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment. Ideally FNA cytology of the discrete renal cortical nodules is suggested although the nodules may be inaccessible. Sonographic monitoring of the nodules is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Correlation with potential cytology of possible inguinal mammary mass is recommended. Minor potential for possible mild gastric foreign material given inappetence in this patient cannot be definitively excluded. Monitoring for evidence of gastric emptying vs persistent retained ingesta over the next 24 hours is suggested.

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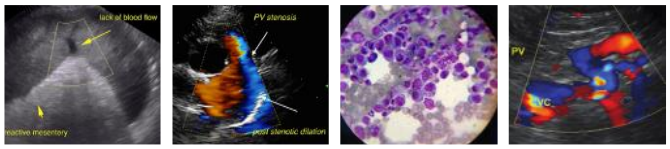

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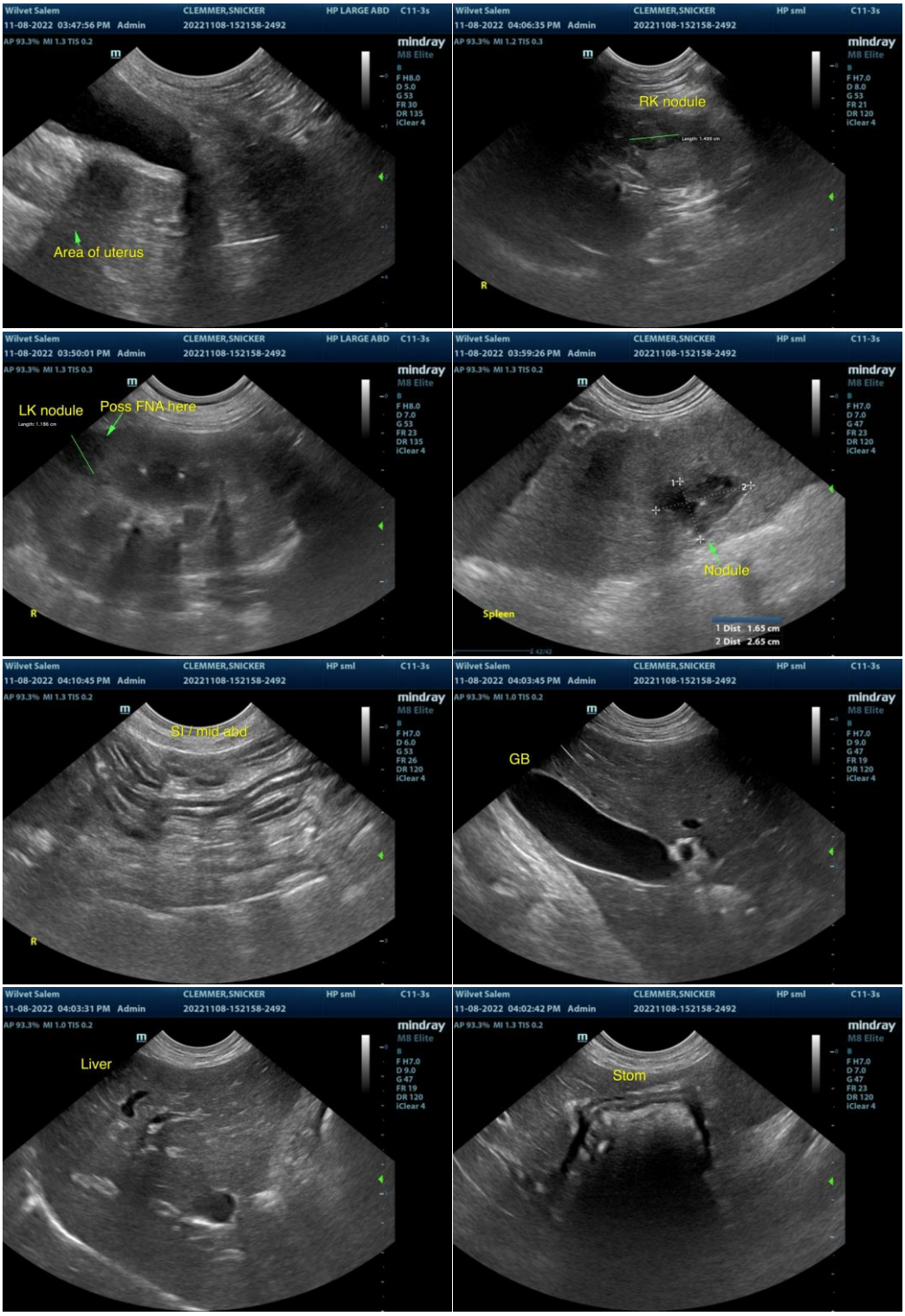

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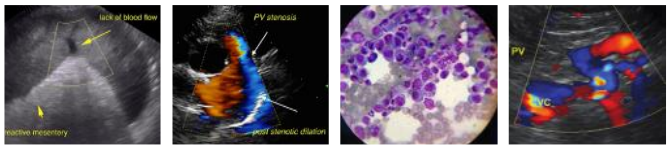

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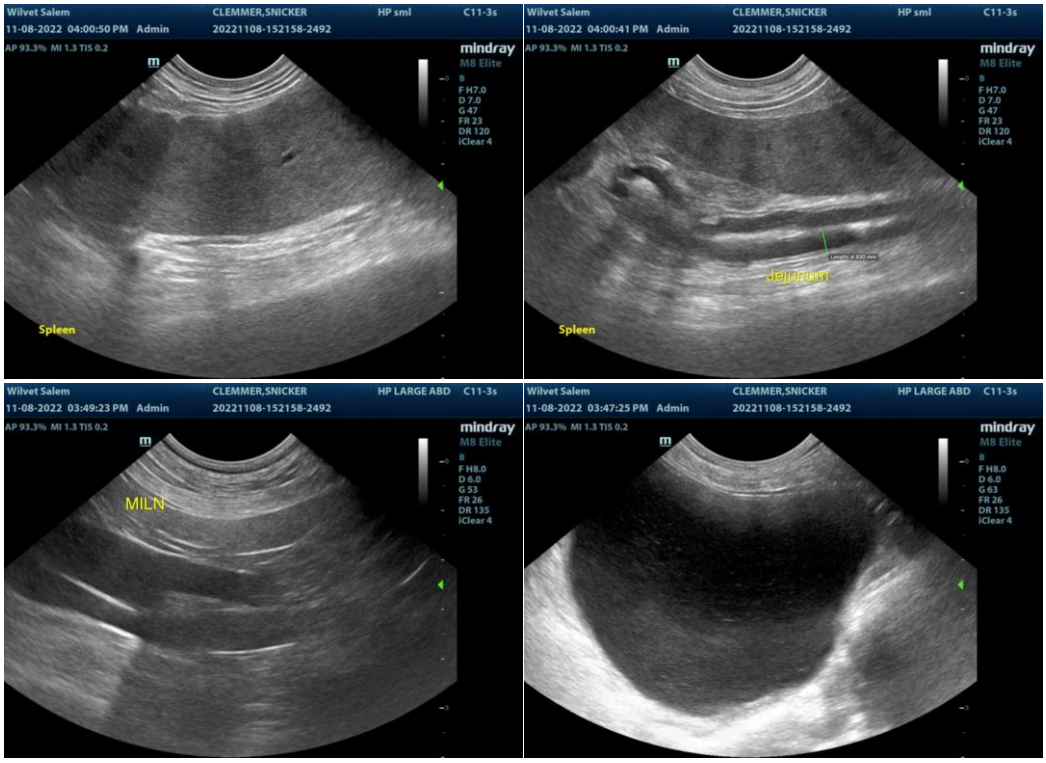

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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