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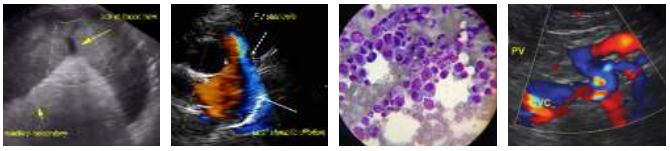

PATIENT

Nellie Gumowski

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

8 Years

WEIGHT

99.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Focused Ultrasound Resources

HOSPITAL NAME

Focused Ultrasound Resources

REFERRING VET

Living Spring Veterinary Hospital

INVOICE

48925

DATE

12-10-21

PRESENTING CLINICAL SIGNS

Palpable mass in abdomen
Abnormal PE/Chem/CBC/UA Results: HGB: 20.2 HCT: 55.92 MCH: 25.8

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 were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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. Potential areas of nonobstructive medullary mineral present. The left kidney measured 8.3 cm in length. The right kidney measured 8.6 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 0.46 cm width at the caudal pole and 0.56 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 0.6 cm width at the caudal pole and 0.6 cm width at the cranial pole.

Spleen

The spleen exhibited subjective mild generalized enlargement yet maintained symmetrical capsule contour with generalized mild splenic parenchyma heterogeneity. No distinct masses or nodules. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver / Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with anechoic content. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall and measured 0.38 cm width. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis.

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.

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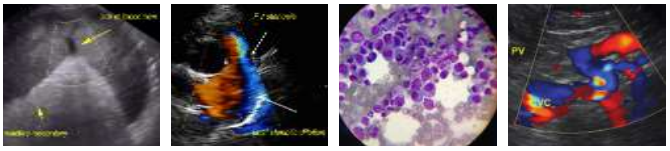

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Pancreas

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, lymphadenopathy, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly exhibiting mild nonhomogeneous parenchyma.
- Mild hepatic parenchymal remodeling.
- Mild nonspecific gallbladder wall edema.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the gallbladder wall edema may include acute inflammation, edema, anaphylaxis, or potentially secondary to sedation if clinically indicated. Correlation with hepatic enzyme elevation could be considered.

The mild splenomegaly likewise was nonspecific with the considerations including hyperplasia, hematopoiesis, incidental splenitis, or breed associated hypersplenism. Assuming normal clotting status, ultrasound guided FNA of the spleen using a 25 gauge needle would be warranted primarily to ensure only benign changes are present. Overall, no overt evidence of hepatosplenic neoplastic criteria or evidence of intraabdominal masses.

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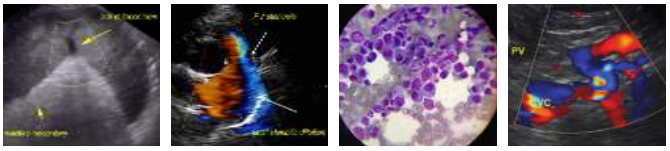

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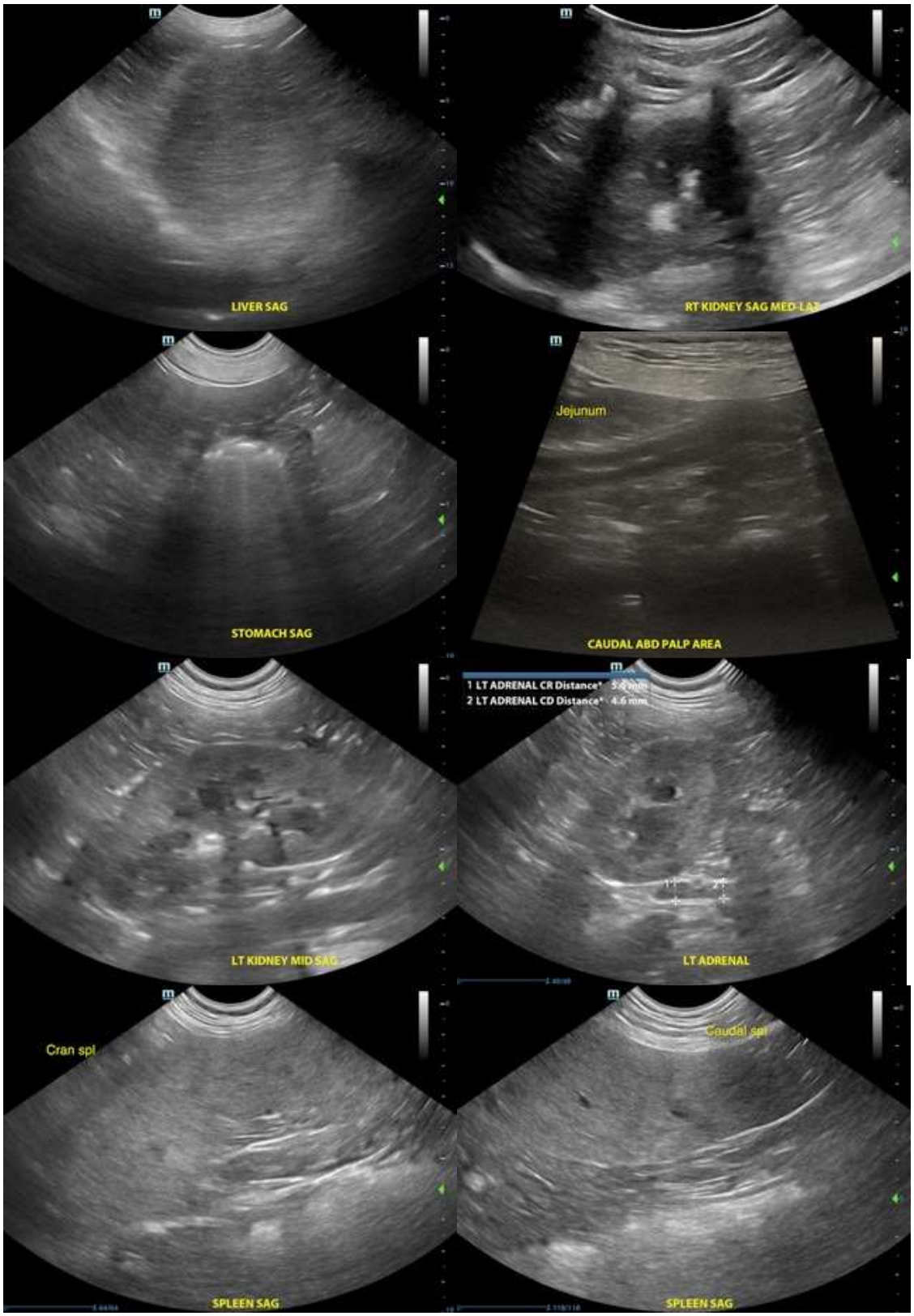

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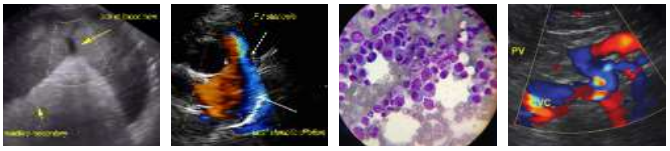

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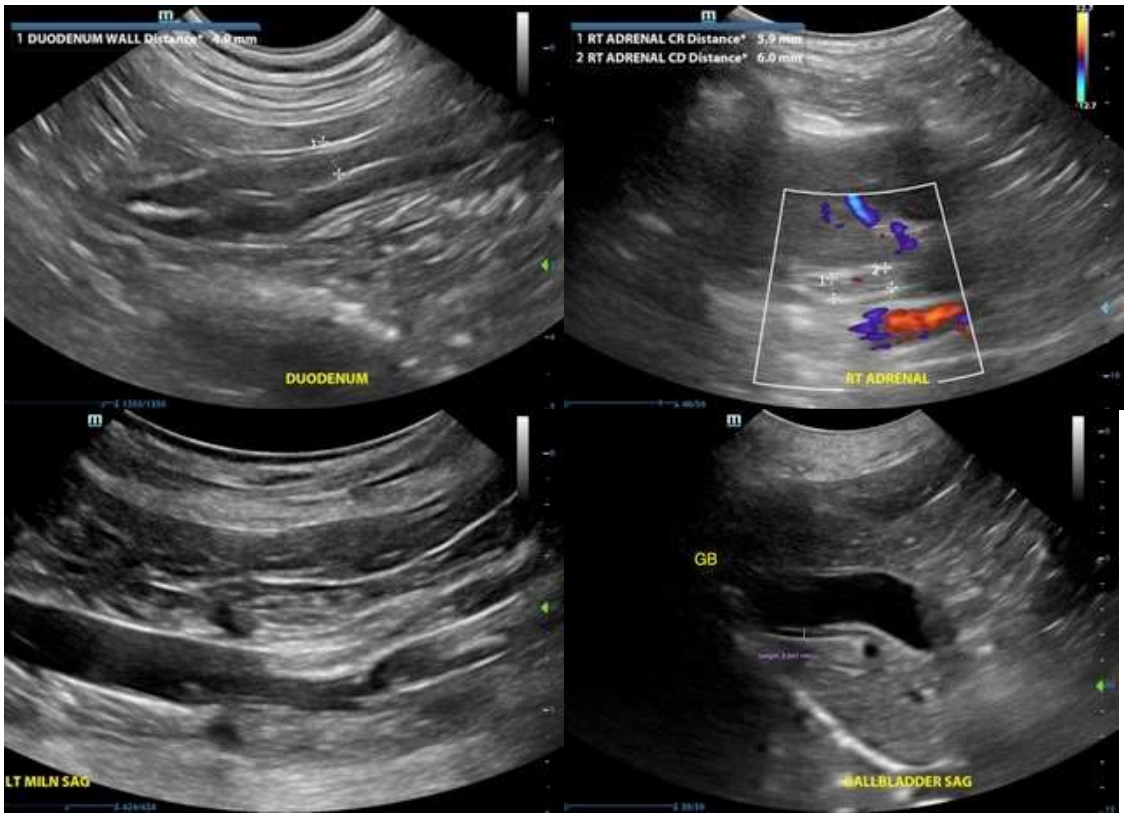

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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