

**PATIENT**

Mercedes Jurca

SPECIES

Canine

BREED

Rotweiler Mix

SEX

MN

AGE

11 years

WEIGHT

103 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Molly Bies

INVOICE

12829

DATE

12/15/21

PRESENTING CLINICAL SIGNS

Presented for laying around more and not wanting to get up and move around. Had one day last week when not wanting to eat much (last Thursday). Eating okay now. O' has to coax him to get up and go outside.

Abnormal PE/Chem/CBC/UA Results: Potentially more firm in cranial abdomen. Blood work showed anemia (30.8% HCT), decreased white blood cell count (4.58 K/ul) with all white blood cells being low to low normal. Also has decreased platelet count, blood smear pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 free of pathology.

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. Multiple cortical infarctions were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 8.4 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 0.65 cm width at the caudal pole and 0.59 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 0.58 cm width at the caudal pole and 0.83 cm width at the cranial pole.

Spleen

The spleen exhibited subjective generalized enlargement with mild medial folding of the caudal spleen. Mildly expansive, indistinctly marginated, hypoechoic nodular mass was present in the mid to cranial spleen, measuring approximately 3.8 cm in diameter. Sectorial hypoechoic parenchyma with reduced volume was present in the splenic tail with subtle evidence of associated perisplenic reactive mesentery.

Liver/ Gallbladder

The liver exhibited generalized enlargement and nonhomogeneous parenchyma with multiple, variably sized, hypoechoic, intraparenchymal nodules. An example of a liver nodule measured 0.72 cm. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact yet subjective mild thickened to hypoechoic wall layering. The stomach was primarily empty with luminal gas. The gastric body wall width measured 0.78 cm.

The small intestine presented intact wall layering with segmental mural hypertrophy and subtle altered muscularis mucosa ratio. No evidence of mechanical / metabolic small intestinal ileus was noted. Areas of mildly thickened Intestine measured 0.60 cm width.

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

Mild associated regional peri intestinal reactivity was present, along with mildly prominent to hypoechoic mid abdominal mesenteric lymph nodes. An example of a mesenteric lymph node measured 1.3 cm in diameter. No effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Chronic renal changes with cortical infarctions
- Expansive mid to cranial splenic nodular mass with probable splenic tail infarction
- Multifocal, hypoechoic, variably sized, hepatic parenchymal nodules
- Mildly thickened stomach and segmental small bowel with associated peri Intestinal reactive mesentery and mild mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, primary concern for hepatosplenic neoplasia, given the splenic nodular mass and multifocal, hypoechoic, hepatic parenchymal nodules, multicentric lymphoma, sarcoma, or other neoplasia are possible. Potential for early gastric and segmental small bowel involvement is of concern along with the possibility of early mesenteric lymphatic involvement.

Assuming normal clotting status, ultrasound-guided FNA of the splenic nodular mass, as well as hepatic parenchyma and hepatic nodule, using a 25-gauge needle for screening cytology and potential for oncology consultation is recommended.



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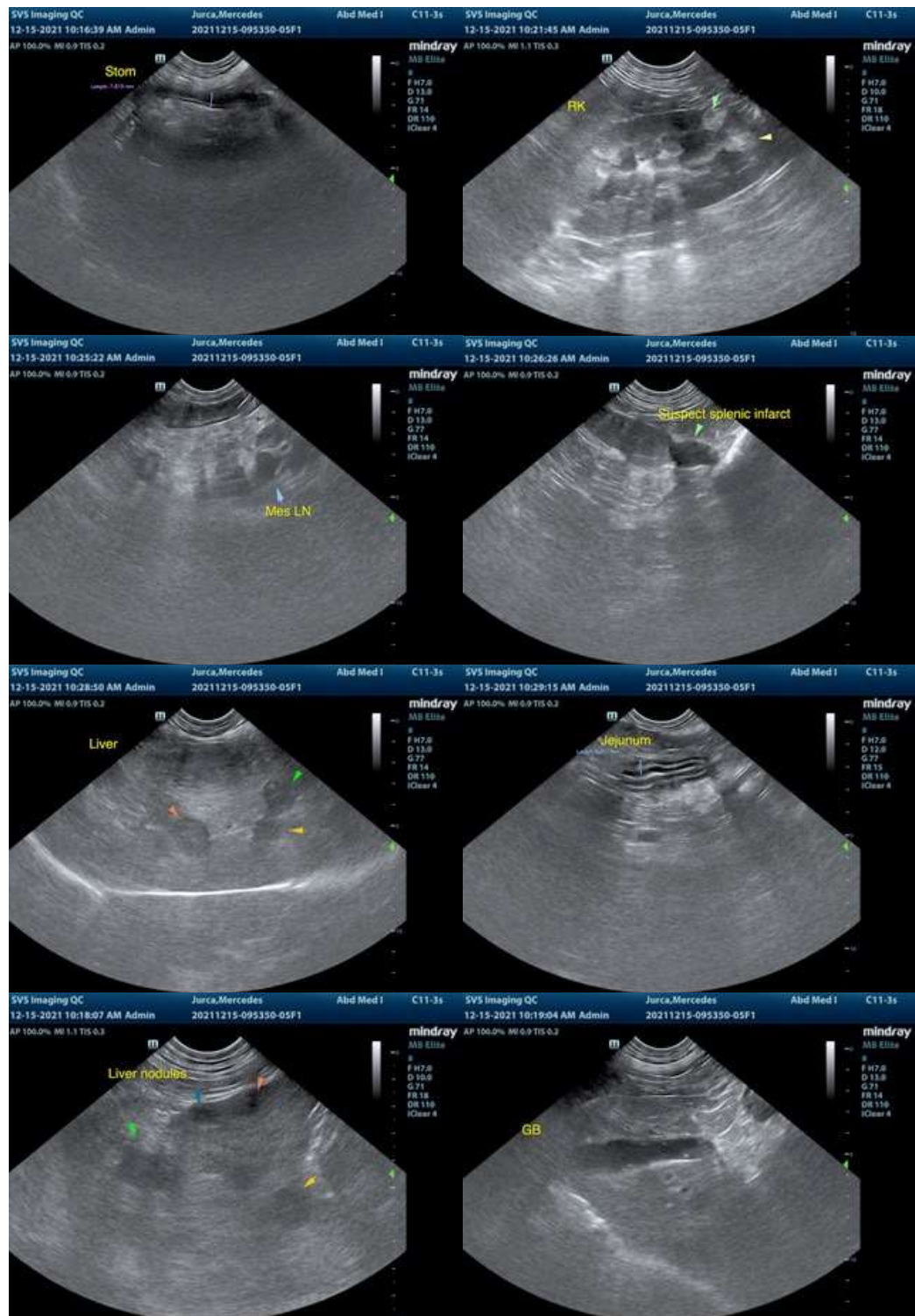
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svsmedicalimaging.com 309-337-3070



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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