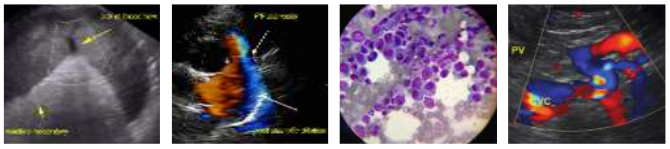
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Henry Cannady

SPECIES

Canine

BREED

St. Bernard

SEX

MN

AGE

7.5 years

WEIGHT

165 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

12846

DATE

12/17/21

PRESENTING CLINICAL SIGNS

Vomited Monday and decreased appetite, but is improving. Taking longer to urinate.
Abnormal PE/Chem/CBC/UA Results: BW -NSF UA - TNTC WBC, WBC casts, proteinuria, TNTC rods, 2+ cocci present in sediment

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 overtly normal structure and tone. The bladder was not over distended in size. Anechoic urine was present in the lumen with no calculi 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 1.7 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 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. The left kidney measured 8.6 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 0.66 cm width at the caudal pole and 0.68 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 0.54 cm width at the caudal pole.

Spleen

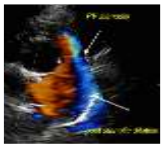
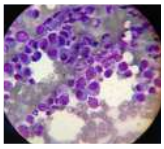
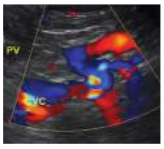
The spleen exhibited normal size and contour with primarily maintained finely textured homogenous parenchyma with intermittent subtle, non-expansive hypoechoic parenchymal nodules. An example of a splenic nodule measured 1.3 cm in diameter.

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 Mid gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate, ingesta exhibited subtle progressive distal acoustic shadowing. The ventral gastric body wall width measured 0.36 cm. No overt evidence of mechanical pyloric outflow obstruction was noted.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild upper duodenal ingesta / chyme was present, along with segmental jejunal chyme. No evidence of obstructive small intestinal pattern was noted. The duodenum wall width measured 0.47 cm. The jejunum wall width measured 0.46 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal gastrointestinal tract with gastric and mild duodenal ingesta / chyme
- Nonspecific subtly hypoechoic intermittent splenic nodules
- Heterogeneous pancreas
- Sonographically unremarkable urinary bladder, residual prostate, and visualized proximal urethra

Secondary Findings

- Mild gallbladder debris (non-mucocele) - incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of a nodule using 25-gauge needle, as well as splenic parenchyma, assuming normal coagulation parameters may be considered especially if evidence of weight loss. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

The presence of gastric and segmental small Intestinal ingesta / chyme likely correlates with reported history of post prandial presentation. However, if documented NPO or evidence of persistent retained gastric ingesta, some degree of metabolic gastric or gastrointestinal hypomotility may be possible. Potential for resolved inflammatory bowel episode or pancreatitis is suspected, given the patient's improved clinical signs. However, potential for chronic inflammatory enteropathy or low-grade to chronic pancreatitis may be possible if recurrent or persistent GI signs are noted.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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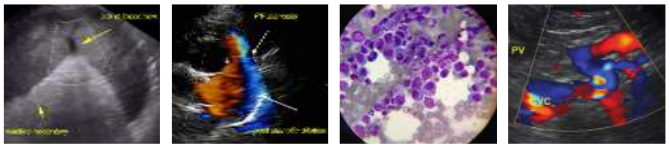

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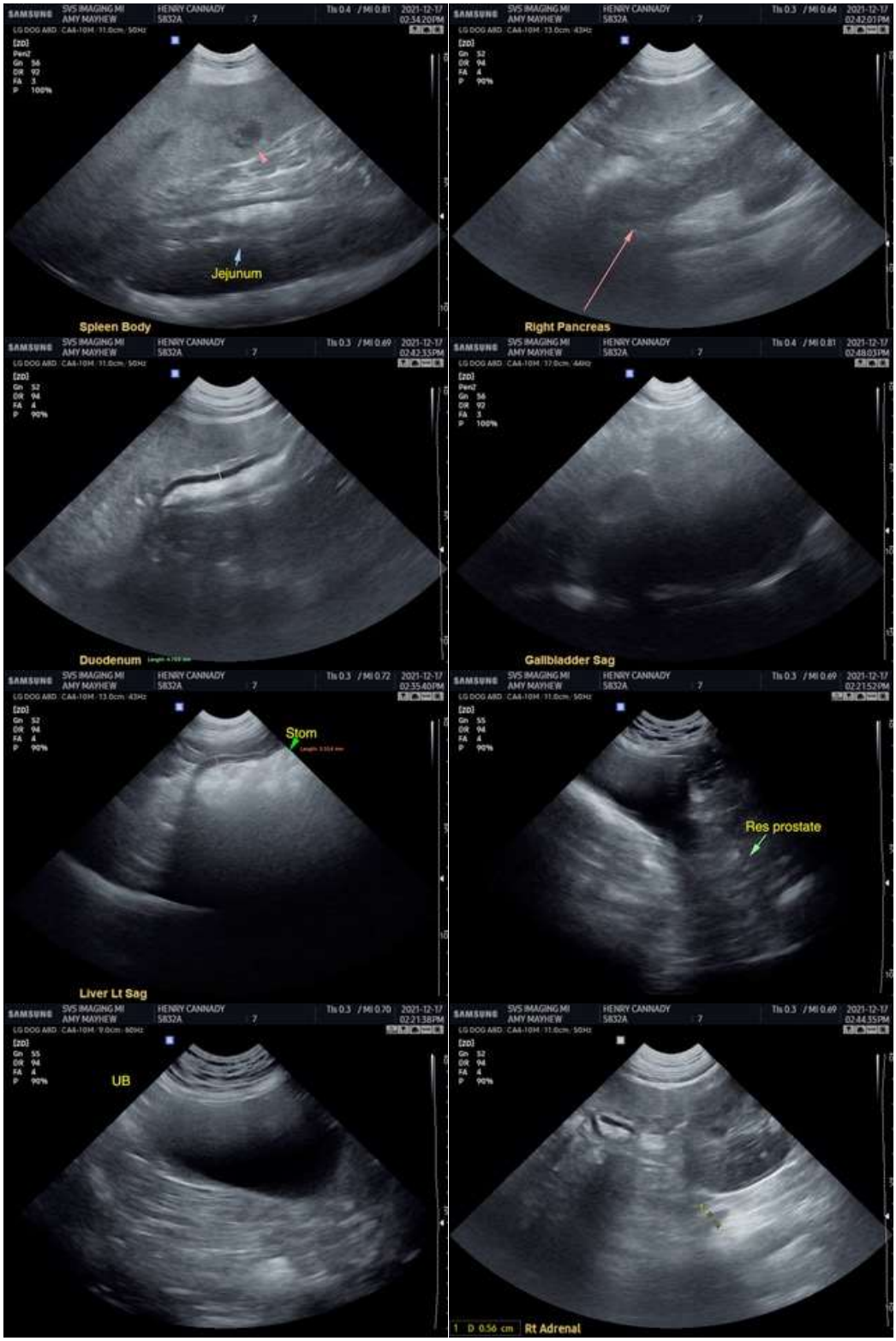

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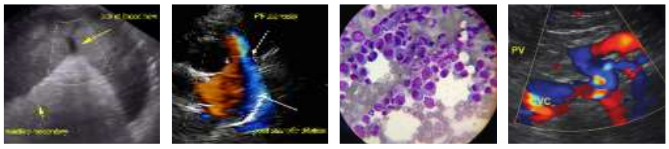

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com