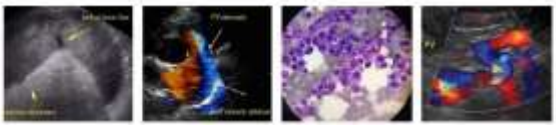


PATIENT

Triton Pugliese

SPECIES

Canine

BREED

Lab

SEX

MN

AGE

12 years

WEIGHT

31 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Sommers

INVOICE

12839

DATE

12/17/21

PRESENTING CLINICAL SIGNS

had dark brown urine that had turn more red throughout the day. not straining to urinate - did not feel any abdominal masses but abdomen feels full anteriorly. - mildly pale colour - prostate normal on rectal currently on: Clavaseptin 500mg BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The sediment is suggestive of mild cellular to crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The bladder was normal in overall size and tone.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.1 cm in width.

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. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

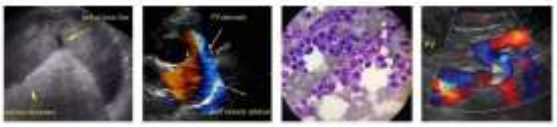
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.96 cm width at the caudal pole and 0.74 cm width at the cranial pole. The right adrenal gland measured 1.0 cm width. No overt evidence of hyperplasia or neoplasia was noted in either the left or right adrenal glands.

Spleen

A moderately sized to expansive, nonhomogeneous to mixed echogenic mass exhibiting focal cystic to cavitied component subjectively in the mid to caudal spleen was present and measured approximately 5.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. Overt evidence of parenchymal escape was not evident. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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



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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was normal in size with mildly prominent to echogenic gallbladder walls. Anechoic content was otherwise present in the gallbladder. 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, retained, echogenic, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.50 cm.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent jejunum walls with mild altered muscularis mucosa ratio owing to mildly prominent muscularis layer. The jejunum wall width measured 0.40 cm. No evidence of loss of intestinal wall layering or intestinal masses was noted.

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

Regional perisplenic to segmental peri intestinal reactive mesentery was present. No overt effusion or lymphadenopathy were noted.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

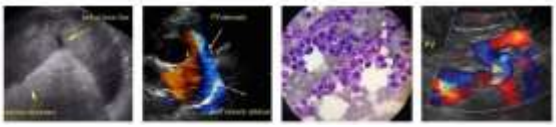
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically normal urinary bladder with mild particulate sediment
- Splenic mass
- Hepatic parenchymal remodeling - subjectively benign
- Subjective segmental prominent yet intact jejunal wall layering - nonspecific
- Bilateral mild chronic renal changes, no overt pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Overt evidence of intraabdominal metastasis was not present, yet the possibility of non-sonographically evident metastasis or micrometastasis cannot be definitively excluded.



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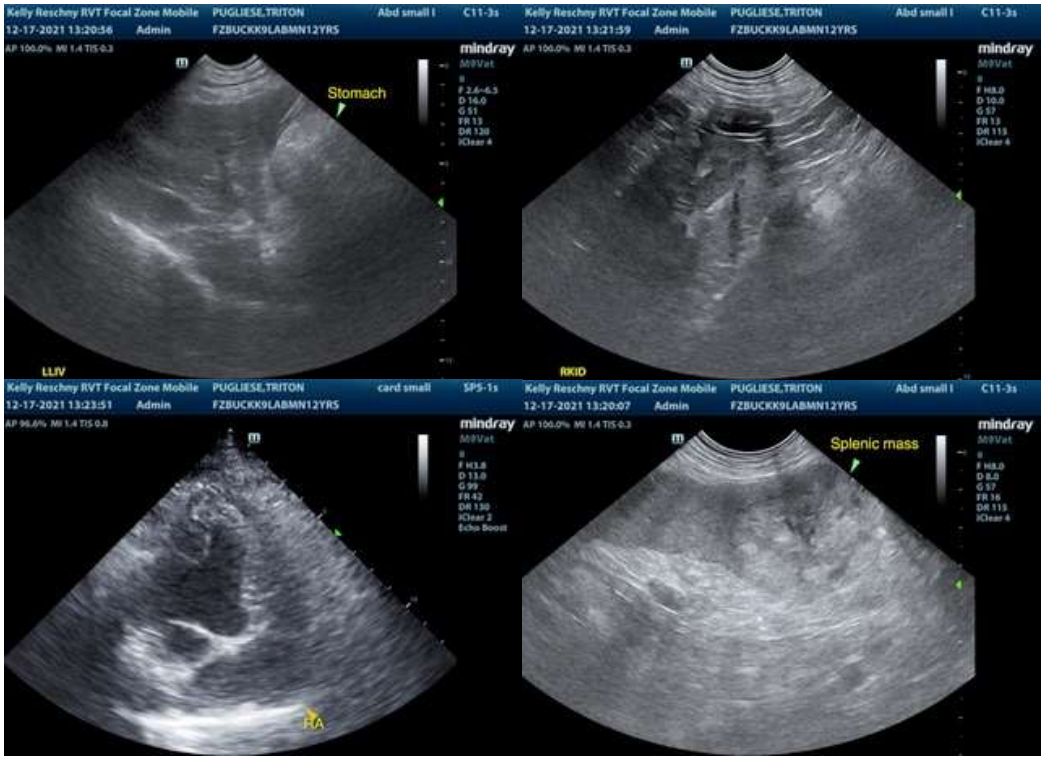
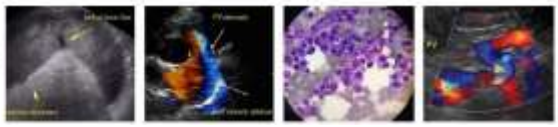
Assuming no evidence of thoracic metastasis on three view chest radiographs, laparotomy with splenectomy +/- hepato-intestinal biopsies may be considered.

The subjective mild prominent to jejunal wall layering is nonspecific and may be a normal patient variant if no gastrointestinal signs or weight loss.

Without evidence of significant urinary tract pathology, an obvious cause of the discolored to hematuric urine was not definitively evident. Urine culture and sensitivity on a sterile urine sample may be considered. Correlation with a CBC / Chemistry Panel to assess for CBC abnormalities or hemolysis is recommended.





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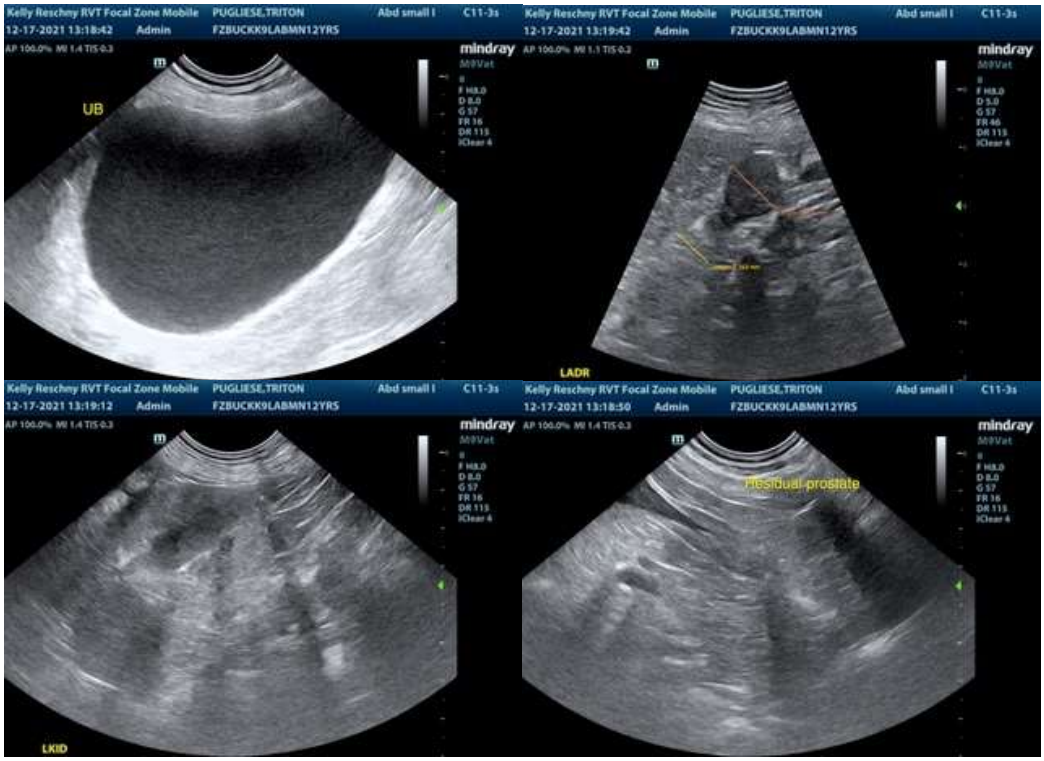

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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