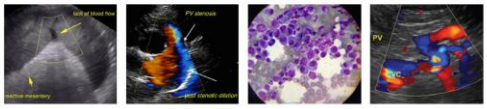


PATIENT

Lady Vincent

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

9 years

WEIGHT

58.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River Animal Hospital

REFERRING VET

Erin Plunkett, DVM

INVOICE

15584

DATE

12/2/22

PRESENTING CLINICAL SIGNS

Presented for annual exam. Has lost 7 lbs since May of 2021 with no change in food or activity.

Abnormal PE/Chem/CBC/UA Results: SDMA 14 (0-14), ALT 158 (18-121).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

A solitary to intermittent medial iliac lymph nodes were present, not consistent with inflammatory or neoplastic criteria. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 2.6 cm length x 0.59 cm width at the caudal pole.

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. Minor right kidney pyelectasia was present. The left kidney measured 7.2 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

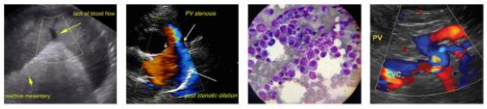
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole and 0.68 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.83 cm width at the caudal pole and 0.49 cm width at the cranial pole.

Spleen

The spleen was overall normal in size and maintained a symmetrical capsule contour with a finely textured homogeneous parenchyma primarily. Normal splenic vascularity was present. A solitary, mildly expansive, nonhomogeneous, hypoechoic nodule was present in the caudal spleen with mild associated capsule distortion, yet without evidence of parenchymal escape, measuring 2.3 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 containing primarily anechoic content with mild nondependent nonorganized echogenic luminal



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gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. 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 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.

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

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted. Normal perisplenic to generalized omental echogenicity was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Low-grade hepatopathy - potential low-grade inflammatory hepatopathy, i.e., cholangiohepatitis
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract
- Solitary mildly expansive caudal splenic nodule - hyperplasia, hematopoiesis, hematoma, infection / splenitis, emerging neoplasia, all potentials

Secondary Findings

- Minor right kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, ultrasound-guided FNA cytology of the splenic nodule is warranted for further assessment. Concurrent FNA hepatic cytology could be considered if hepatic parenchyma is assessable, primarily to assess for or possibly identify inflammatory cell type. Sonographic monitoring of the splenic nodule for evidence of progression with initial recheck in 4 weeks would be reasonable.

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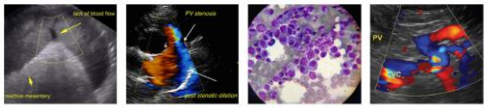
Pet Animal Ultrasound Service



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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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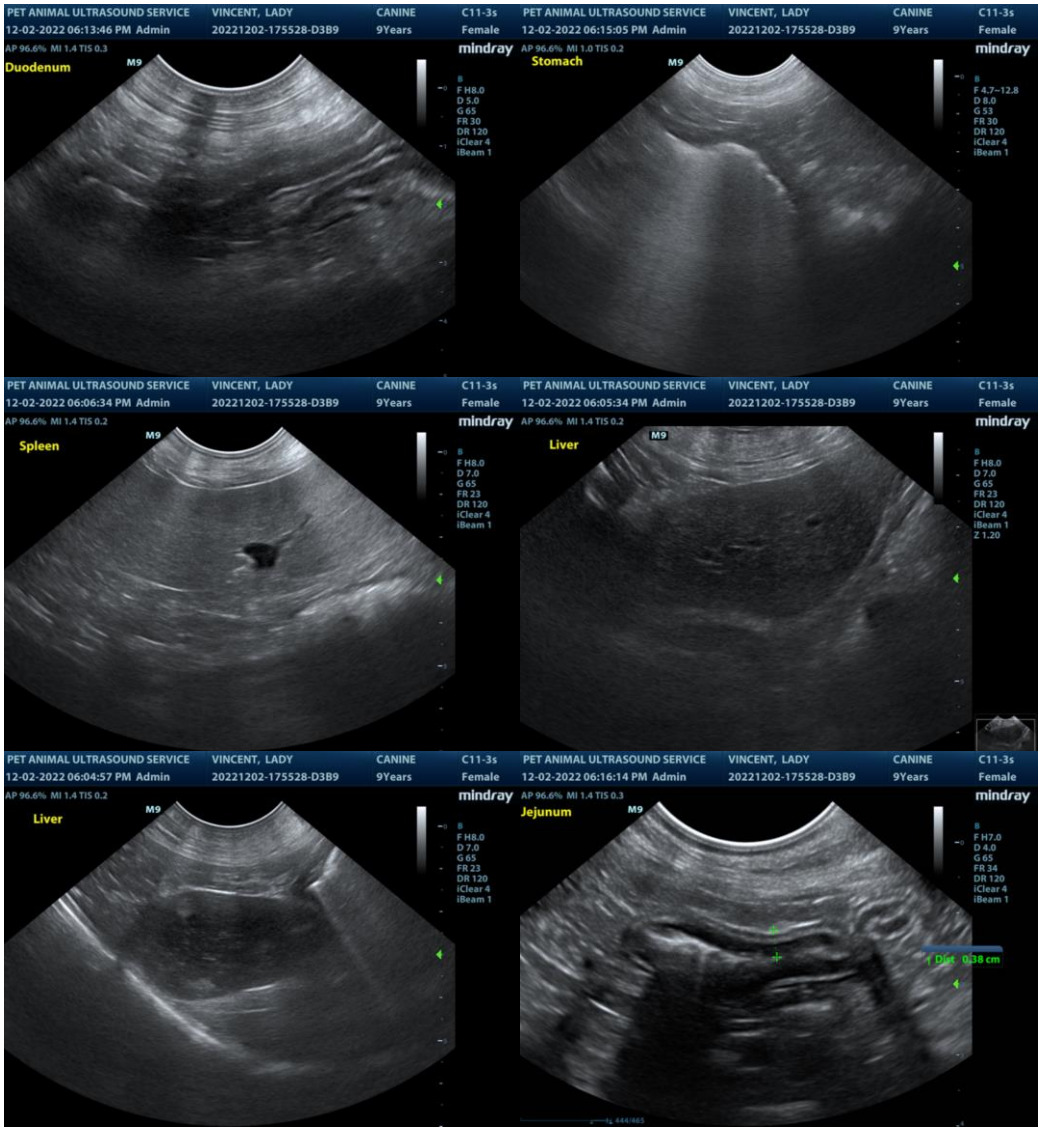
A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

Splenectomy with hepatic +/- gastrointestinal biopsies would be a more aggressive approach, assuming no evidence of thoracic pathology and normal cardiopulmonary status on three view chest radiographs.



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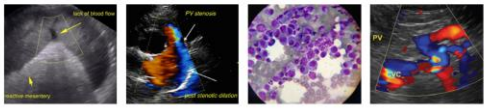

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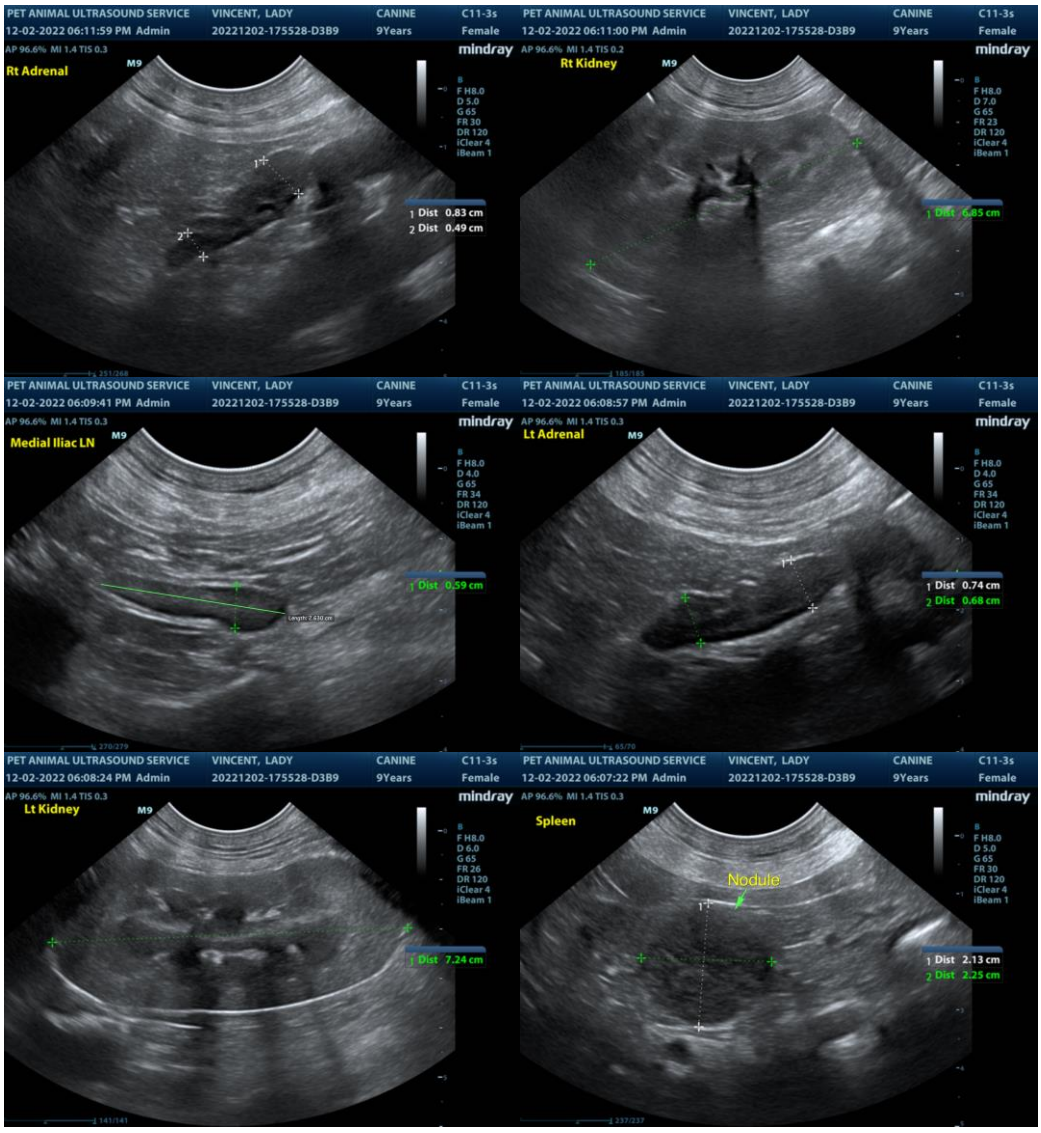

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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