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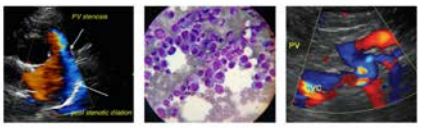

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Holly Rudsell

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Intact Female

AGE

11 Years

WEIGHT

43 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Joy

INVOICE

33714

DATE

12/23/21

PRESENTING CLINICAL SIGNS

Poor appetite and lethargic.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL

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. 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 overt evidence of pathology associated with the uterus or bilateral ovaries.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.0 cm. The right kidney measured 8.2 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.66 cm at the caudal pole. The right adrenal gland measured 2.7 cm length x 0.73 cm at the caudal pole.

Spleen

The spleen exhibited potential for mild generalized enlargement. Subtle rounded yet primarily maintained symmetrical contour. Generalized decreased splenic parenchyma echogenicity noted, exhibiting moderate coarse echotexture. No distinct splenic mass or nodules. Normal splenic vascularity

Liver

The liver exhibited mild to potential moderate generalized enlargement. Subtle areas of asymmetrical caudal hepatic contour noted. Generalized decreased hepatic parenchyma echogenicity noted with mildly increased prominence of portal vasculature borders and moderate coarse echotexture with evidence of parenchymal remodeling. An indistinct non-homogeneous to multifocal cystic mid parenchyma mass measuring approximately 5.8 cm in diameter was noted. Potential for area of increased hepatic parenchymal remodeling with associated intraparenchymal cyst without evidence of a mass lesion possible. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge, primarily noted along the inner luminal wall. No evidence of inflammatory mural criteria or peripheral inflammation. The common bile duct was 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. Gastric body wall measured 0.56 cm.

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. Jejunum wall measured 0.38 cm. Duodenum wall measured 0.53 cm.

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

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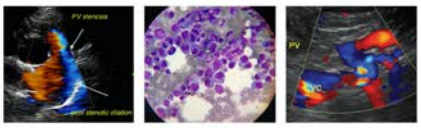

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Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric nodes were present. Example measured 2.7 cm x 0.77 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

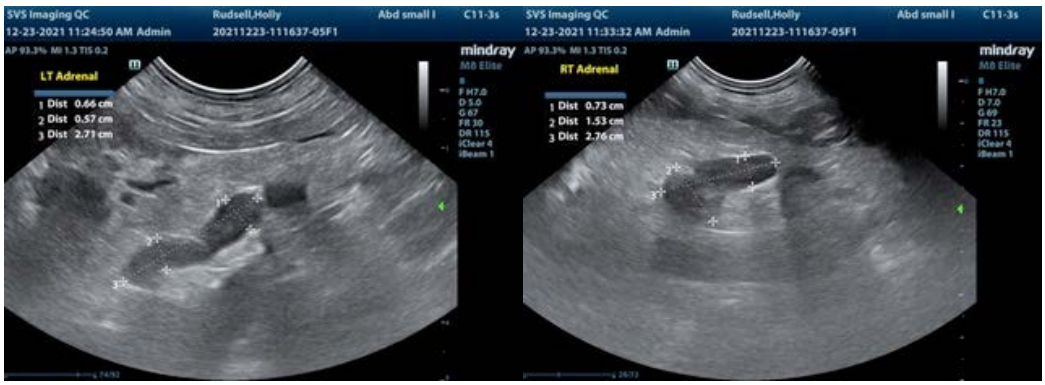
Very small pockets of scant peritoneal free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Potential mild splenomegaly exhibiting decreased parenchyma echogenicity
- Hepatomegaly with generalized parenchymal remodeling and potential for mid parenchymal indistinct cystic mass
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract
- Heterogeneous to hypoechoic pancreas – chronic to chronic active pancreatitis suspected.
- Intermittent, subjectively benign mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild hepatosplenomegaly exhibiting hepatosplenic parenchymal changes is non-specific given the lack of reported hepatic enzyme elevations. Ultrasound guided FNA of the spleen and liver (assuming normal clotting status and using 25-gauge needle) warranted, primarily to assess for evidence of inflammatory disease with some concern for possible hepatosplenic neoplasia. The clinical signs in this patient may be owing to chronic to chronic active pancreatitis, while the possibility of structurally insignificant gastrointestinal disease cannot be excluded. 3-view chest radiographs +/- resting cortisol to rule out occult disease as a potential cause of the patient's clinical signs may be considered. As needed gastrointestinal support indicated.



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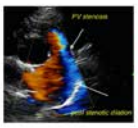
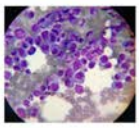
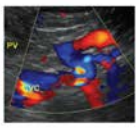

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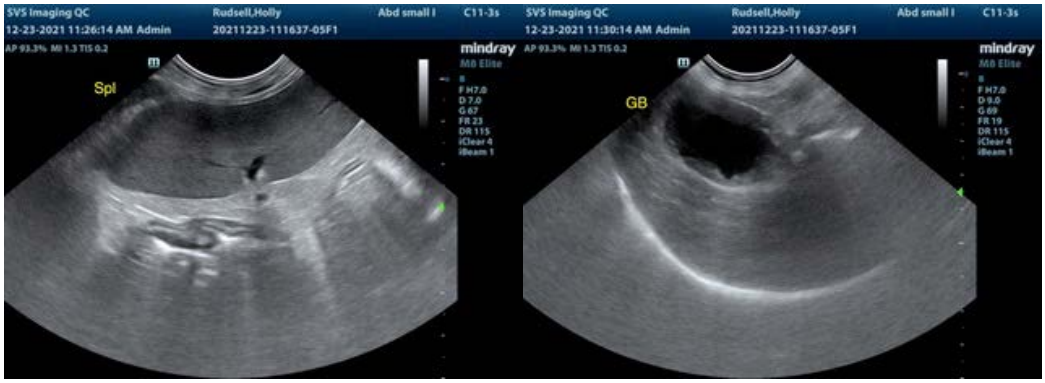

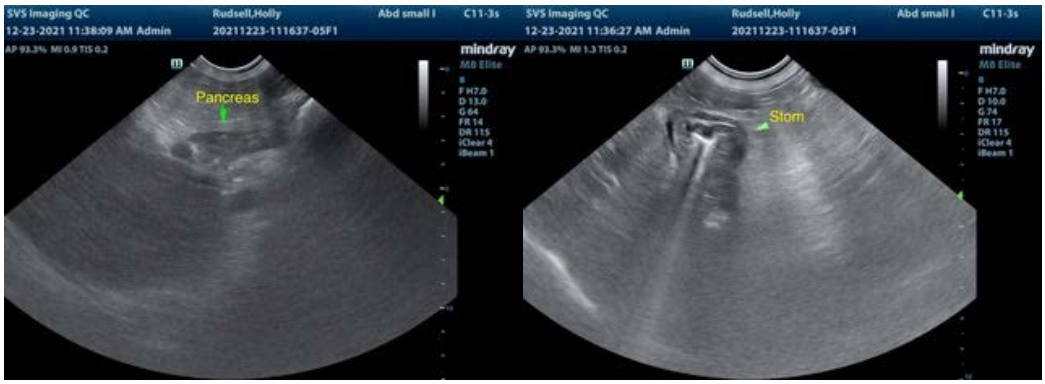

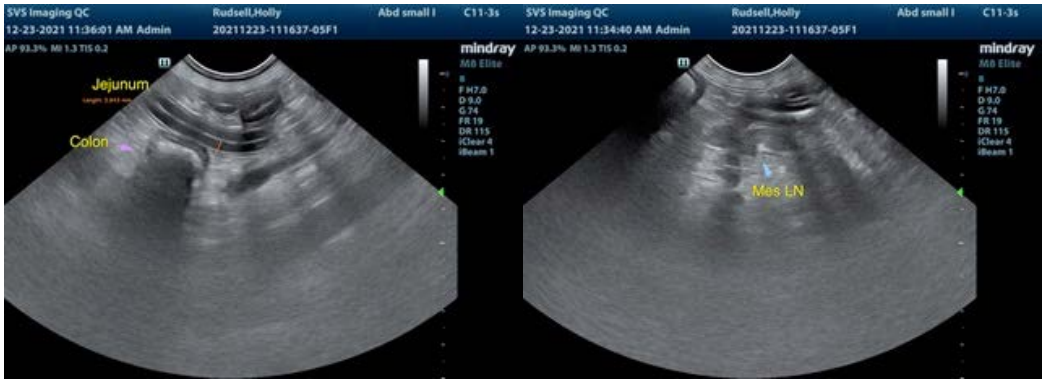

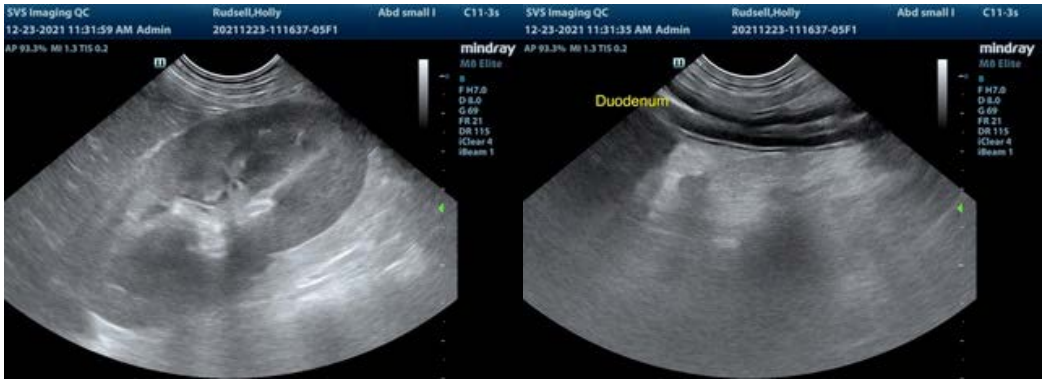

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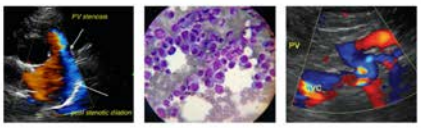

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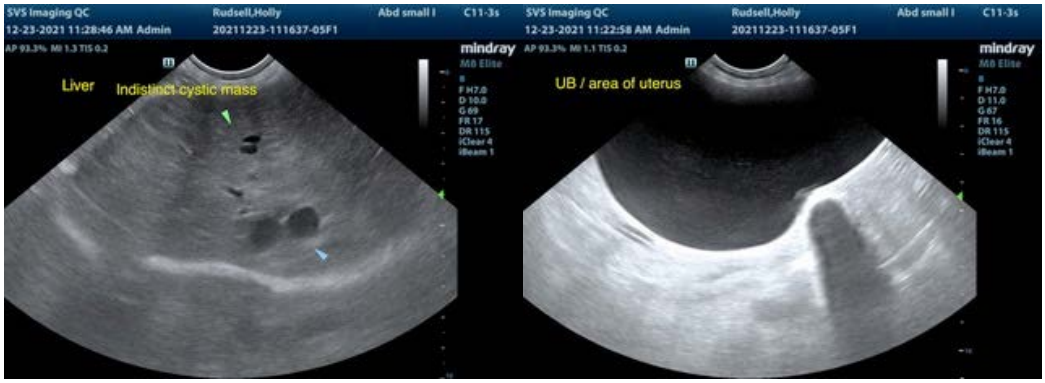

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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