**PATIENT**

Piper Dillie

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

22.4 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. Sue Hartmann

**INVOICE**

33720

**DATE****PRESENTING CLINICAL SIGNS**

Blood from rectum, stool is soft but formed, blood is not mixed in with stool. Recent weight loss of 4 # (in the last 3 months). Has a good appetite today and no V/D present.

Abnormal PE/Chem/CBC/UA Results: BW - unremarkable except ALKP 262

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.7 cm. The right kidney measured 4.3 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.49 cm at the caudal pole. The right adrenal gland measured 1.7 cm length x 0.52 cm at the caudal pole.

**Spleen**

The spleen was normal in size and contour with primarily maintained finely textured homogeneous parenchyma. A solitary anechoic to hypoechoic nodule to cyst in the cranial spleen was noted, measuring 0.8 cm diameter.

**Liver**

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 benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild non-dependent yet non-organized debris. No evidence of gallbladder or peripheral inflammation. The common bile duct was normal.

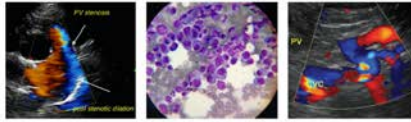
**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Ventral gastric body wall measured 0.27 cm.

The small intestine presented intact wall layering with segmental propensity for subtly prominent duodenojejunal mucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.52 cm. Jejunum wall measured 0.35 cm.

Normal visible colon wall layers were present with subjective semiformal feces.

**Pancreas**

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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****SPECIES**

Canine

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Pug

**ULTRASONOGRAPHIC FINDINGS****SEX**

Spayed Female

- Probable mild colitis, possible concurrent enteropathy
- Gastric ingesta – suspect post-prandial presentation, minor potential for gastric stasis if documented NPO.
- Hepatic parenchymal remodeling – subjectively benign.
- Mild gallbladder debris (non-mucocele)
- Non-specific cranial splenic parenchymal nodule versus cyst
- Heterogeneous pancreas

**AGE**

13 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****WEIGHT**

22.4 Pounds

Potential etiologies for the splenic nodule or cyst may include benign processes such as parenchymal cyst, nodular hyperplasia, extramedullary hematopoiesis, emerging hematoma, less likely infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. 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.

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Given the patient's weight loss, GI panel to include PLI, TLI, cobalamin and folate to assess for non-sonographically evident chronic to low-grade pancreatitis or enteropathy recommended. Thoracic radiographs to rule out occult pathology, which may cause weight loss in older patients is recommended.

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No overt evidence of hepatic neoplastic criteria. As needed gastrointestinal support, conservative therapy for mild colitis (given the hematochezia) +/- hepatosupportive medications would be appropriate.

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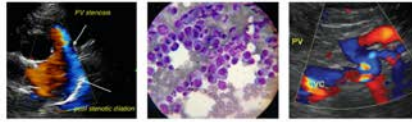
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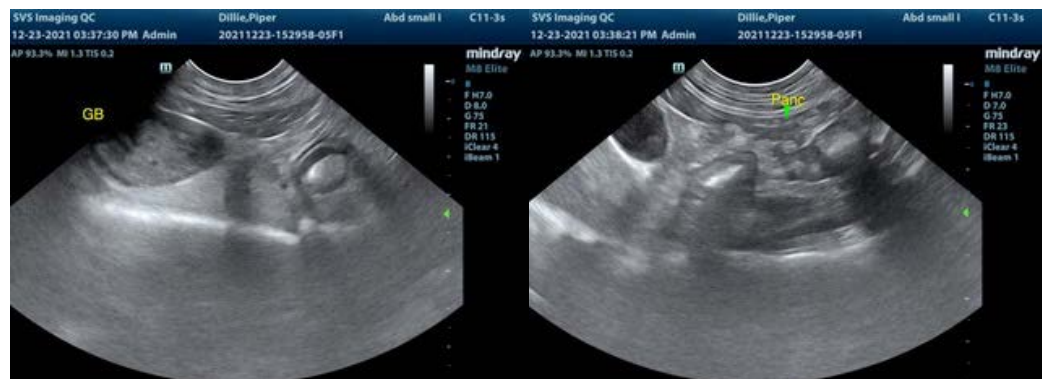
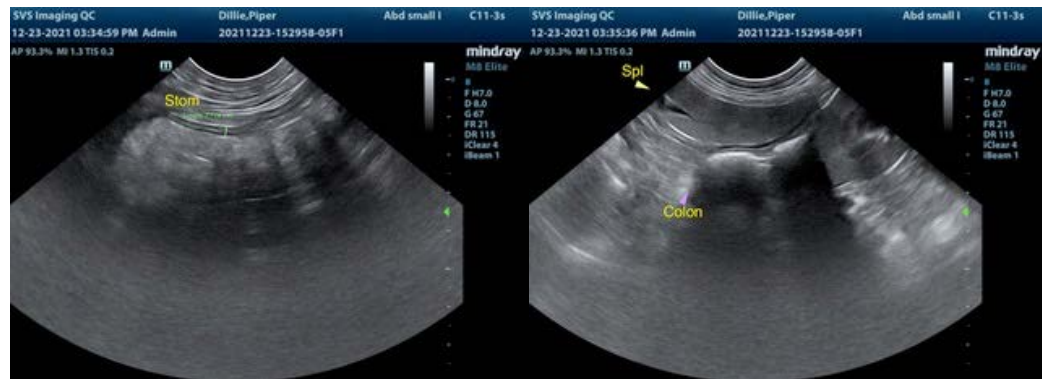
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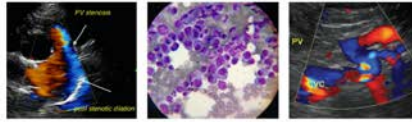
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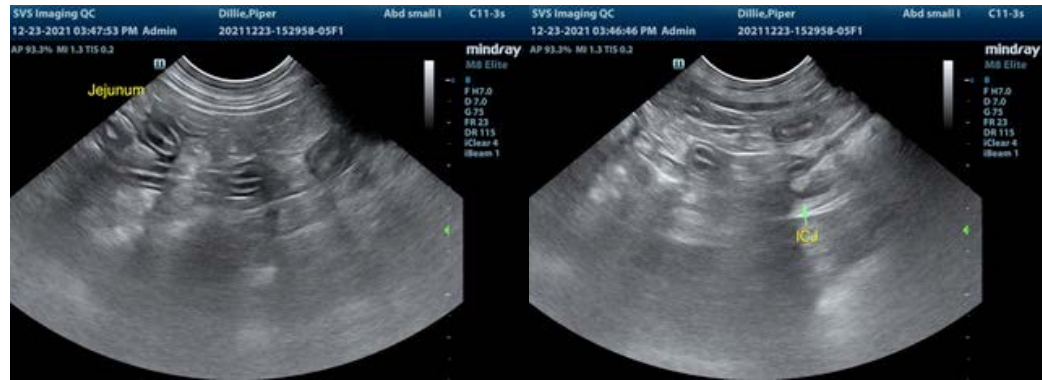
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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