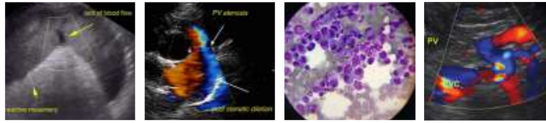


PATIENT

Brix Christenson

SPECIES

Canine

BREED

Cairn Terrier

SEX

MN

AGE

13 years

WEIGHT

24.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Reid VH

REFERRING VET

Dr. Tim Reid

INVOICE

13299

DATE

2/10/22

PRESENTING CLINICAL SIGNS

Appears to have enlarged spleen and liver from radiographs taken on 2/9/22 Gaining weight for the last month Hx of vomiting in mornings intermittently Some lethargy the last week Current Medications Carprofen 25mg

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 was noted.

No overt pathology was noted in the area of the residual prostate.

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. Potential for minor left kidney cortical infarctions is possible. The left kidney measured 5.1 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

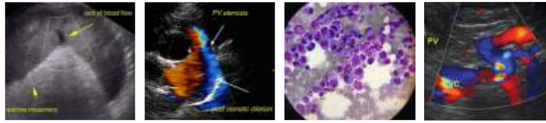
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.38 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole.

Spleen

The spleen exhibited generalized enlargement with primarily symmetrical to focally asymmetrical medial capsule contour. Generalized parenchyma heterogeneity exhibiting discreet hypoechoic parenchymal nodules. Normal splenic vascularity was present.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size. The gallbladder wall was mildly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with mild gallbladder wall edema. Possible causes may include acute inflammation, edema, and anaphylaxis. Mild nondependent, nonorganized luminal debris was present.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor nonshadowing ingesta / chyme was present in the stomach lumen. The gastric body wall width measured 0.42 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. The duodenum wall width measured 0.39 cm.

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

Focal, cranial abdominal mesenteric lymph node was present caudal to the stomach. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The lymph node size was 2.5 cm length x 0.94 cm width at the caudal pole. Mild perisplenic free fluid was noted around the caudal lateral spleen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenomegaly exhibiting nonuniform to discreet hypoechoicly nodular parenchyma
- Mild nonspecific hepatomegaly
- Mild gallbladder luminal debris with minor concurrent wall edema
- Solitary mildly prominent to hypoechoic cranial mesenteric lymph node -lymphadenitis or early neoplastic lymphadenopathy possible
- Scant primarily perisplenic free fluid

Secondary Findings

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although cytology is required for further clarification, the primary concern for splenic neoplasia i.e., round cell neoplasia, sarcoma, or other is warranted. Potential for a benign process such as splenic hyperplasia, hematopoiesis, or splenitis is also possible yet Is thought less likely given the hyperglobulinemia.

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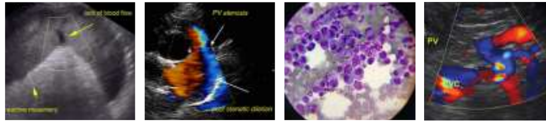

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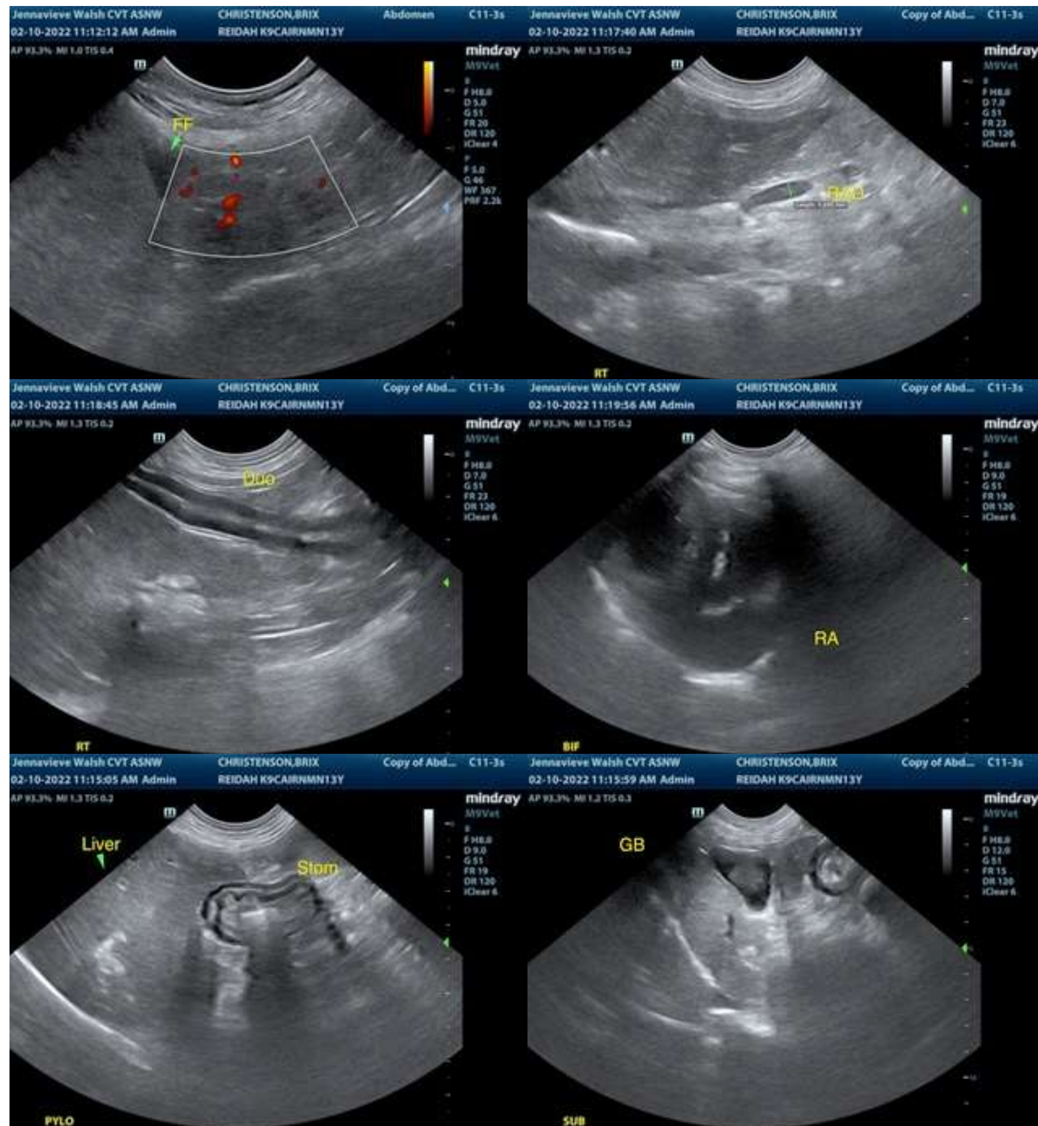
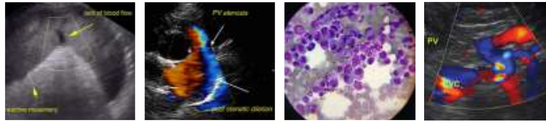
Assuming normal clotting status, hepatosplenic FNA using a 25-gauge needle is warranted for screening cytology. Further assessment may also include protein electrophoresis pending cytology results. Continued as-needed gastrointestinal supportive care is recommended.





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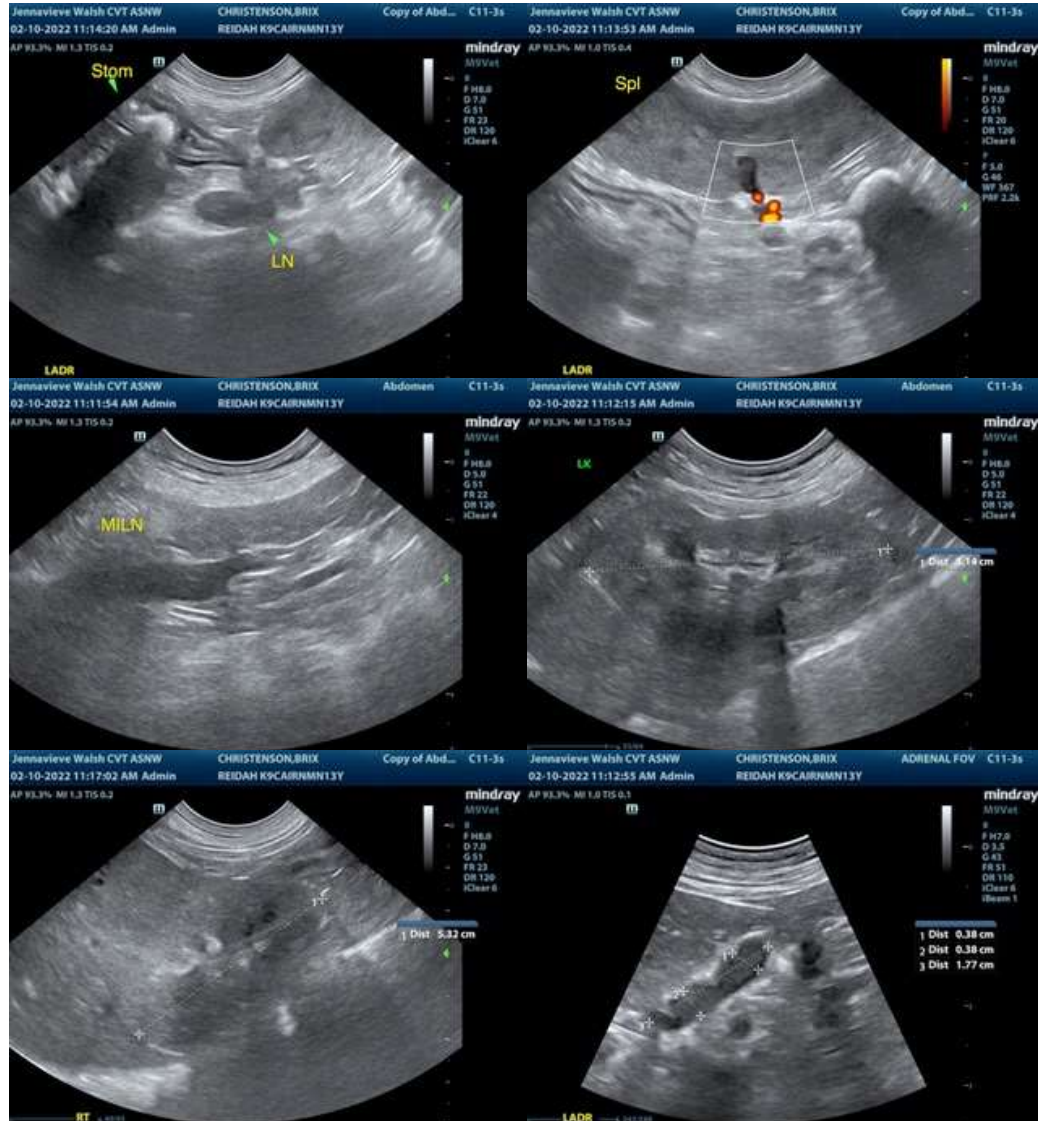

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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