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Clinical Sonography & Telecytology
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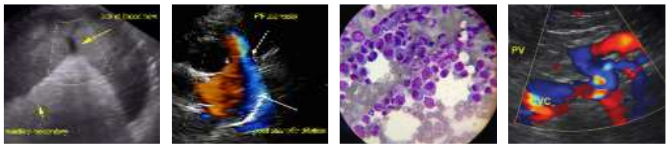


PATIENT
Sheldon Sarmiento
Dr. Pet

SPECIES
Canine

BREED
Hound Mix

SEX
MN

AGE
12 years

WEIGHT
-

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Vetco Total Care (Totowa)

REFERRING VET
Dr. Sarmiento

INVOICE
13310

DATE
2/11/22

PRESENTING CLINICAL SIGNS

History of OA, possible slipped disc, epilepsy for 2 years, and some signs of neuro/senility observed. History of HBC years ago (right hind limb injury). Patient has been PU/PD recently and painful in the caudal abdomen. Current meds: Levetiracetam ER 750mgs 1 tab BID, Thyro-tabs 0.4 mgs 1 tab BID. Bloods WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

The area of the aortic trifurcation was free of pathology without evidence of sublumbar or medial Iliac lymphadenopathy or caudal abdominal masses.

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 5.8 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology, measuring 0.35 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology, measuring 0.44 cm width at the caudal pole.

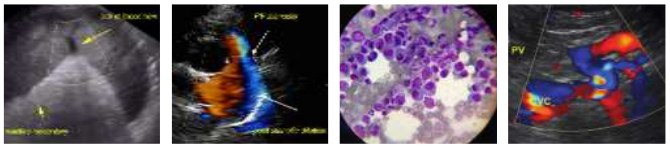
Spleen

The spleen was normal in size and contour with normal splenic parenchyma echogenicity with moderate coarse echotexture. An indistinct, non-expansive, subtle hypoechoic nodule was noted mid-medial parenchyma measuring 1.4 cm 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 with mild, dependent to nondependent, nonorganized debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, retained focally shadowing ingesta and chyme. An example of a shadowing ingesta to possible echo measured 1.8 cm in width. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.49 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 0.46 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

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Subtle to discreet, non-expansive splenic nodule - nonspecific
- Mild gallbladder debris (non-mucocele) - likely incidental given the lack of cholestasis
- Mild retained gastric ingesta / chyme, subjective nonspecific shadowing echo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Benign splenic nodule process such as discreet area of lymphoid hyperplasia or hematopoiesis is suspected. The potential for emerging neoplastic criteria is considered unlikely, yet sonographic monitoring with potential for ultrasound-guided FNA if evidence of progression is recommended.

The shadowing gastric echo and retained chyme is nonspecific. The shadowing echo may correlate with recent food, treat, or medication. Potential for foreign body is considered a less likely differential diagnosis. Sonographic or radiographic monitoring for evidence of normal gastric emptying may be considered If clinically indicated.

Overall, largely geriatric abdomen without evidence of significant visceral pathology. An obvious source of pain within the abdominal cavity specifically the caudal abdomen was not overtly evident. Given the patient's history, potential for referred abdominal pain i.e., muscular-skeletal pain, may be present.

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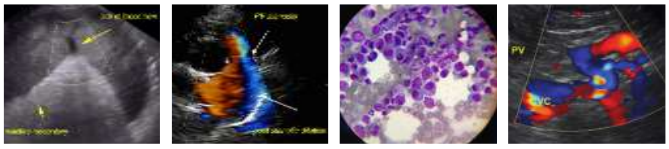

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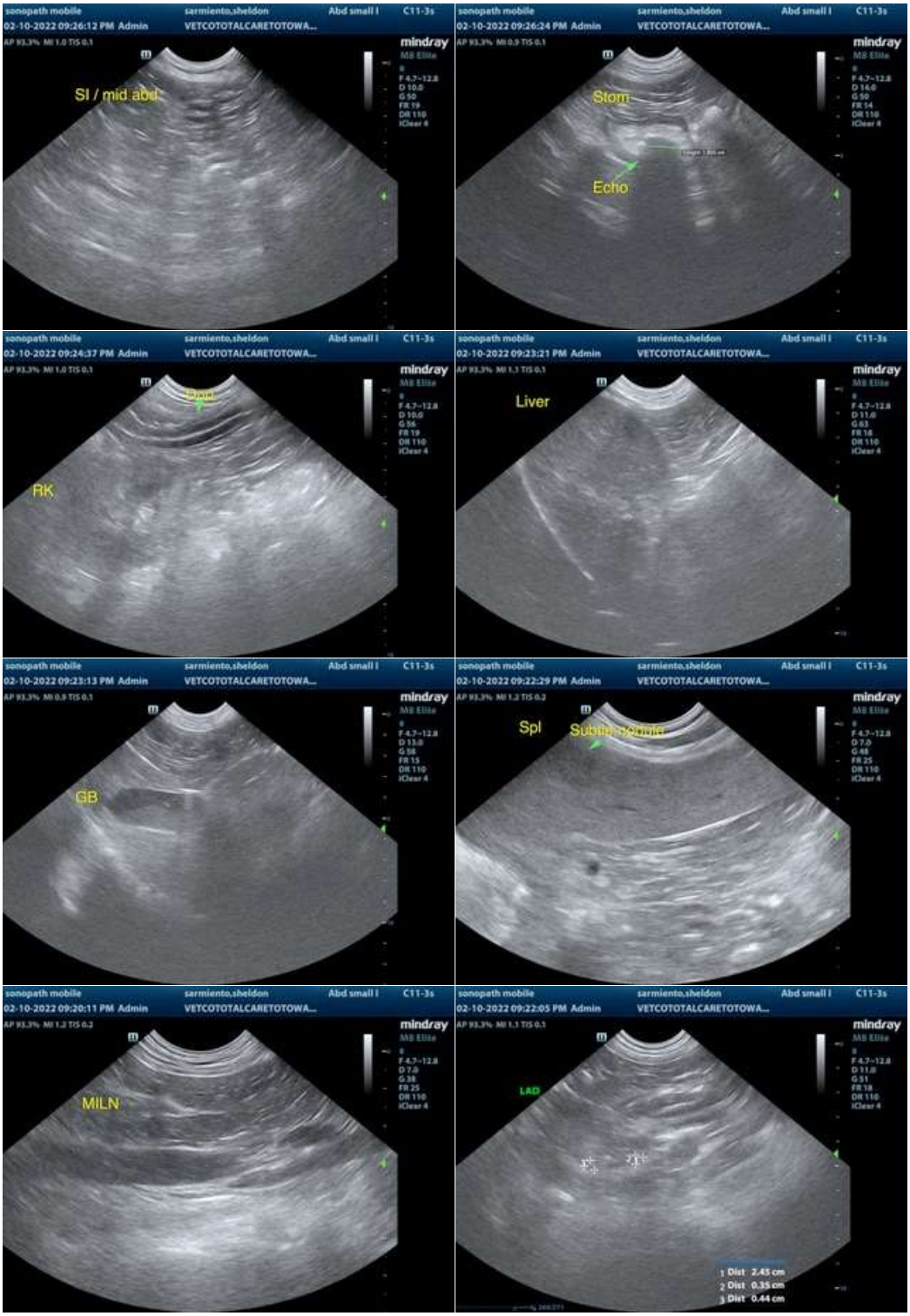

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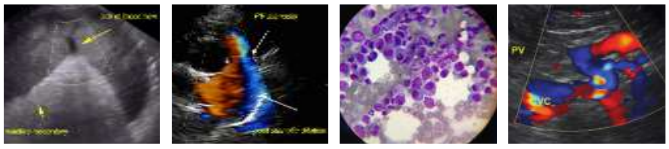

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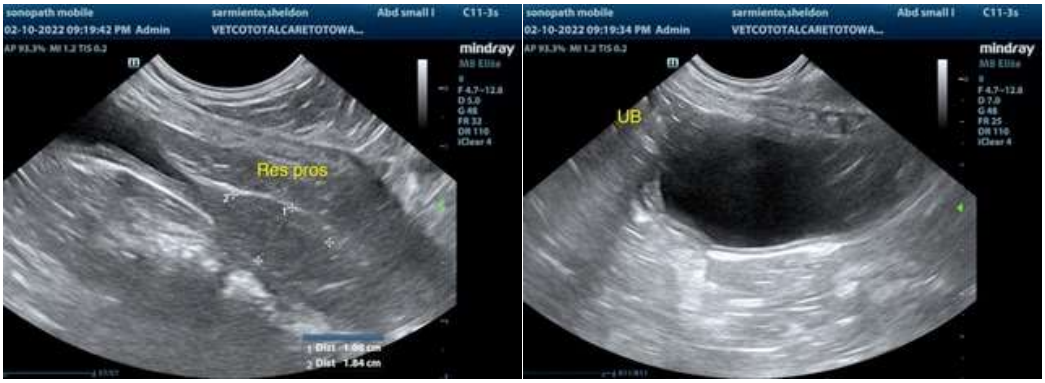

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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