**PATIENT**

Choco Webb

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

16 years

WEIGHT

17 pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells RVT

HOSPITAL NAMESVS Imaging Kansas
City**REFERRING VET**

Dr Paige Bloom

INVOICE

10046ag

DATE

02/16/2022

PRESENTING CLINICAL SIGNS

History: Diarrhea since 2 am 2/15/22, vomited once this morning (2/15/22), panting.

Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC, elevated SDMA/TP/Globulins, otherwise chemistry normal values. Radiograph taken on 2/15/22 revealed cervical tracheal collapse, unremarkable thorax, soft tissue material in the stomach, 4 cm diameter round soft tissue mass in the ventral abdomen confluent with the tail of the spleen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 moderately increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor medullary mineral was present in both kidneys. No evidence of pyelectasia was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Non homogenous to indistinctly nodular parenchyma was noted. The left adrenal gland measured 2.2 cm width in the cranial pole and 0.50 cm width in the caudal pole. The right adrenal gland measured 2.1 cm width in the cranial pole and 0.39 cm width in the caudal pole. An example of indistinct nodule in the cranial right adrenal gland measured 0.50 cm. No evidence of parenchymal escape, vascular invasion or parenchymal mineralization associated with the adrenals.

Spleen

A cavitated to cystic appearing mass originating from the cranial medial spleen measuring approximately 3.5 cm in diameter with associated splenic capsule distortion yet without evidence of parenchymal escape was noted. Subjective anechoic to mildly cellular fluid noted within the mass. Concurrent well demarcated hyperechoic nodule was noted adjacent to the splenic mass measuring 1.9 cm in diameter. The splenic parenchyma not involved with the nodule or mass exhibited mild heterogeneity.

Liver

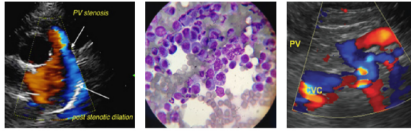
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Echogenic, nonmineralized luminal sludge was present. 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. No evidence of gastric luminal foreign material. The gastric body wall measured 0.38 cm.

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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. Intermittent duodenojejunal mucosal speckling was noted. The duodenum wall measured 0.39 cm. The jejunum wall measured 0.35cm.

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Normal visible colon wall layers were present with apparent semi formed to soft 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 was evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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Cardiac

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Cystic appearing splenic mass with concurrent hyperechoic nonexpansive parenchymal nodule.
- Moderate chronic renal changes.
- Subtly nodular bilateral adrenal glands-nonspecific, suspect minor to emerging adenomatous change, lipogranulomas or similar. Potential for neoplastic adrenal criteria considered less likely yet cannot be definitively excluded.
- Enterocolitis pattern-subjectively mild.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

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Assessment of blood pressure for evidence of hypertension and ideally sonographic monitoring of the bilateral adrenal glands for evidence of progression is recommended.

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Overt evidence of intra-abdominal metastasis was not definitively evident.

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In light of there being no evidence of pathology on thoracic radiographs, splenectomy with potential for gastrointestinal biopsies could be considered. Sonographic monitoring of the splenic mass for evidence of progression with as needed gastrointestinal support would be a more conservative approach.

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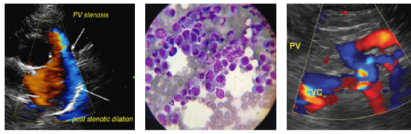
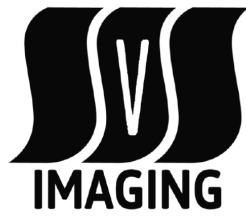
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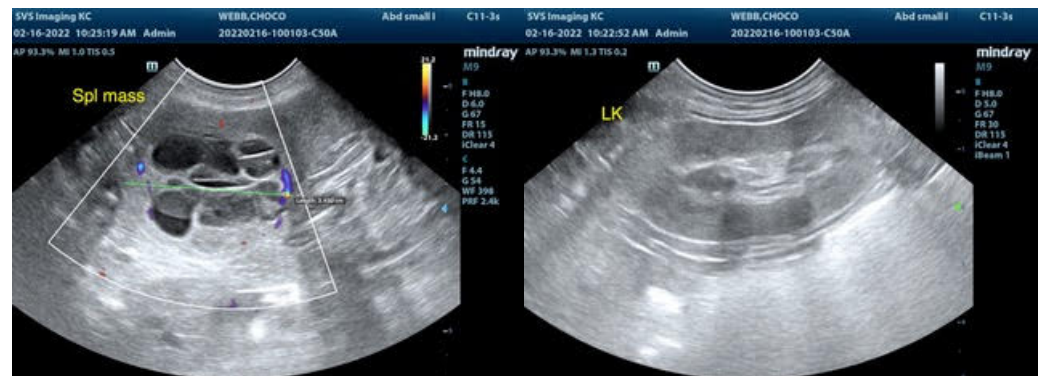
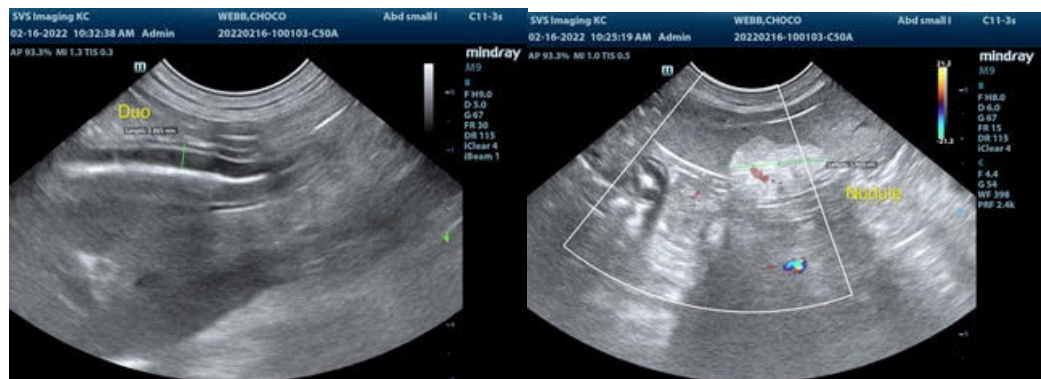
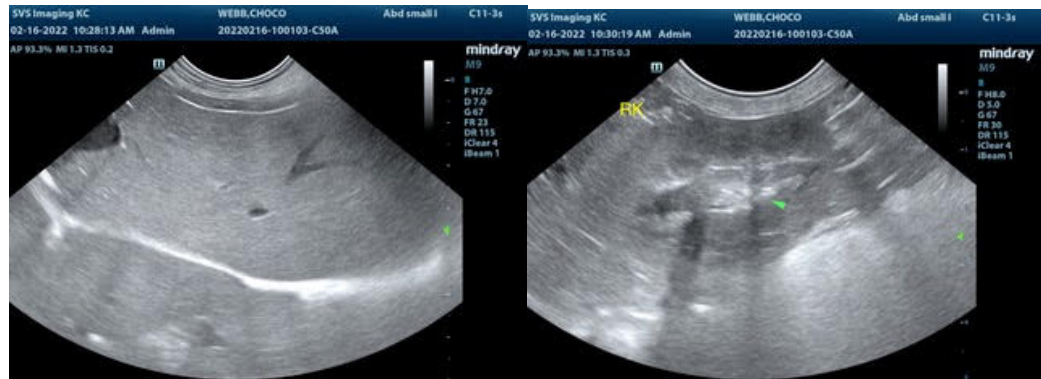
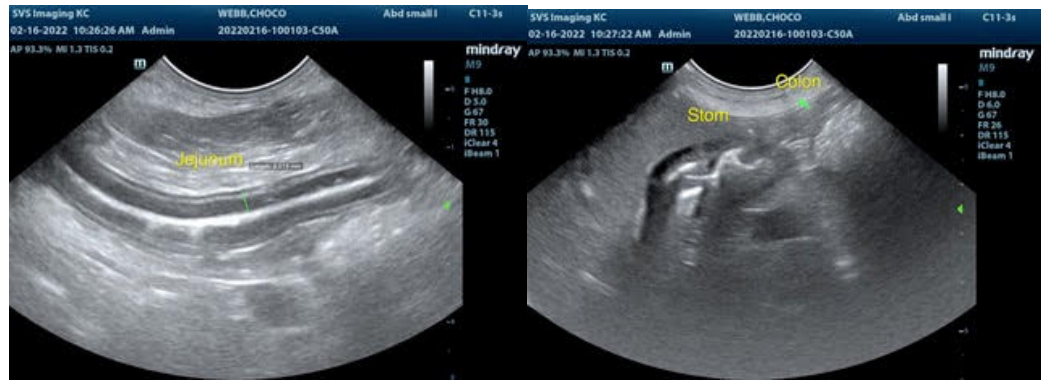
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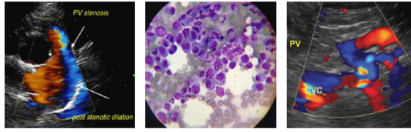
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com