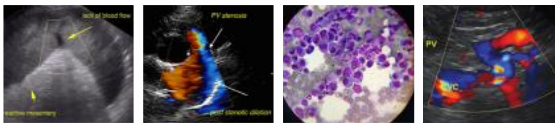


PATIENT

Ember Nance

SPECIES

Canine

BREED

Grey Hound

SEX

FS

AGE

9 years

WEIGHT

46.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara Animal Hospital

REFERRING VET

Dr. Barbara Brasted-Maki

INVOICE

16203

DATE

2/16/23

PRESENTING CLINICAL SIGNS

Current history: Presents because of acute onset brown to bloody urine, pollakiuria, and discomfort associated with urination. Exam: Tense and R/O painful on palpation of cranial abdomen. Chronic injury RF. Weight loss of 2.4 lbs Past history includes IBD diagnosed on biopsy and hyperthermia post-sedation (for wound care) Sr. screen pending. PCV is normal at 61%

Current Medications Prednisone 2.5 mg SID; Just starting Clav/Amoxi and Gabapentin Radiographic Findings Cranial abdominal mass suspected to be splenic. Primary Question/Differential to Be Answered in This Exam Further assessment of mass, recheck on IBD, assessment of urinary tract (hematuria).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly mild thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of the urinary bladder wall were not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 4.0 cm. Anechoic urine was present in the lumen with no uroliths, sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. The dorsoapical urinary bladder wall width measured 0.50 cm. No visualized urinary bladder tumors were noted.

The area of the aortic trifurcation was free of pathology.

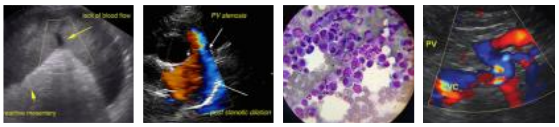
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia or evidence of adrenal tumors. The left adrenal gland measured 2.6 cm length x 0.66 cm width at the caudal pole. The right adrenal gland measured 3.1 cm length x 0.63 cm width at the caudal pole.

Spleen

The spleen exhibited generalized enlargement yet maintained a symmetrical capsule contour. The spleen maintained a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.



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Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. Normal splenic vascularity was noted. No visualized masses or nodules were noted.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented sonographically unremarkable intact visualized wall layering. The stomach appeared to be mildly gas distended with no overt evidence of retained gastric ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental nonobstructive jejunal ileus was noted.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Subjective mild cystitis pattern
- Early age-related renal changes - no evidence of pyelonephritis
- Nonspecific splenomegaly
- Intact gastrointestinal wall layering with minor segmental jejunal ileus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening urine C/S on a sterile urine sample is recommended. Likewise, if a positive response to recently initiated antibiotic therapy, recheck urine C/S 7 days post completion of current antibiotics may be considered.

No evidence of a splenic mass was noted. The generalized splenomegaly was nonspecific with considerations including incidental hyperplasia, hematopoiesis, and splenitis with infiltrative neoplasia considered less likely yet cannot be definitively excluded. Assuming normal clotting status, splenic

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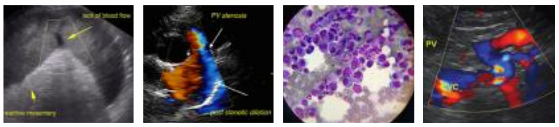

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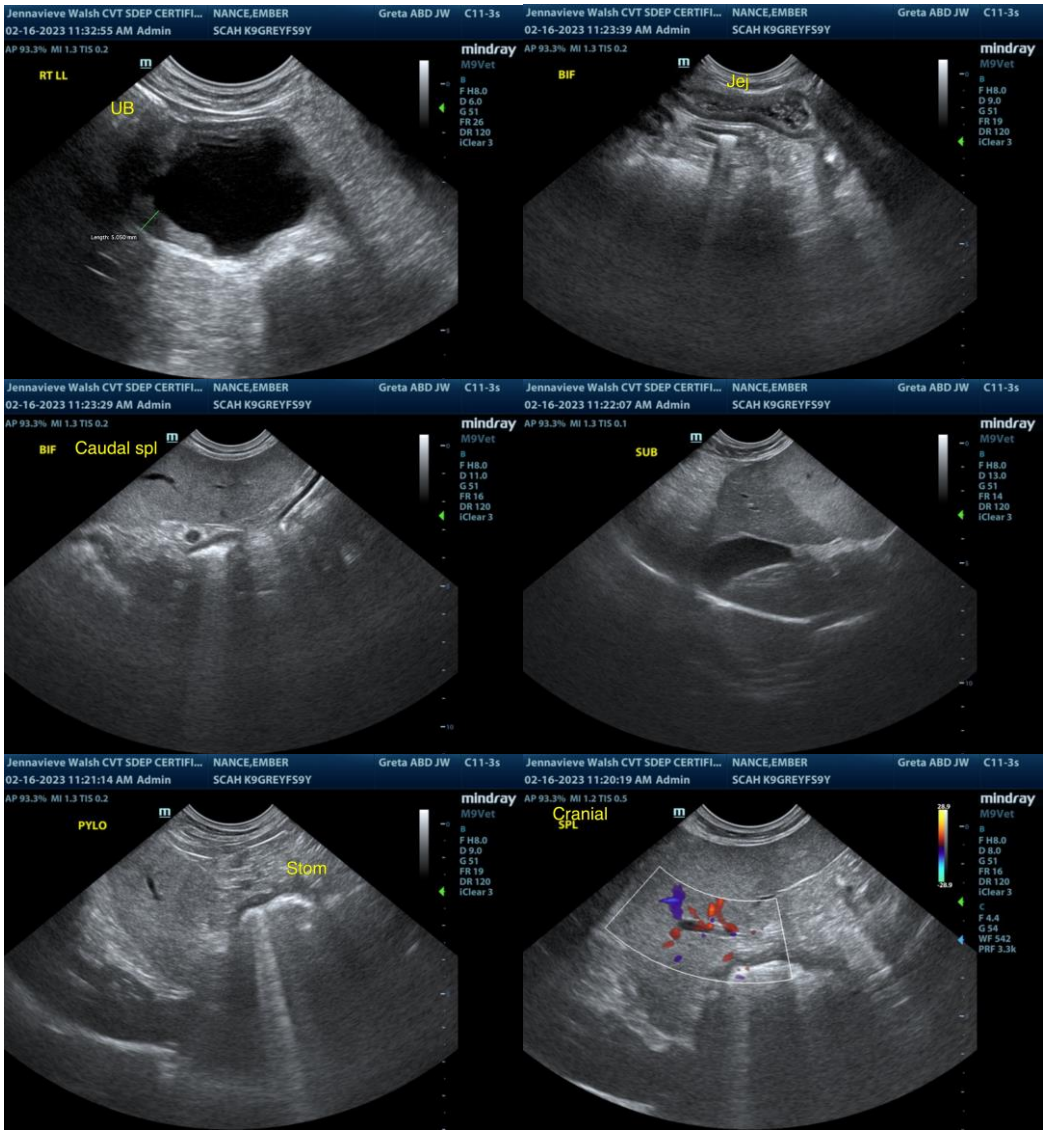
FNA cytology using a 25-gauge needle and vitamin K pretreatment is warranted primarily to ensure only benign changes are present.

Potentially, current Prednisone may be masking gastrointestinal mural changes. Given the recent weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate +/- three-view chest radiographs to rule out occult pathology as a contributing factor is recommended.



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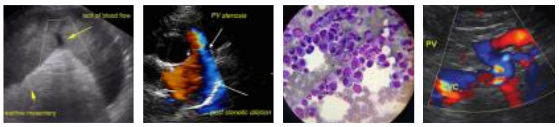

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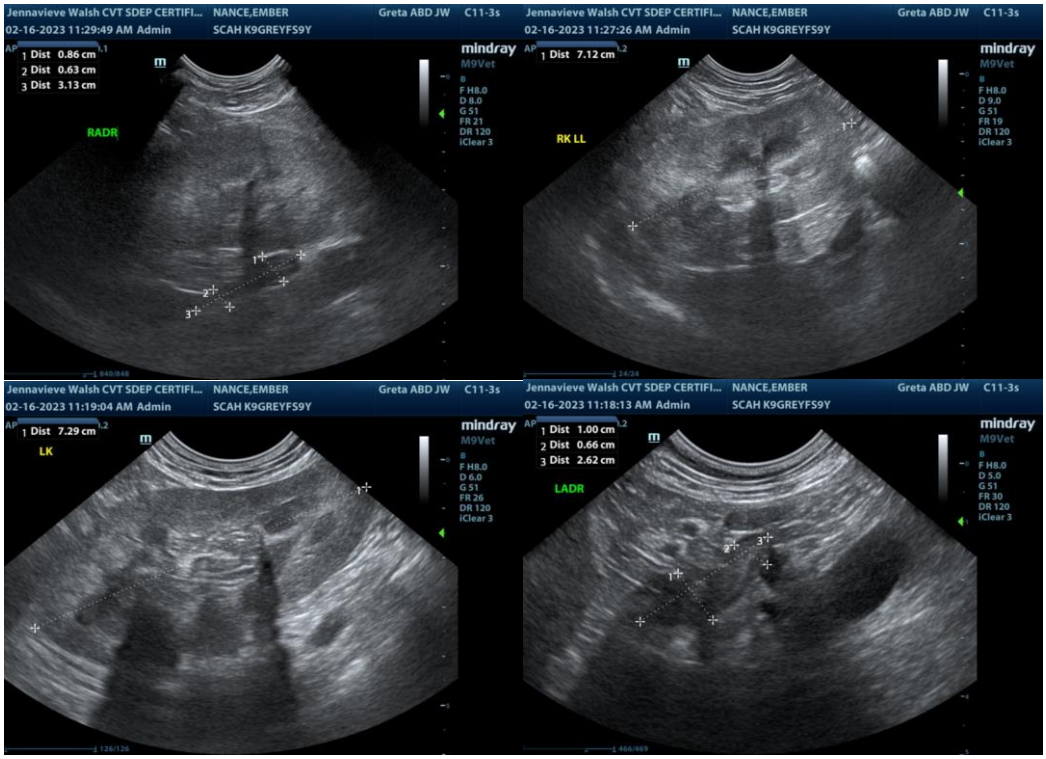

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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