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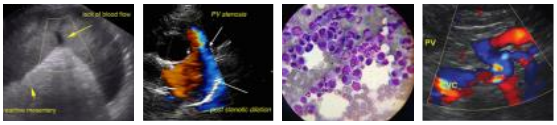


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Isabella LaMarche

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

70 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Bretschneider

**INVOICE**

13723

**DATE**

2/2/22

## PRESENTING CLINICAL SIGNS

History: less energy, loss of appetite Radiographic Findings spleen or liver appears enlarged. Otherwise, normal

Abnormal PE/Chem/CBC/UA Results: albumin = 1.8, Crea = 1.0, Urine protein = 4+. lab work otherwise unremarkable

## 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. Aortic trifurcation was normal.

Normal size and margination was 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 pyelectasia was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.4 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 3.0 cm in length x 0.73 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 2.5 cm in length x 0.75 cm width at the caudal pole.

### *Spleen*

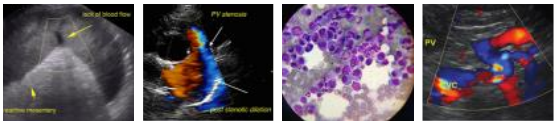
The spleen was overall normal in size with mild areas of subtle asymmetrical lateral and medial capsule contour. Coalescing, well-demarcated hyperechoic nodules were noted in the medial parenchyma, with potential for concurrent sectorial medial capsule fibrosis. Solitary, mildly expansive hypoechoic nodule was noted in the cranial medical spleen with mild associated capsule distortion, measuring 2.0 cm in diameter.

### *Liver*

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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, exhibiting areas of subtle progressive distal acoustic shadowing ingesta.





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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.

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 was evident.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

A rapid view of the heart was normal.

## ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild chronic renal changes
- Mildly expansive, solitary hypoechoic splenic nodule with concurrent suspected medial parenchymal coalescing myelolipomas or potential splenic capsular fibrosis
- Sonographically unremarkable liver

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the proteinuria in conjunction with hypoalbuminemia, potential for nonspecific glomerulonephritis or other glomerulopathy suspected. Further assessment may include UPC +/- PLN therapy (if documented or persistent elevated UPC). Infectious disease serology could be considered, if clinical indicated.

The hypoechoic splenic nodule was nonspecific with considerations, including lymphoid hyperplasia, extramedullary hematopoiesis, small hematoma, infection, acute infarct or potential neoplasia. Assuming normal clotting status, ultrasound guided FNA of the hypoechoic splenic nodule, using a 25-gauge needle, warranted for screening cytology. Sonographic monitoring for evidence of progression of the hypoechoic splenic nodule would be a more conservative approach, whereas splenectomy, assuming no evidence of thoracic metastasis on three-view chest radiographs, would be a more aggressive approach.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. No overt evidence of small intestinal pathology. Continued, as needed, gastrointestinal support recommended.

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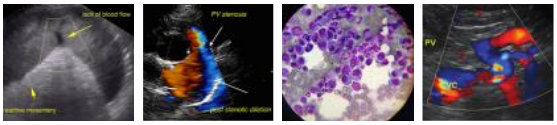

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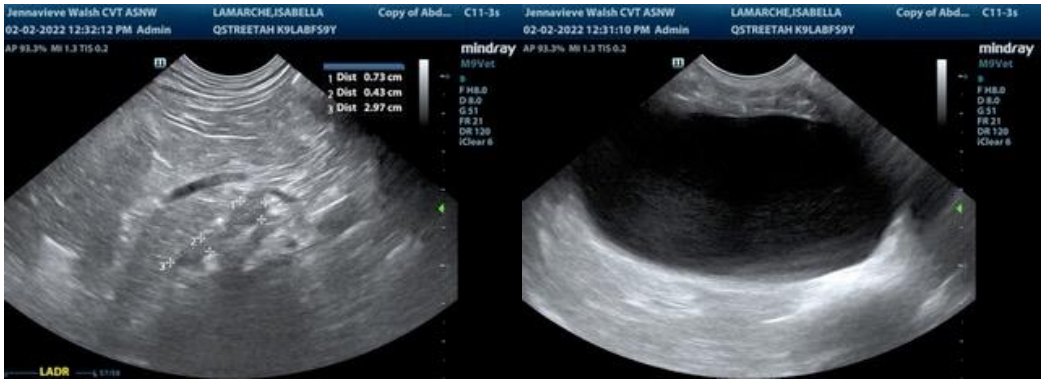


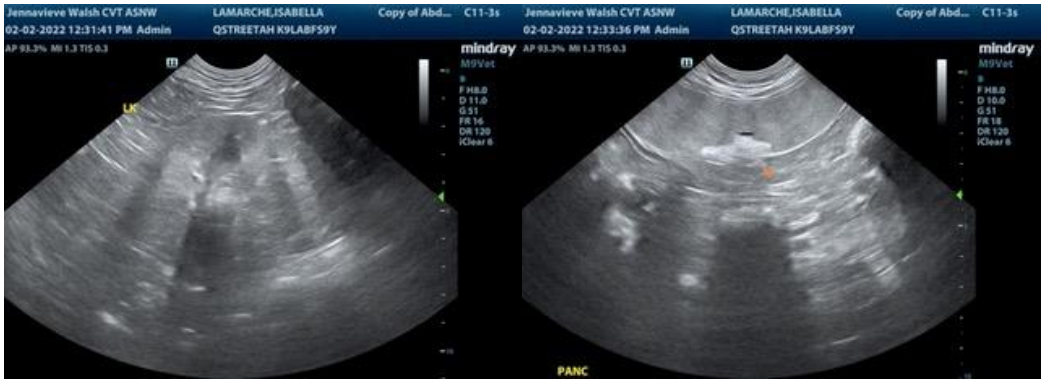


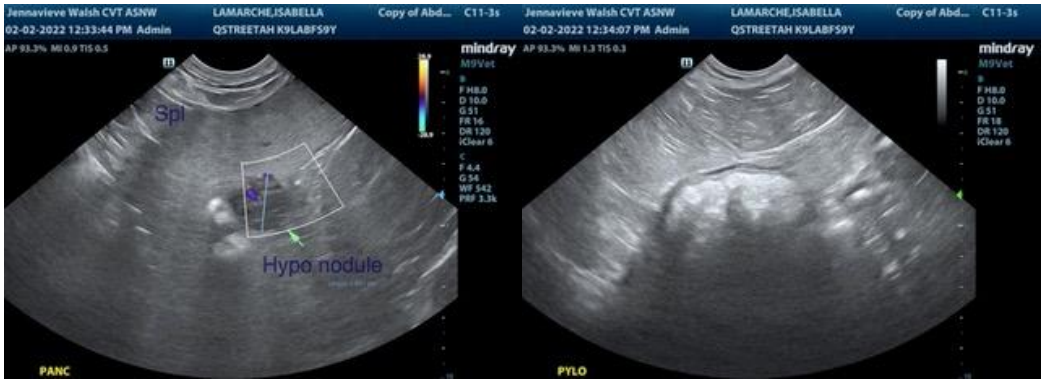

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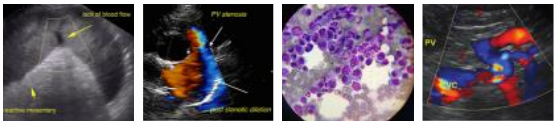

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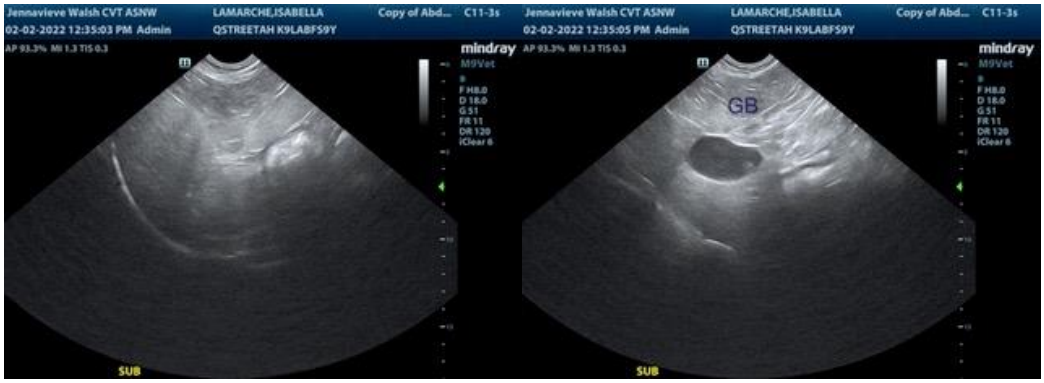


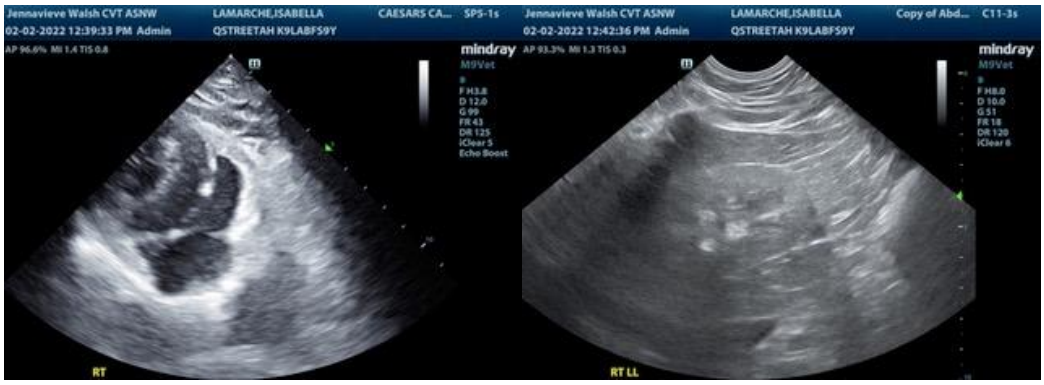


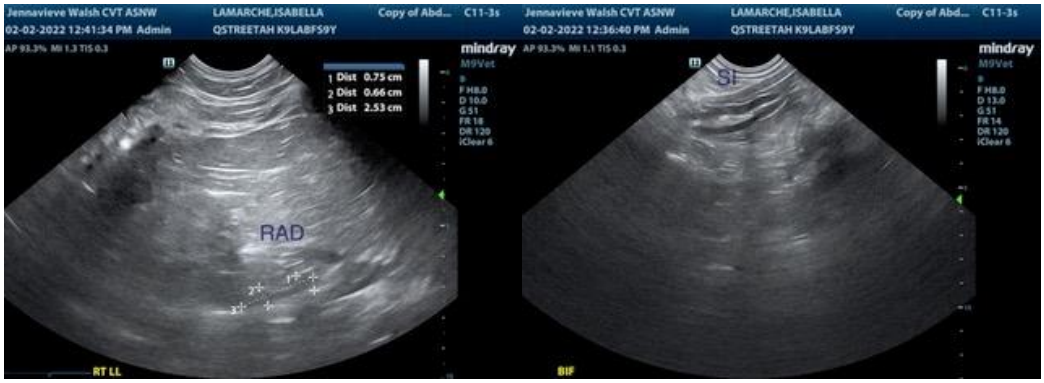


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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