



PATIENT

Joey Manthey

SPECIES

Canine

BREED

Cocker Spaniel

SEX

MN

AGE

14 years

WEIGHT

11.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Silverado AH

REFERRING VET

Dr. Balc

INVOICE

16311

DATE

2/24/23

PRESENTING CLINICAL SIGNS

Recent history of soft stool and lethargic after ingesting fatty piece of steak. A couple days ago - hematuria. No straining.

Abnormal PE/Chem/CBC/UA Results: Pale MM and some hind end weakness. Labs show progressive decline in RBC but still WNL. Mild GGT and ALP elevation. Spec cpl normal. Urinalysis shows proteinuria, blood, cocci bacteria (culture pending), USG 10.26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly 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 urinary bladder wall were not present. The urinary bladder, trigone, and cystourethral junction exhibited normal tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No overt urinary bladder tumors were present.

The residual prostate was free of pathology.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.0 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. The left adrenal gland measured 0.82 cm width in the cranial pole and 0.65 cm width in the caudal pole. The right adrenal gland measured 0.57 cm width in the cranial pole and 0.57 cm width in the caudal pole.

Spleen

The spleen was irregularly enlarged with variable heterogeneous parenchyma exhibiting multiple, variably sized, primarily hypoechoic to variably nonhomogeneous nodular lesions. An example measured 3.0 cm in diameter. The lesions resulted in mild splenic capsule distortion and capsule asymmetry. Normal splenic vascularity was present.

Liver/ Gallbladder

The liver exhibited generalized enlargement with areas of capsule asymmetry. Moderate diffuse nonhomogeneous nonuniform to nodular hepatic parenchyma was present. An example of a hepatic nodule measured 2.0 cm in diameter. Some of the hepatic nodules appeared to mildly distort the hepatic capsule. The gallbladder was non-distended in size containing anechoic content with mild



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hyperechoic luminal gallbladder debris and nonobstructive mineral. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented overtly normal intact wall layering. The stomach contained moderate, variably echogenic, focally shadowing ingesta. An example of a shadowing area of ingesta measured 2.3 cm in diameter. No overt evidence of mechanical pyloric outflow obstruction was noted.

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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.

SEX

Normal visible colon wall layers were present with apparent formed feces in lumen.

MN

Pancreas

AGE

14 years

The generalized pancreas exhibited mild asymmetrical prominent size exhibiting nonhomogeneous discretely nodular parenchyma.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel,
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(Canine and Feline)

- Irregular splenomegaly exhibiting multifocal variably sized to expansive nodular lesions
- Enlarged heterogeneous nonuniform / nodular liver
- Mild gallbladder debris / mineral (non-mucocele)
- Variably prominent nonhomogeneous, discretely nodular pancreas
- Retained variably echogenic to shadowing gastric ingesta, sonographically unremarkable small bowel
- Mild chronic renal changes
- Cystitis urinary bladder pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further assessment, concern for hepatosplenic neoplastic criteria is warranted. Significant to chronic non-neoplastic hepatopathy i.e., vacuolar hepatopathy, nonspecific hepatitis, hepatosplenic hyperplasia, hematopoiesis, splenitis, or similar are possible, yet thought less likely.

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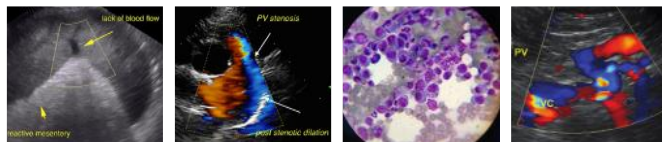
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The appearance of the pancreas is not overtly consistent with significant or active pancreatitis, although chronic to chronic active pancreatitis with parenchymal remodeling and potential concurrent early pancreatic neoplastic criteria is possible.

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Assuming normal clotting status, hepatosplenic FNA cytology is warranted for further assessment. Correlation with pending C/S is recommended. Empirically, as-needed hepato-gastrointestinal



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support, as well as empirical therapy for possible chronic to chronic active pancreatitis despite normal cPL, would be reasonable. An extremely guarded prognosis is warranted.

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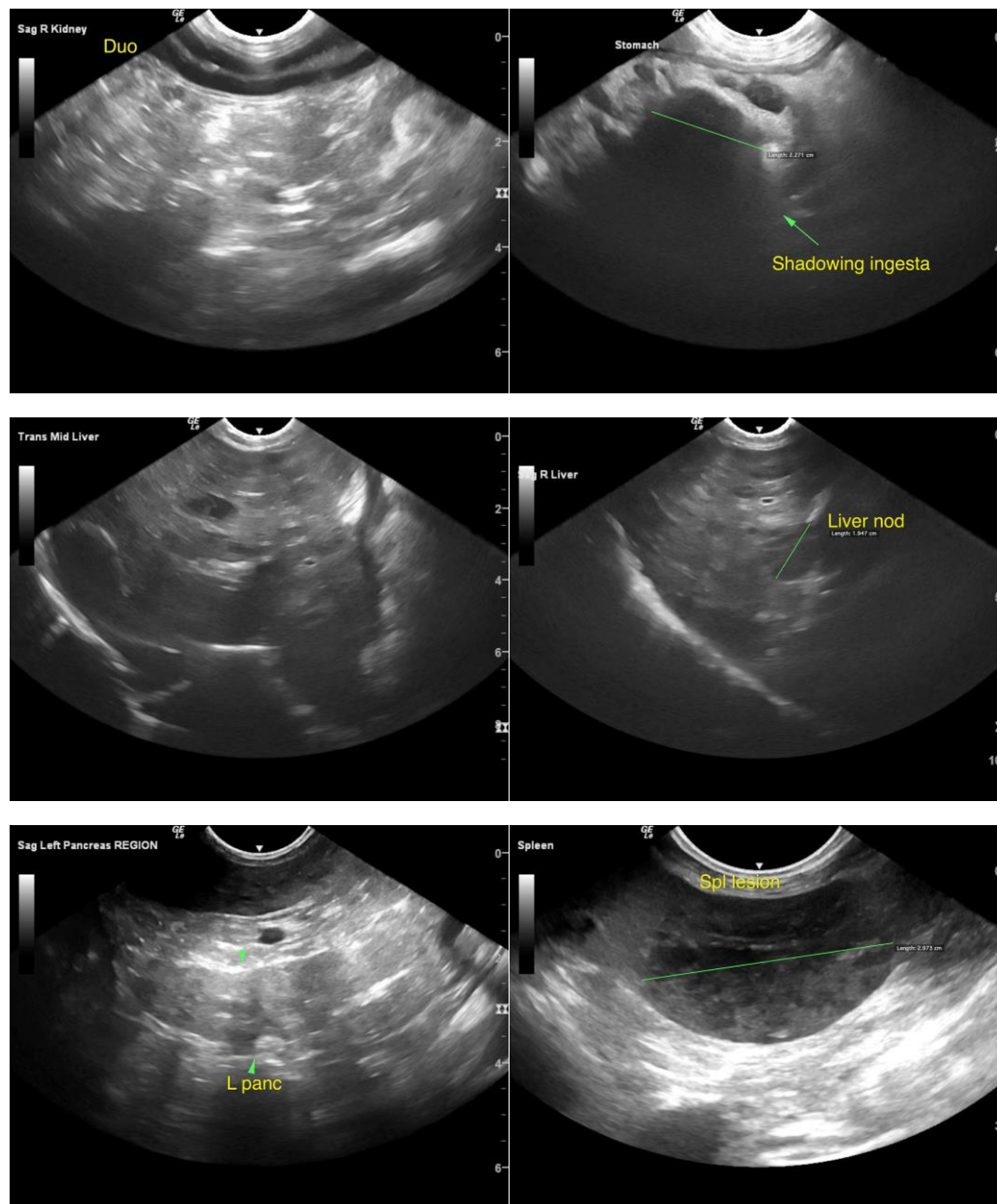
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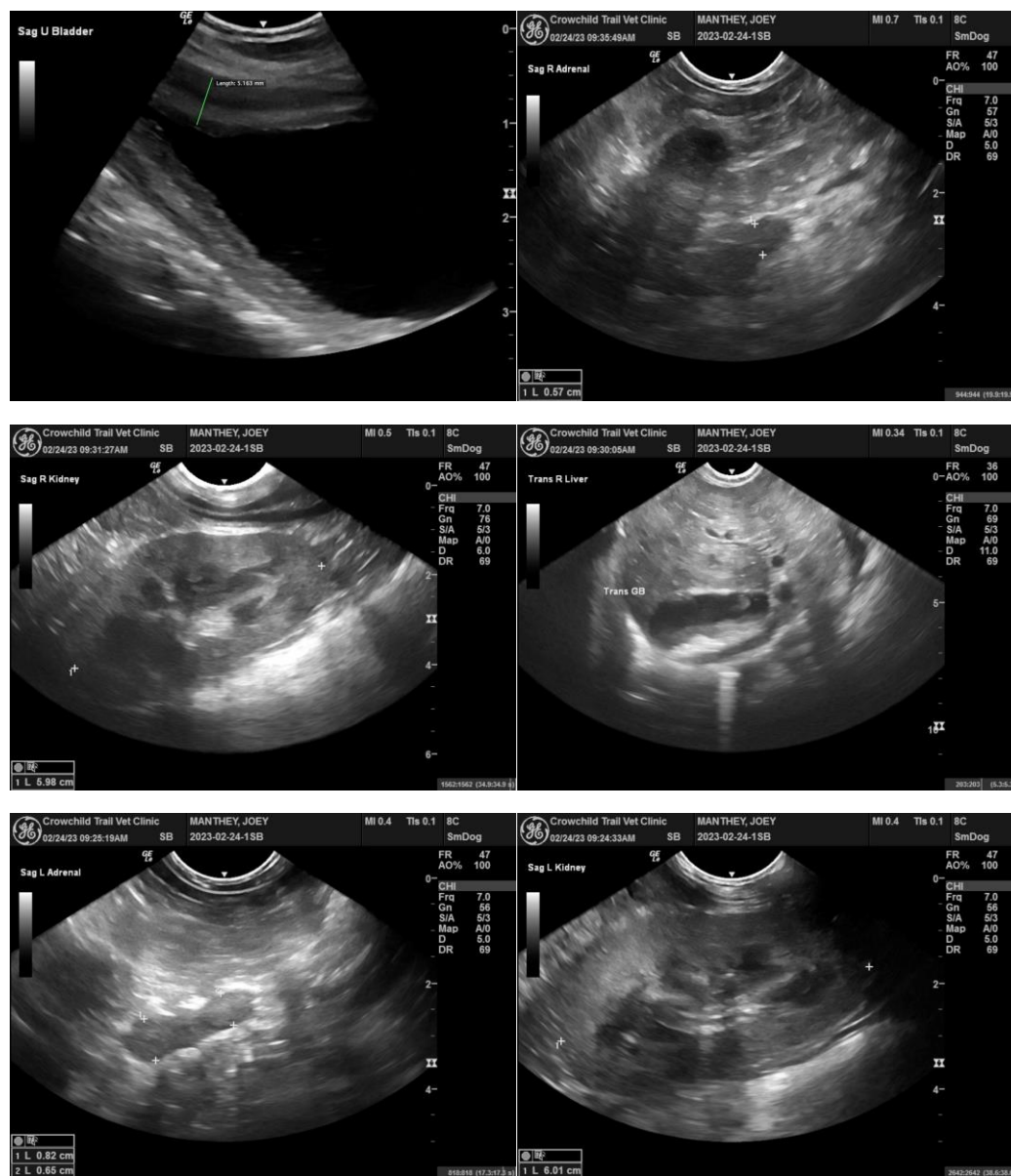
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com