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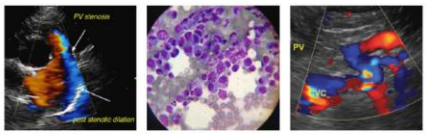

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Henry Cannady

SPECIES

Canine

BREED

Saint Bernard

SEX

Neutered male

AGE

7 years

WEIGHT

167 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

10092ag

DATE

03/01/2022

PRESENTING CLINICAL SIGNS

History: Repeat AUS to reevaluate splenic changes. Last performed December 2021. Patient is doing well at home.

Abnormal PE/Chem/CBC/UA Results: Please see previous AUS read by Sonopath.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The right kidney measured 8.4 cm in length. The left kidney measured 7.7 cm in length.

The area of the residual prostate was free of pathology.

The area of the aortic trifurcation is free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm width at the caudal pole and 0.50 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.52 cm width at the cranial pole.

Spleen

The spleen exhibited a potential for mild generalized enlargement maintaining a symmetrical capsule contour. Generalized subtle to mild parenchyma heterogeneity exhibiting intermittent nonexpansive discrete hypoechoic nodules was observed. An example of a nodule measured 1.0-1.3 cm in diameter. The nodules did not distort the splenic capsule.

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 with mild nonmineralized subtly congealed debris primarily in the caudal lumen and gallbladder neck. A solitary area of inspissated hyperechoic debris exhibiting very subtle distal acoustic shadowing present in the cranial dependent lumen. 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 was empty with no signs of ileus, obstruction or foreign material.

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.

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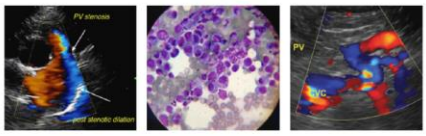

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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.

ULTRASONOGRAPHIC FINDINGS

- Subtle to mild generalized splenic parenchyma heterogeneity with intermittent static discrete hypoechoic nodules.
- Mild gallbladder debris with potential emerging focal mineral/small cholelith.

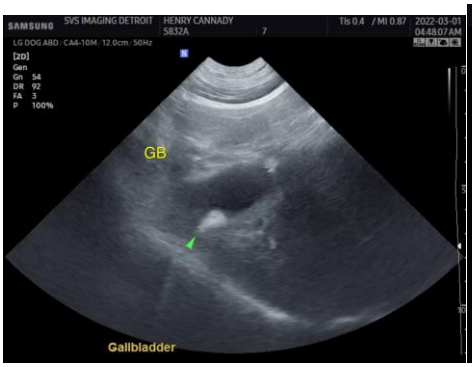
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

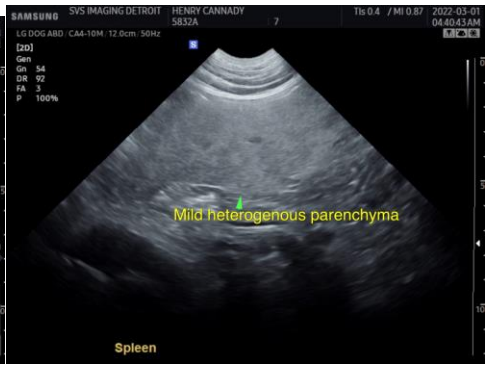
The splenic presentation is considered static compared to previous study without evidence of progressive splenic enlargement, parenchyma heterogeneity or nodular changes. This may suggest higher probability of a benign splenic parenchymal nodular process such as hyperplasia, hematopoiesis, incidental splenitis, small hematomas or similar. Neoplastic criteria is considered less likely.

Assuming normal clotting status, an ultrasound guided FNA of the splenic parenchyma +/- nodule if accessible and using a 25g needle could be considered for screening cytology and further assessment.

Ursodiol therapy could be considered if there is evidence of cholestasis.

Periodic sonographic monitoring of the spleen and the gallbladder would be reasonable.





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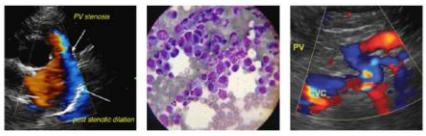

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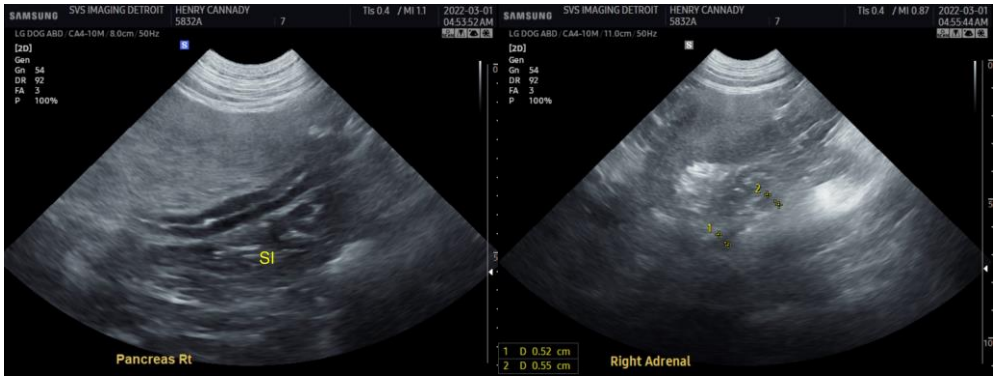

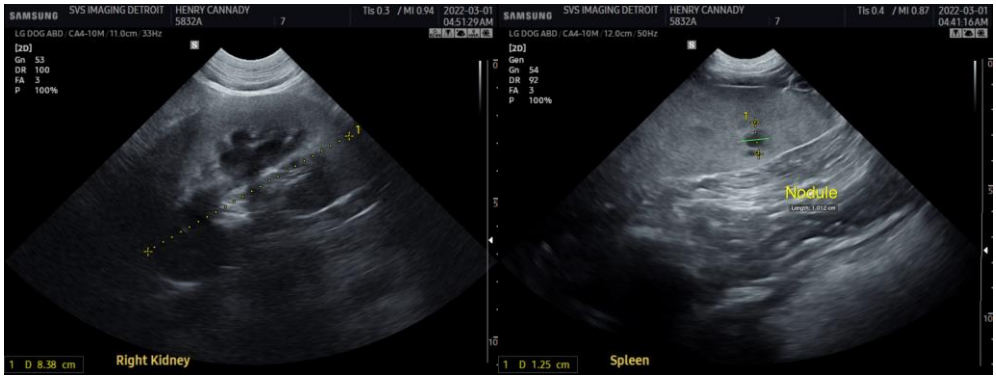

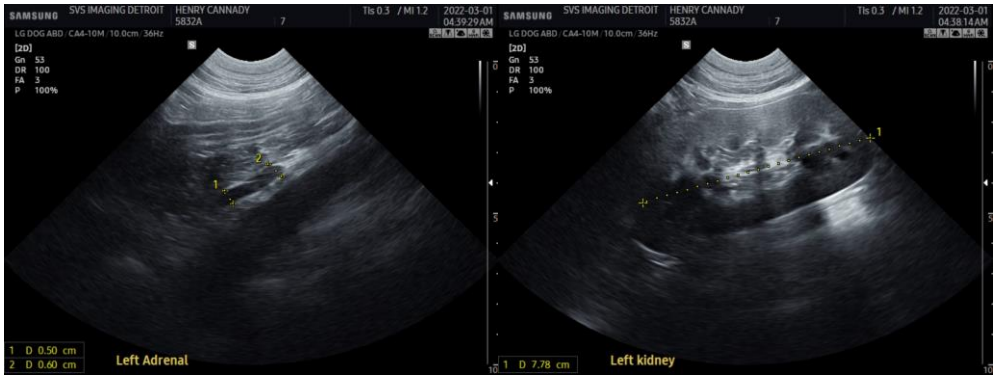

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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