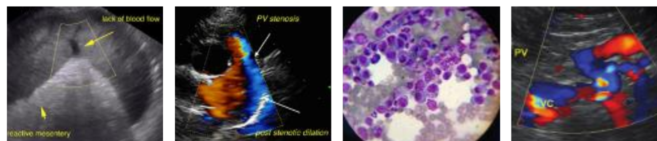


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Tillie Nolan

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

13 Years

WEIGHT

5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Ascot

INVOICE

14135

DATE

3/1/22

PRESENTING CLINICAL SIGNS

History: rescue dog not sure of age, when adopted had uterine tumor that came back cancerous, was at Sonopath Lab in Dec and a splenic nodule was noted. Hx of on and off mucous like or bloody stools unless on Metro. Looking for reason... cancer?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was present in both kidneys. The left kidney measured 2.8 cm in length. The right kidney measured 3.0 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 0.57 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland measured 0.63 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with primarily finely textured homogeneous parenchyma. A solitary, discreet hypoechoic yet non-expansive mid medial parenchymal nodule was noted, measuring 0.43 cm.

Liver

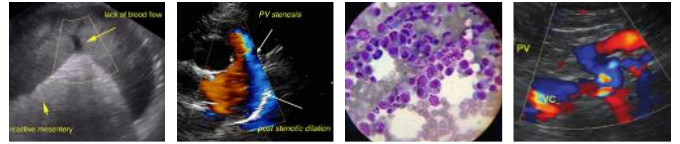
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Indistinct, homogeneous to isoechoic ventral nodule noted ventral to the gallbladder, measuring 2.4 cm in diameter was present.

The gallbladder was non distended in size with mild to moderate nondependent yet nonorganized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty with mild semi-formed to soft feces. The descending colon wall measured 0.21 cm.

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

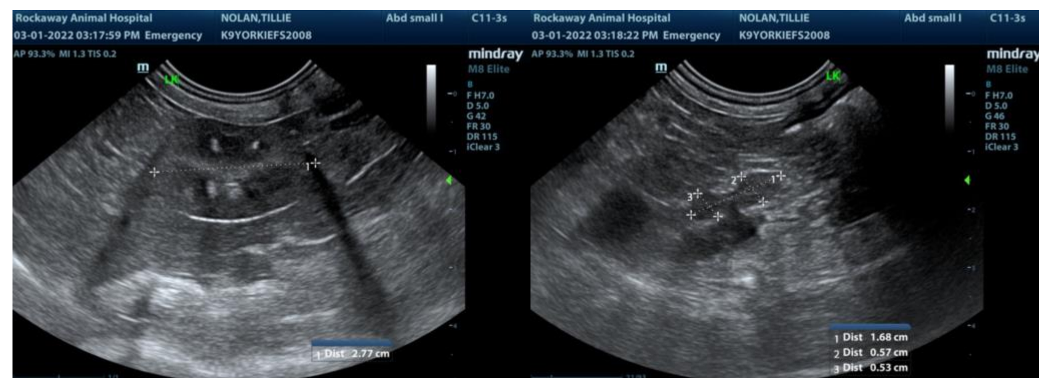
No overt lymphadenopathy or peritoneal effusion was present.

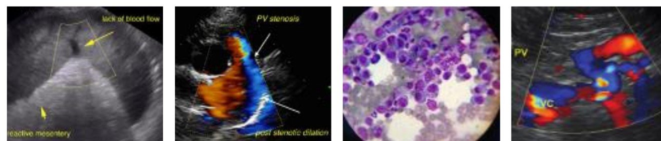
ULTRASONOGRAPHIC FINDINGS

- Discreet non-expansive splenic nodule- focal lymphoid hyperplasia, hematopoiesis, splenitis, infarct, small hematoma, emerging neoplasia cannot be definitively excluded.
- Indistinct homogeneous to isoechoic ventral hepatic nodule- hepatoma-like micronodule, nodular to regenerative hyperplasia, hematopoiesis, lipogranuloma, potential for emerging neoplasia cannot be excluded
- Mild to moderate gallbladder debris (non-mucocele)- nonspecific, potentially secondary to cholestasis
- Mild colitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patients history of neoplasia and assuming normal clotting status, ultrasound guided FNA of the homogeneous yet indistinct ventral hepatic nodule as well as the discreet hypoechoic splenic nodule, if accessible, using a 25-gauge needle, could be considered for screening cytology. Otherwise, sonographic monitoring for evidence of progression would be a more conservative approach. The mucus like to bloody stools are suggestive of colitis, potential for antibiotic responsive diarrhea or colitis given the positive response to metronidazole suspected. As needed metronidazole +/- dietary and probiotic therapy may prove beneficial.





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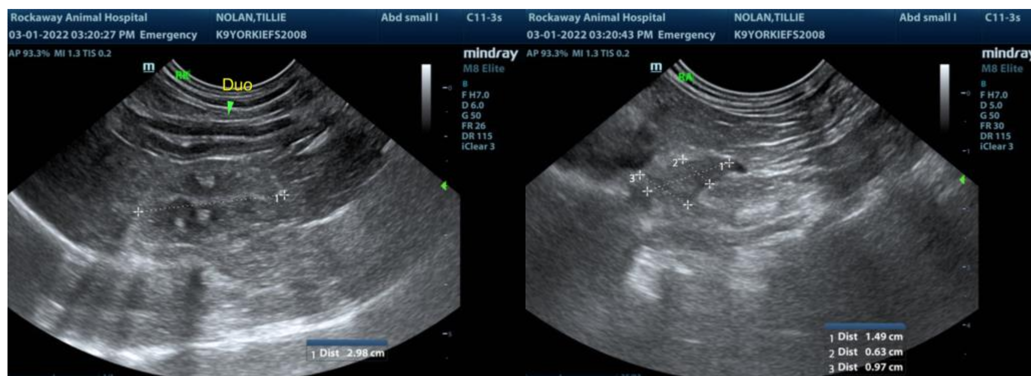

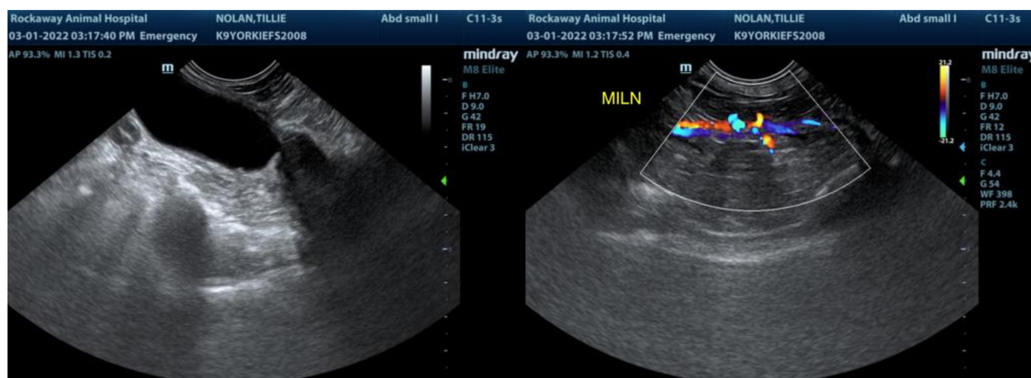

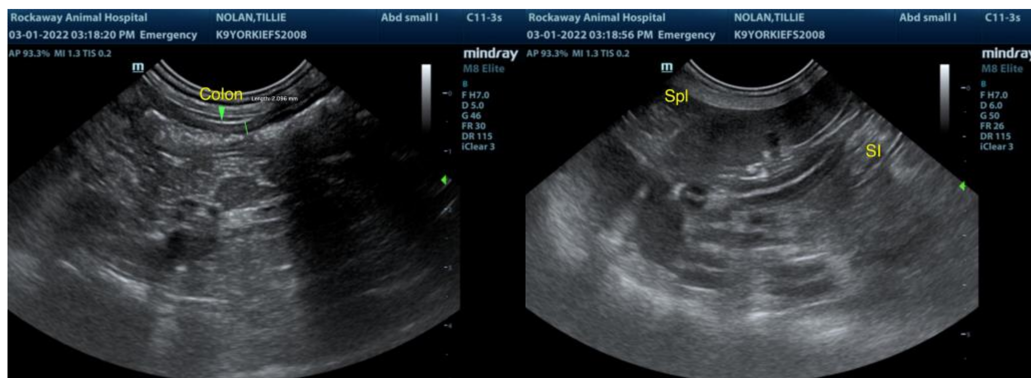

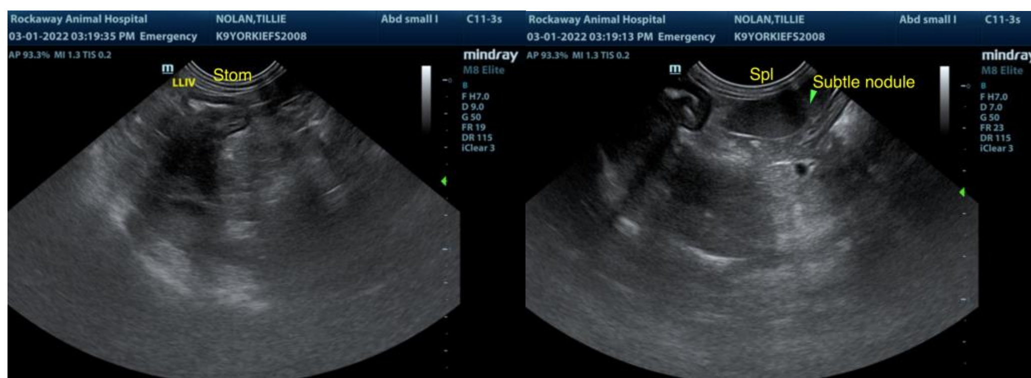

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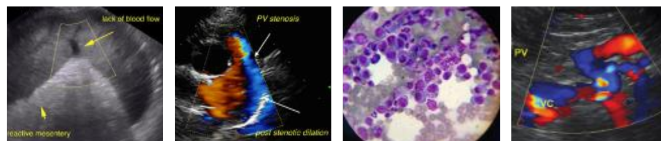

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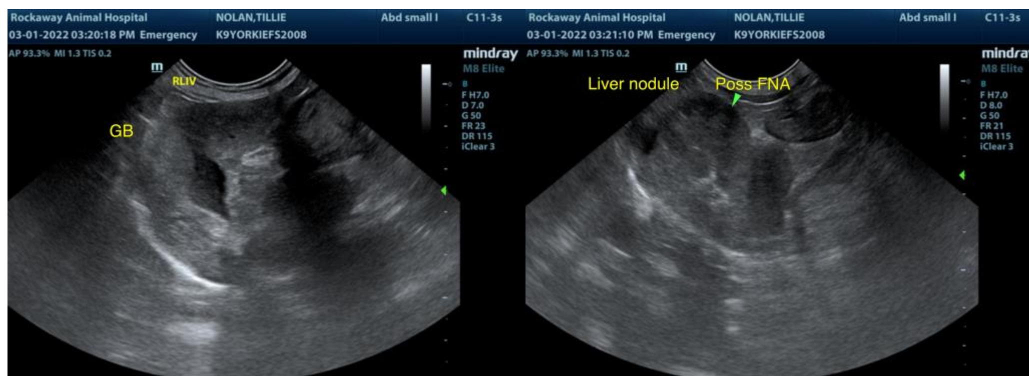

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com