SonoPath
Clinical Sonography & Telecytology
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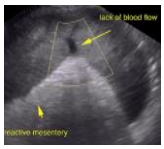
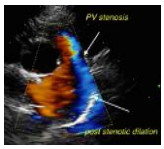
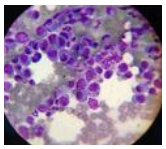
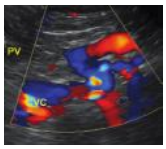




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Samson Jones

SPECIES

Canine

BREED

Great Pyrenees

SEX

Neutered male

AGE

10 years

WEIGHT

91.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Hannah Fearing

INVOICE

10204ag

DATE

03/19/2022

PRESENTING CLINICAL SIGNS

History: chronic intermittent vomiting

Abnormal PE/Chem/CBC/UA Results: CBC: borderline anemia (HCT = 34.2%) Chem: slightly elevated SDMA (15), severely elevated amylase (>2500) and lipase (5791) T4: slightly low (0.9) UA: WNL; USG = 1.015

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 left and the right kidney both measured 6.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of overt pathology.

Adrenal Glands

Both adrenal glands were indistinctly visualized but without overt pathology and subjectively normal. The left adrenal gland measured 0.64 cm width at the caudal pole. The right adrenal gland measured 0.52 cm width at the caudal pole.

Spleen

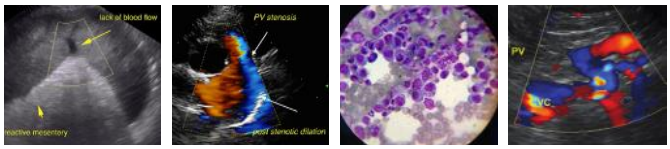
A mass involving the mid to caudal spleen with secondary capsule expansion and disruption was present and measured 6 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The non-affected spleen was overtly normal and exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No overt evidence of perisplenic omental reactivity, adhesions or perisplenic to peritoneal effusion.

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 mild nondependent debris. The gallbladder was otherwise normal with no evidence of inflammation. 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 mild luminal gas and without signs of ileus, obstruction or foreign material/retained ingesta. The ventral gastric body wall 0.45 cm.



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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. The duodenum wall measured 0.42 cm.

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.

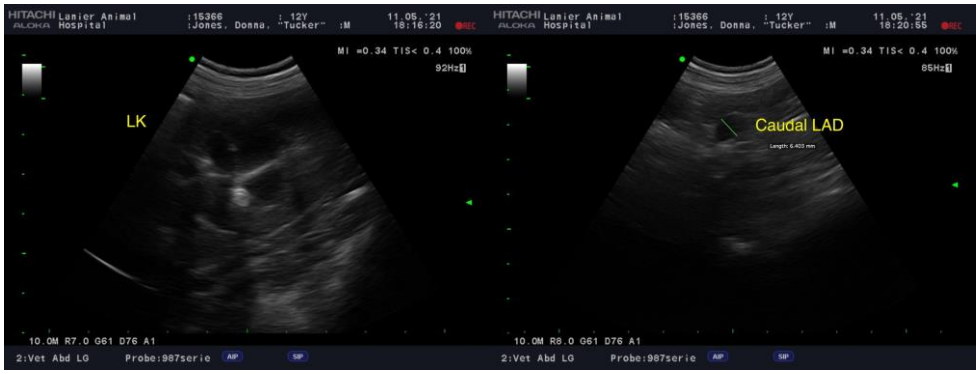
ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Overtly normal gastrointestinal tract and pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplasia is favored although not definitive. Overt evidence of intra-abdominal or perisplenic metastasis or evidence of splenic mass rupture was not evident. Potential for low grade to chronic pancreatitis may be present yet sonographically normal. Otherwise, a definitive cause of the patient's intermittent vomiting was not obvious. Dietary indiscretion/food intolerance or structurally insignificant gastrointestinal or pancreatic inflammation could be present. Assuming no evidence of thoracic pathology and normal cardiopulmonary status of three view chest radiographs, splenectomy with gross inspection of the pancreas and gastrointestinal tract as well as the liver and perisplenic omentum would be warranted.

Empirically, a bland, novel protein or hydrolyzed diet trial and as needed gastrointestinal support is recommended.



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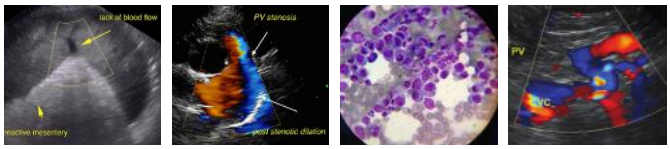

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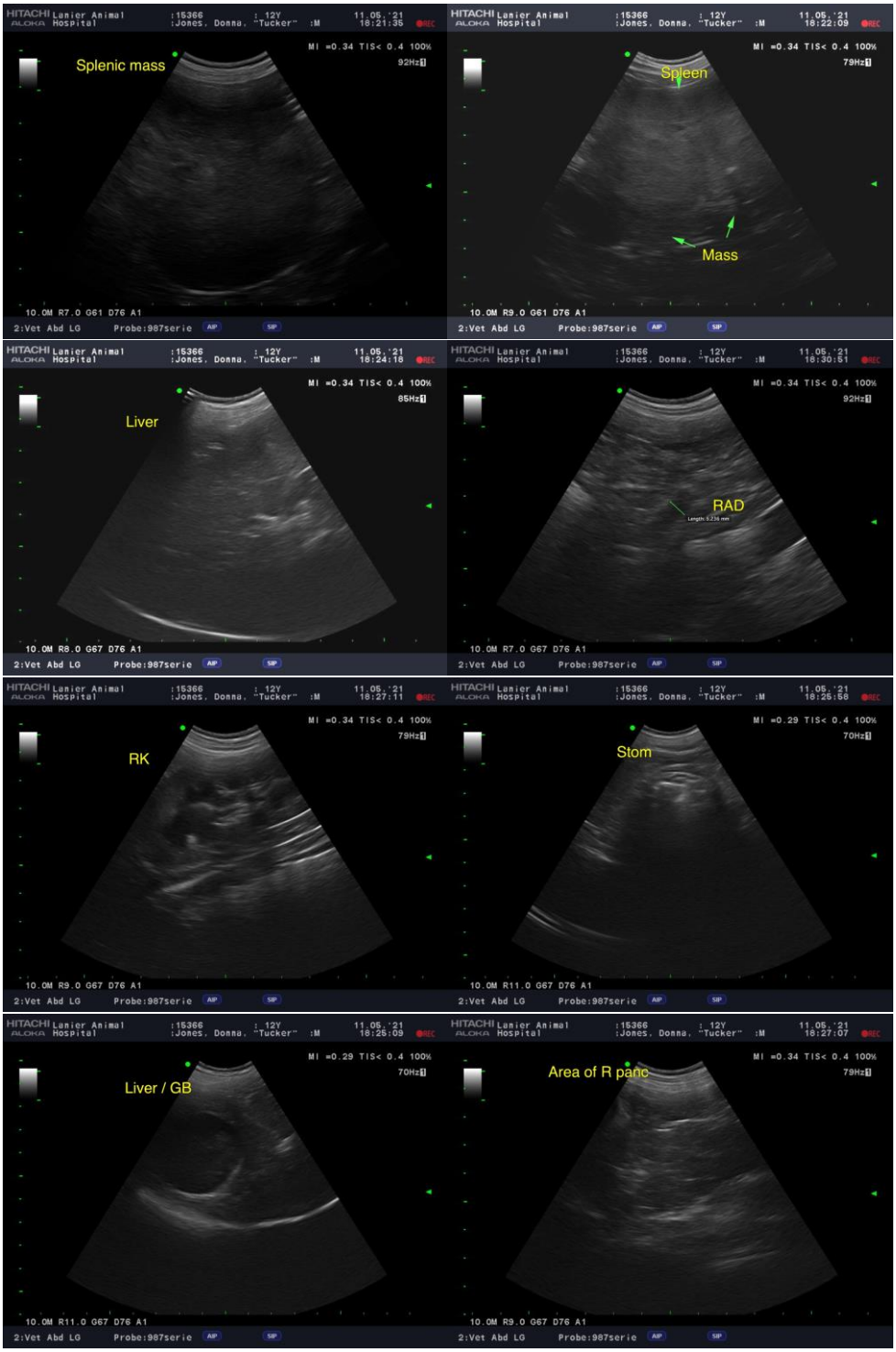

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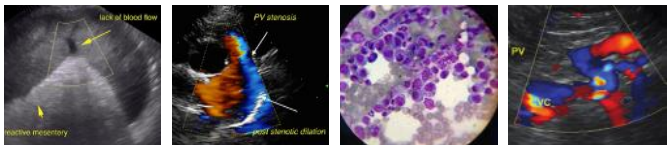

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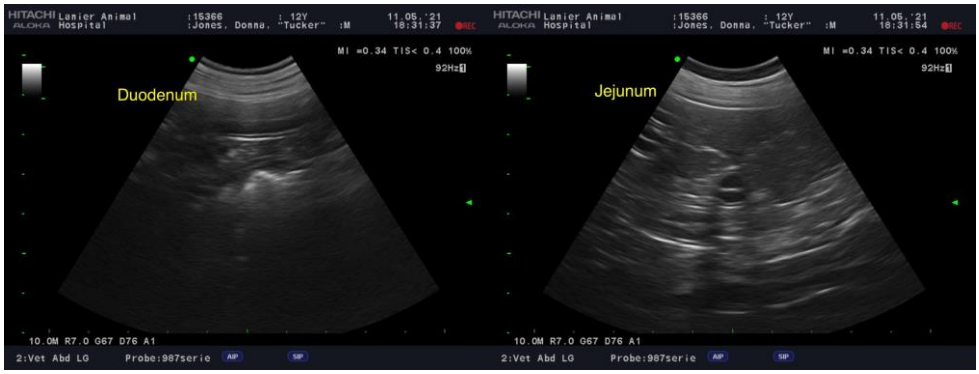

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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