



PATIENT PRESENTING CLINICAL SIGNS

Kelly Sly History: DIARRHEA METRONIDAZOLE
Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

BREED

Border Collie

SEX

Spayed female

AGE

14 years

WEIGHT

44.1 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Maple Hills Veterinary
Hospital

REFERRING VET

Dr. Banzhof

INVOICE

10105ag

DATE

03/02/2022

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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. The right kidney exhibited areas of nonobstructive medullary mineralization in the lateral diverticuli. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was 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 0.66 cm width at the caudal pole and 2.4 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 0.67 cm width at the caudal pole and 2.8 cm width at the cranial pole.

Spleen

A moderately sized nonhomogeneous to mixed echogenic mass appearing to involve the mid to caudal aspect of the spleen measuring approximately 8 cm in diameter was observed. Secondary distortion of the splenic capsule was present. No overt evidence of parenchymal escape or mass rupture. The splenic parenchyma not involved with the mass maintained a finely textured homogenous parenchyma with associated normal capsule contour.

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. Intermittent indistinct isoechoic to mildly echogenic uniform intraparenchymal nodules were present in the mid to right parenchyma, an example measured 3-4 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate nondependent mildly congealed yet nonorganized debris. 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 minor retained gastric ingesta and luminal gas with no signs of ileus, obstruction or foreign material.



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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 subjective semi formed feces apparent in lumen.

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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.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Intermittent indistinct hepatic intraparenchymal nodules.
- Moderate gallbladder debris (non-mucocele).
- Overtly normal gastrointestinal tract/colon, semi formed feces in colon.
- Mild chronic renal changes with nonobstructive right kidney medullary mineral.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely.

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The hepatic nodules were not specific with considerations including areas of nodular to regenerative hyperplasia, lipogranulomas or similar benign etiology. The possibility of potential hepatic metastasis secondary to the splenic mass cannot be excluded.

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Assuming no evidence of thoracic metastasis on three view chest radiographs, laparotomy with splenectomy, gross inspection of the liver and hepatic biopsies if clinically indicated could be considered. Dietary indiscretion/food intolerance, occult parasitism, gastroenterocolitis or other structurally insignificant inflammatory gastroenteropathy possible. Continue as needed gastrointestinal support recommended.

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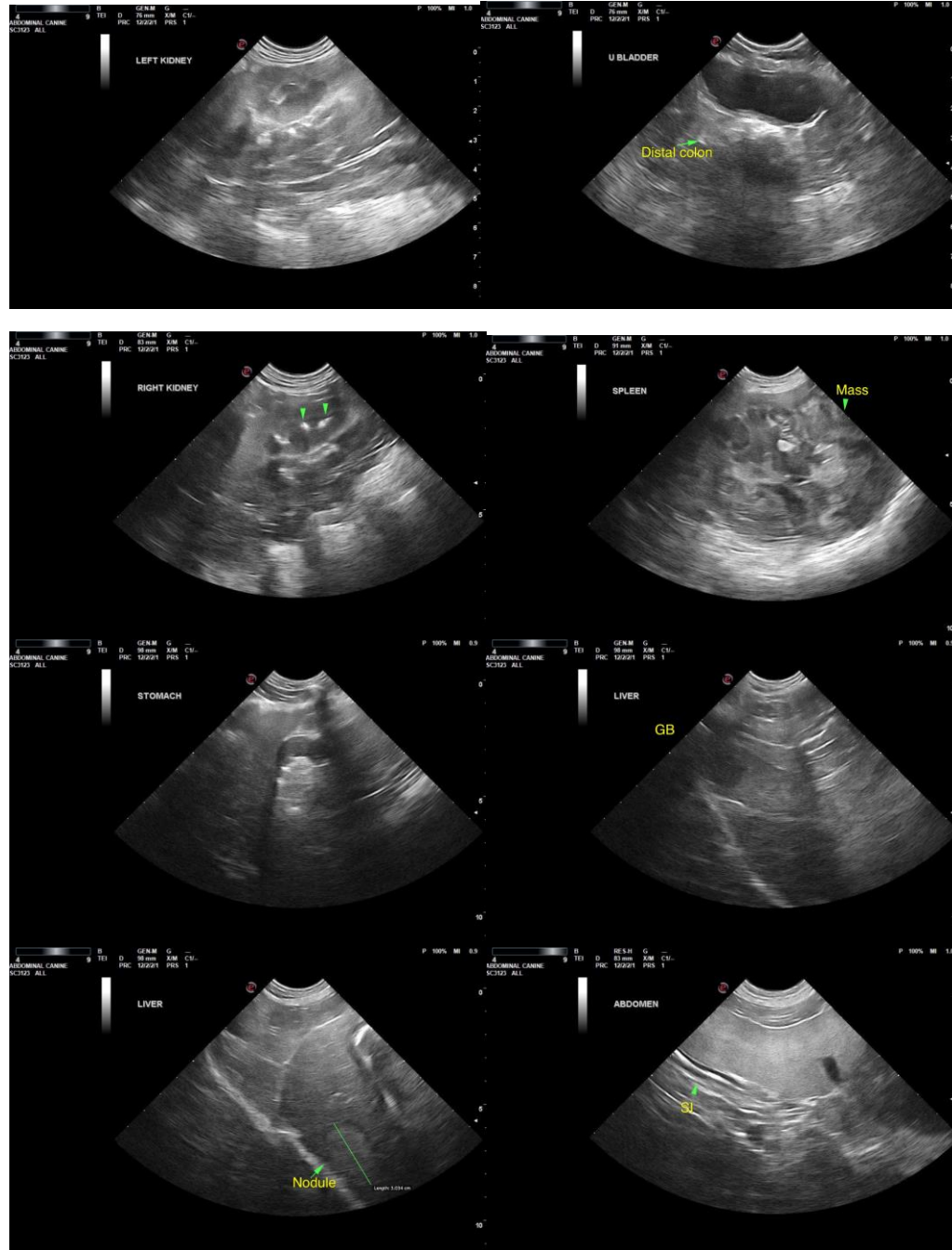
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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