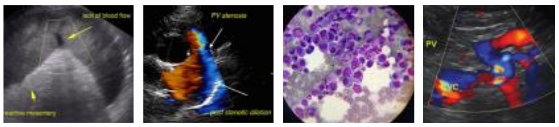


PATIENT

Milford St. Julien

SPECIES

Canine

BREED

Corgi X

SEX

MN

AGE

9 years

WEIGHT

32.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Ark Veterinary Clinic

REFERRING VET

Dr. Byers

INVOICE

13534

DATE

3/23/22

PRESENTING CLINICAL SIGNS

Heart Murmur - MMVD - DCM - HCM - Other Previous Elevated ALP and low T4 will recheck with bloodowork today.
Abnormal PE/Chem/CBC/UA Results: Current Medications Denamarin Lrg Breed 425, Urosidiol 150mg, Butophanal, Dexmeditonadine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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 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 kidney measured 5.6 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

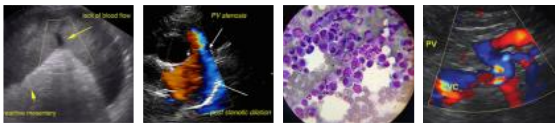
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.64 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 1.0 cm width at the cranial pole.

Spleen

The spleen exhibited a mildly expansive, nonhomogeneous to potentially mildly cystic to cavitated mass in the cranial spleen measuring 3.0 cm In diameter. The mass appeared to mildly distort the splenic capsule, yet was without overt evidence of parenchymal escape. A small pocket of scant perisplenic free fluid was noted around the mass. Concurrent, non-expansive, isoechoic to mildly nonhomogeneous nodules were present in the mid to caudal spleen. An example of a nodule measured 1.2 cm in diameter.

Liver/ Gallbladder

The liver exhibited mild to moderate generalized enlargement yet maintained symmetrical capsule contour with normal overall hepatic parenchyma echogenicity exhibiting evidence of mild generalized



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parenchymal remodeling. Potential subtle to discrete areas of hematopoiesis or nodular to regenerative hyperplasia are suspected. No overt evidence of primary vs. metastatic neoplastic criteria in the liver was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy was present.

Rapid view of the heart revealed no evidence of pericardial effusion or obvious masses.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Small cranial splenic mass with concurrent mid to caudal splenic non-expansive mildly nonhomogeneous nodules
- Vacuolar hepatopathy pattern exhibiting mild parenchymal remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass and concurrent splenic nodules were nonspecific with considerations Including hyperplasia, hematopoiesis, granulomas, splenitis, or neoplasia (emerging hemangiosarcoma, round cell neoplasia, or other.) No overt evidence of perisplenic intra-abdominal metastasis was noted.

Assuming normal clotting status, ultrasound guided FNA of the splenic mass and liver could be considered for screening cytology. Assuming no evidence of thoracic pathology on three view chest radiographs and normal clotting status, splenectomy with hepatic biopsy would be a more aggressive approach. Full echocardiogram is suggested prior to anesthetic considerations given the history of heart disease in this patient. Sonographic monitoring of the splenic mass and liver with initial recheck In 10-14 days would be a more conservative approach.

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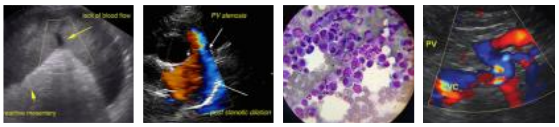

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MOBILE VETERINARY ULTRASOUND
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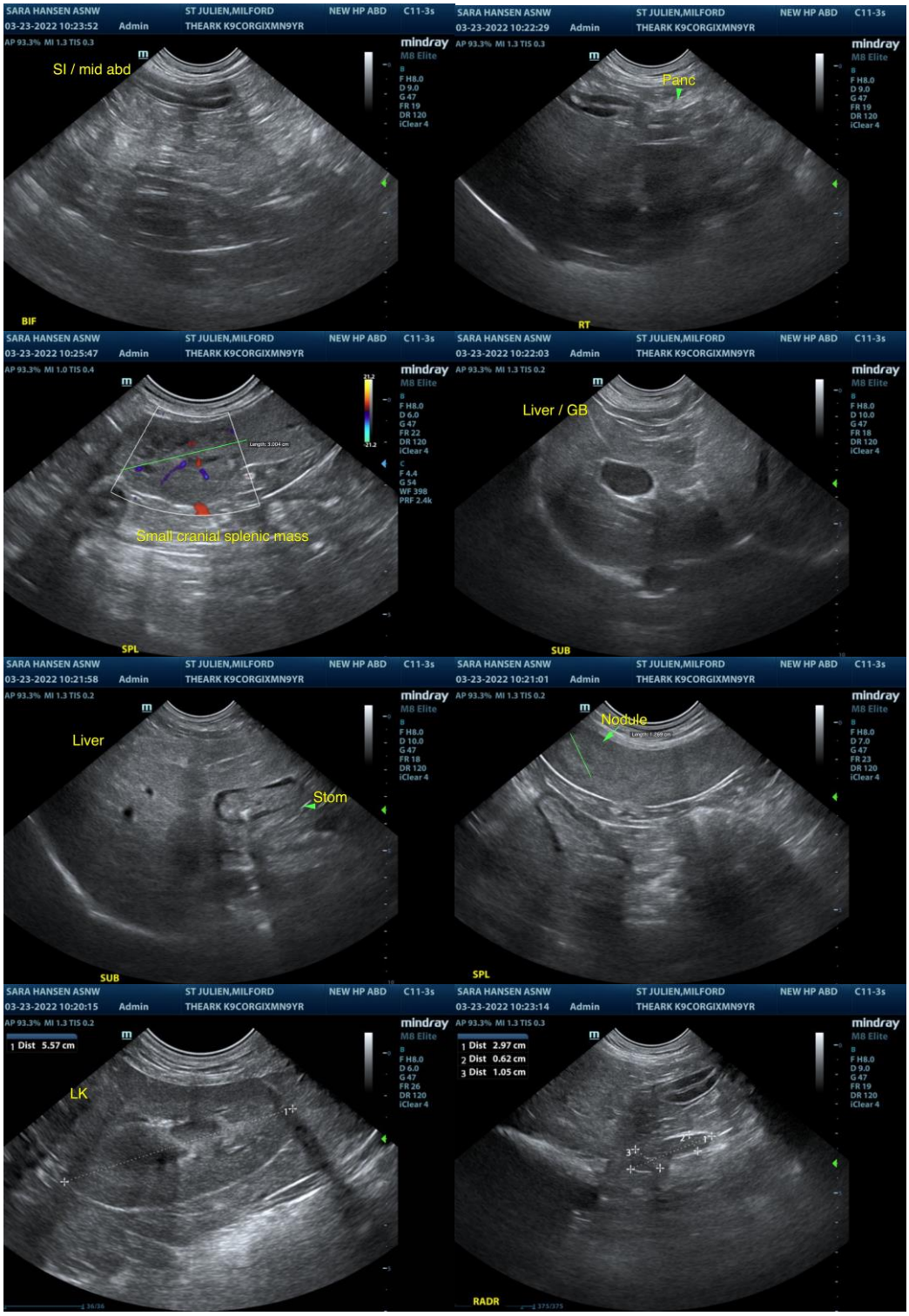

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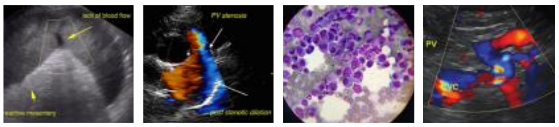

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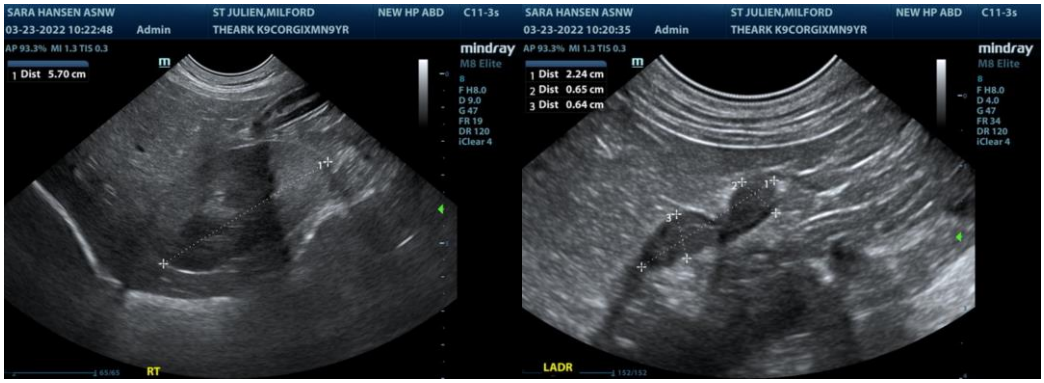

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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