SonoPath
Clinical Sonography & Telecytology
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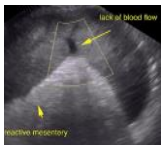

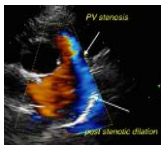

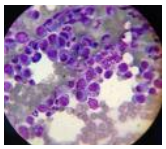
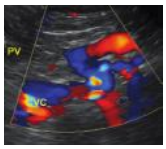

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ruby Burch

SPECIES
Canine

BREED
German Shepherd

SEX
Neutered male

AGE
10 years

WEIGHT
40.6 kg

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

IMAGING PERFORMED BY
Dave Stasiuk RDMS RDCS

HOSPITAL NAME
Resolution Veterinary Ultrasound

REFERRING VET
Dr. Wanda Vockeroth

INVOICE
10122

DATE
03/03/2022

PRESENTING CLINICAL SIGNS

History: Splenomegaly and possible gastric mass on AXR. Normal labs.

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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. A small caudal cyst measuring 1.4 cm in diameter was visualized in the right kidney. The left kidney measured 7.6 cm in length. The right kidney measured 7.5 cm in length.

No overt pathology in the area of the residual prostate.

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 0.42 cm width at the caudal pole and 0.49 cm width at the cranial pole. No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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 primarily dependent 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 potential mild retained gastric ingest and luminal gas. The visualized gastric walls were overtly normal without evidence of mural thickening or pathology

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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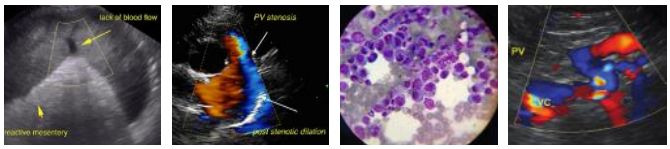

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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

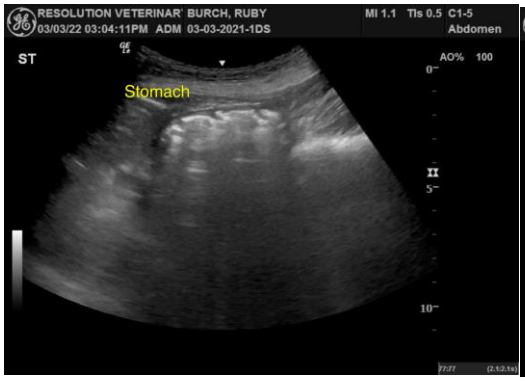
No overt lymphadenopathy or peritoneal effusion was present.

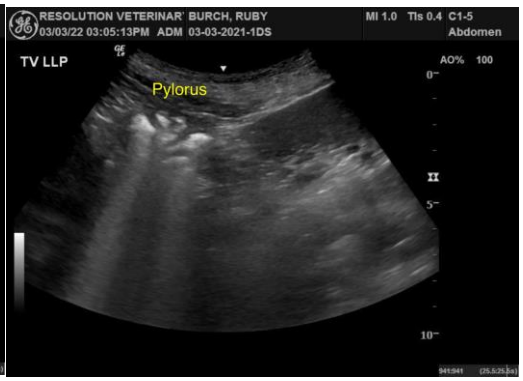
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable spleen.
- Sonographically unremarkable gastrointestinal tract with potential for minor retained gastric ingesta.
- Small right kidney cyst.
- Mild gallbladder debris- incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a largely unremarkable abdomen without evidence of significant visceral specifically splenogastric pathology. Sonographically the spleen did not appear to be overtly enlarged however if subjectively enlarged on radiograph, mild benign hyperplasia, hematopoiesis, breed associated hypersplenism or incidental splenitis could be present. No evidence of splenic neoplastic criteria.





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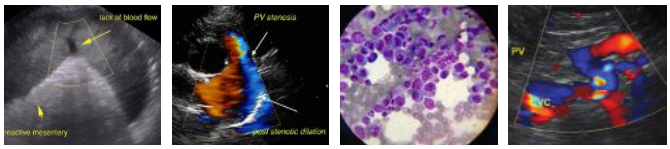

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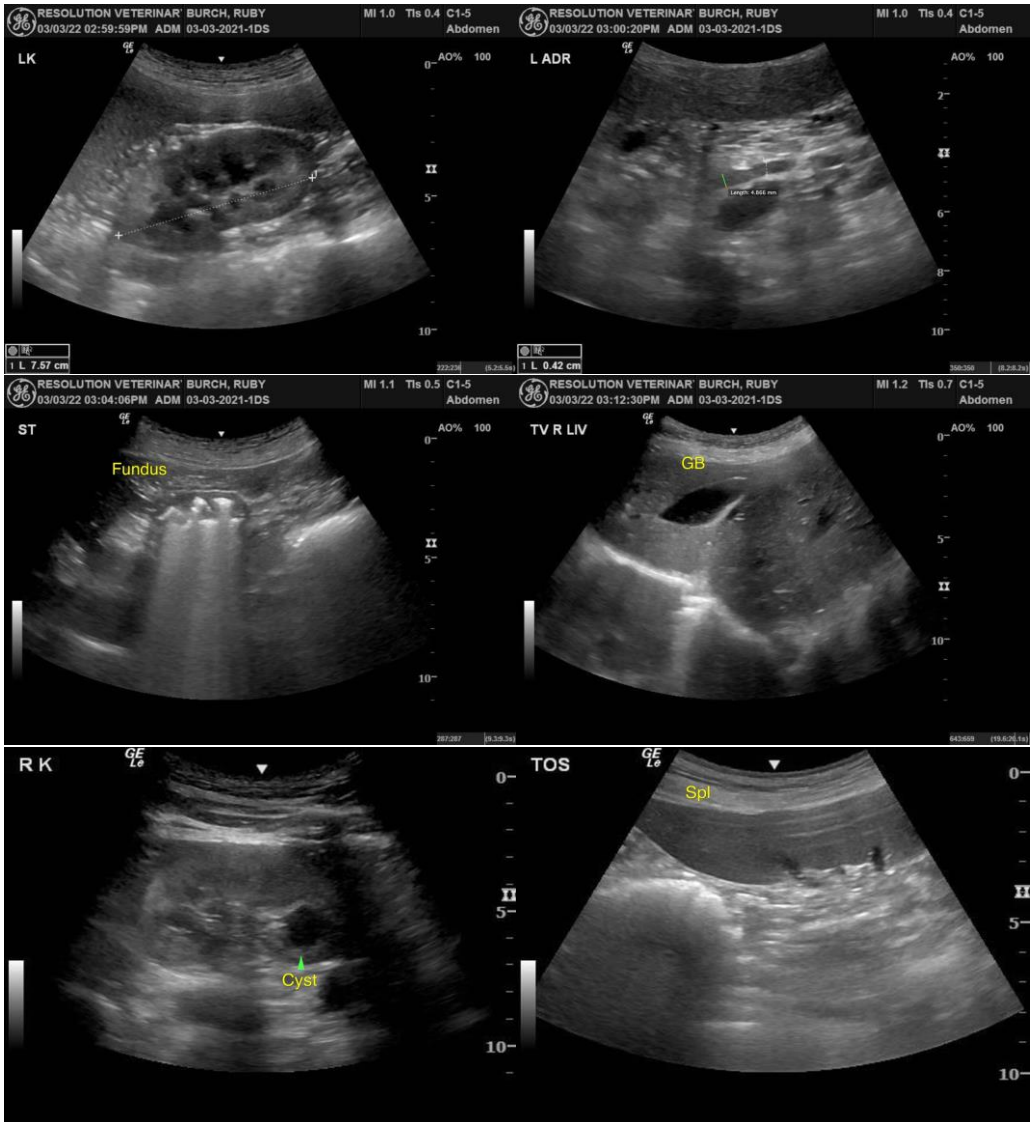

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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