SonoPath
Clinical Sonography & Telecytology
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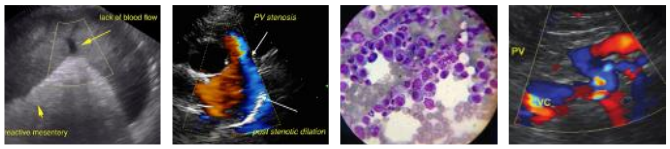

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Mila Locke

SPECIES
Canine

BREED
Australian Shep Mix

SEX
FS

AGE
10yr

WEIGHT
80lb

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

IMAGING PERFORMED BY
Karen Ebersole DVM

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Peyser

INVOICE
13341ag

DATE
03/31/2023

PRESENTING CLINICAL SIGNS

Gagging episodes x1-2 months, mostly after eating. Sedated oral exam on 2/6 showed some evidence of elongated soft palate but otherwise WNL. Gagging responsive to Sucralfate but then returns when off of it. Sedated for US with Butorphanol and low dose DexDom. FNA of splenic nodule and spleen parenchyma done.

Abnormal PE/Chem/CBC/UA Results: RADS (thorax/lateral cervical, 2/6/23): WNL No recent BW, ran CBC prior to FNA, Chem pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 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. The left kidney measured 5.8 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was borderline prominent in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.93 cm width at the caudal pole and 3.7 cm length. The right adrenal gland borderline prominent in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.1 cm width at the caudal pole and 3.7 cm length.

Spleen

The spleen exhibited normal size and a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary mildly expansive hypoechoic non-homogenous nodule was present in the mid lateral spleen measuring 1.9 cm in diameter. 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.

Liver/Gallbladder

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 primarily anechoic luminal content with mild hyperechoic non-organized luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact possible mild prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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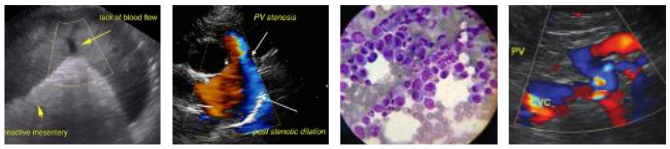

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The small intestine presented intact wall layering with segmental duodenojejunal mucosa layer and segmental hyperechoic mucosa speckling to striations. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The 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 omental masses or overt lymphadenopathy was present.

Mid abdominal mild non-uniform hyperechoic omentum with scant to mild volume anechoic peritoneal free fluid was noted.

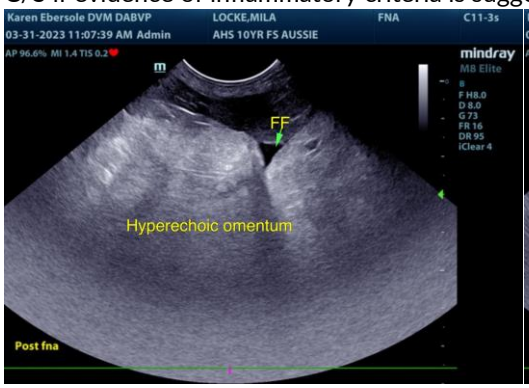
ULTRASONOGRAPHIC FINDINGS

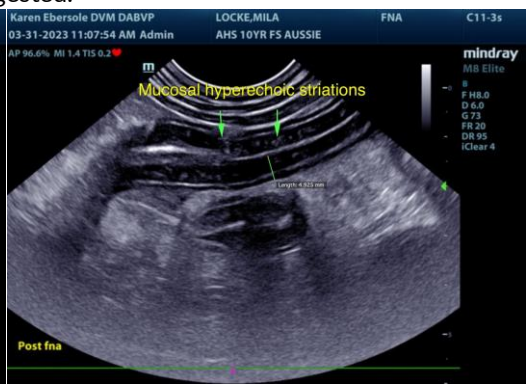
- Non-specific mildly expansive splenic nodule-hyperplasia, hematopoiesis, focal splenitis, small hematoma or emerging neoplasia possible.
- Normal liver.
- Gallbladder debris-not consistent with mucocele criteria.
- Suspect mild gastritis.
- Enteropathy with intact yet segmental prominent wall layering and segmental hyperechoic mucosal speckling/striations-nonspecific enteritis/inflammatory enteropathy, potential emerging PLE or less likely infiltrative neoplasia.
- Mid abdominal mild non-uniform hyperechoic omentum and mild volume peritoneal free fluid-reactive omentum, free fluid secondary to increased vascular permeability, decreased hydrostatic pressure, non-specific peritonitis or less likely neoplastic effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of the splenic nodule with pending cytology is suggested. Assessment of pending chemistry panel and UA for evidence of decreased ALB is suggested. If present, PLE may be a primary consideration in this case. Given lack of additional clinical signs such as diarrhea, non-protein losing inflammatory gastroenteropathy could be possible.

Empirically, hydrolyzed diet trial, as needed gastroprotectants +/- coverage for helicobacter with empirical therapy for gastroenteritis/esophagitis would be reasonable. Peritoneal effusion analysis +/- C/S if evidence of inflammatory criteria is suggested.





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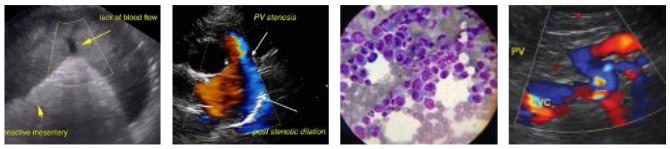

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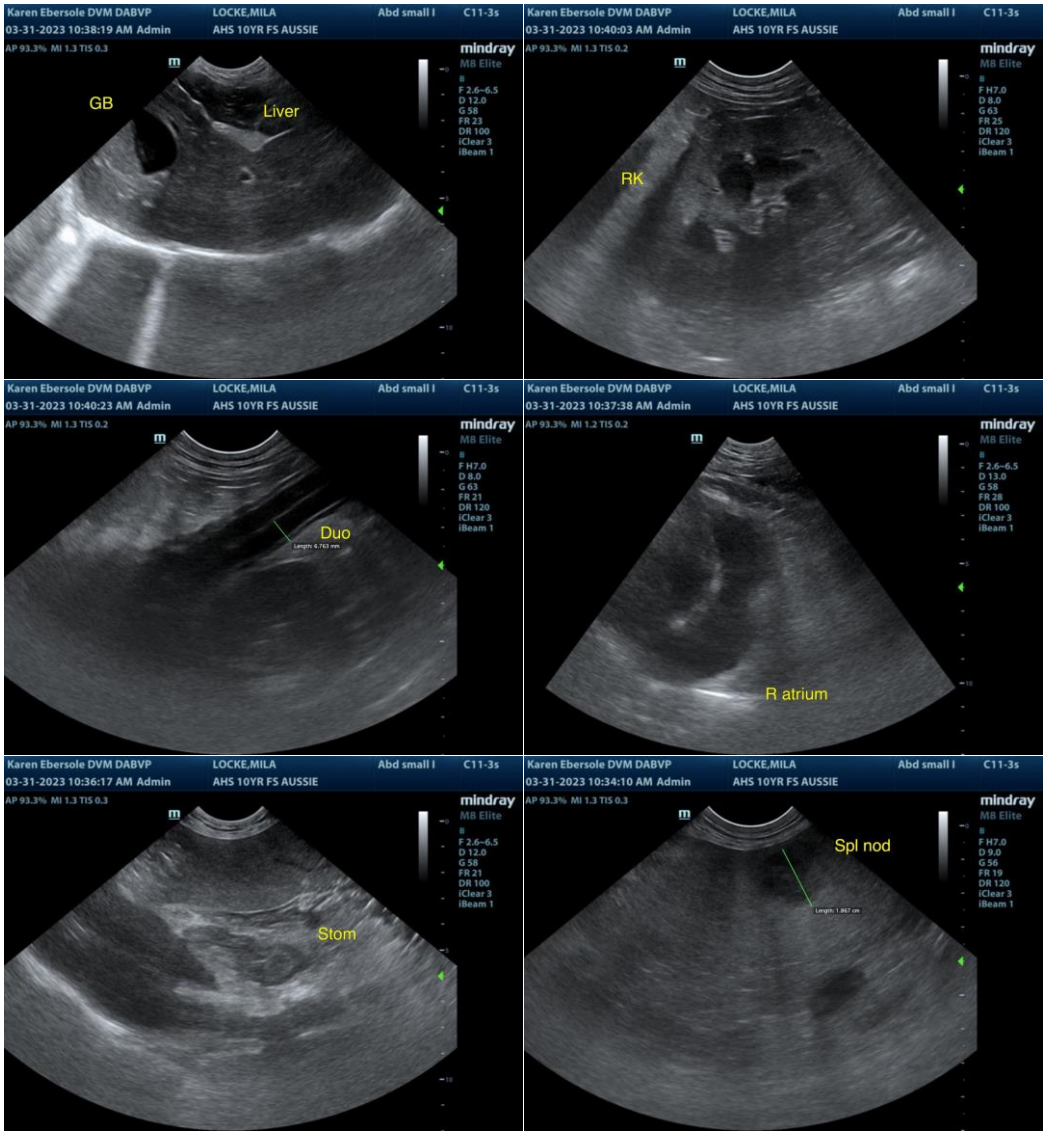

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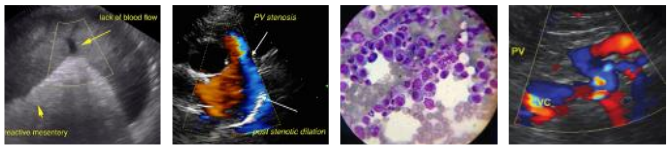

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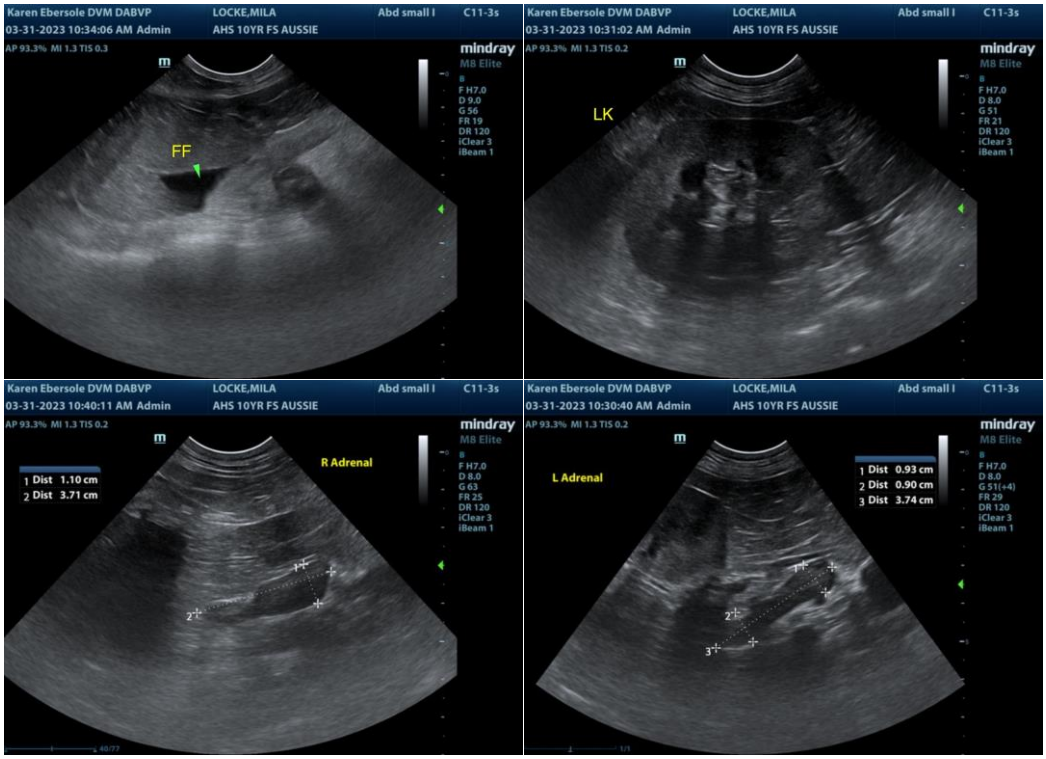

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com