



PATIENT

Sassy Coffey

SPECIES

Canine

BREED

Yorkie

SEX

Spayed female

AGE

9 years

WEIGHT

8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY
Trae Cutchin

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

Dr. Trae Cutchin

INVOICE

10150ag

DATE

03/09/2022

PRESENTING CLINICAL SIGNS

History: Pt recently had moderate episode of vomiting. Pt recovered without incident with empiric supportive therapy.

Abnormal PE/Chem/CBC/UA Results: Spec cpl was mild moderately elevated.

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. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.3 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 0.55 cm width at the caudal pole and 0.44 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 0.51 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent non-expansive discrete to nonhomogeneous nodules were noted. An example of a nodule measured 0.53 cm. 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 gallbladder debris primarily in the caudal lumen and gallbladder neck. No evidence of gallbladder or peripheral 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 and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.28 cm. The pylorus wall measured 0.30 cm.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subjective propensity for subtly prominent to echogenic submucosal layer with no evidence of mechanical/metabolic small intestinal ileus. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with apparent semi formed to potential soft feces in lumen.

Pancreas

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

Free Abdomen

SEX

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

9 years

- Nonspecific discrete splenic nodules.
- Mild to potentially resolving gastroenteritis pattern.
- Mild gallbladder debris (non-mucocele)-likely incidental, potentially owing to fasting or non-clinical cholestasis.
- Subtly heterogeneous pancreas-not consistent with active inflammation.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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R. McKenzie Daniel,
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(Canine and Feline)

The splenic nodules were nonspecific with likely benign process such as areas of hyperplasia, hematopoiesis, small hematomas or granulomas likely. Neoplastic criteria is considered less likely yet cannot be definitely excluded. Assuming normal clotting status, an ultrasound guided FNA of the splenic parenchyma and nodule if accessible using a 25g needle could be considered for screening cytology and further clarification. Otherwise, sonographic monitoring of the splenic nodules for evidence of progression with initial recheck in 4 weeks would be reasonable.

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Potential for resolving low grade pancreatitis may be possible. Correlation with continued monitoring of Spec CPL with as needed gastrointestinal support would be appropriate. If persistent or recurrent gastrointestinal signs, the potential for nonspecific inflammatory enteropathy or IBD may be considered.

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Overall, no overt evidence of significant visceral pathology was noted.

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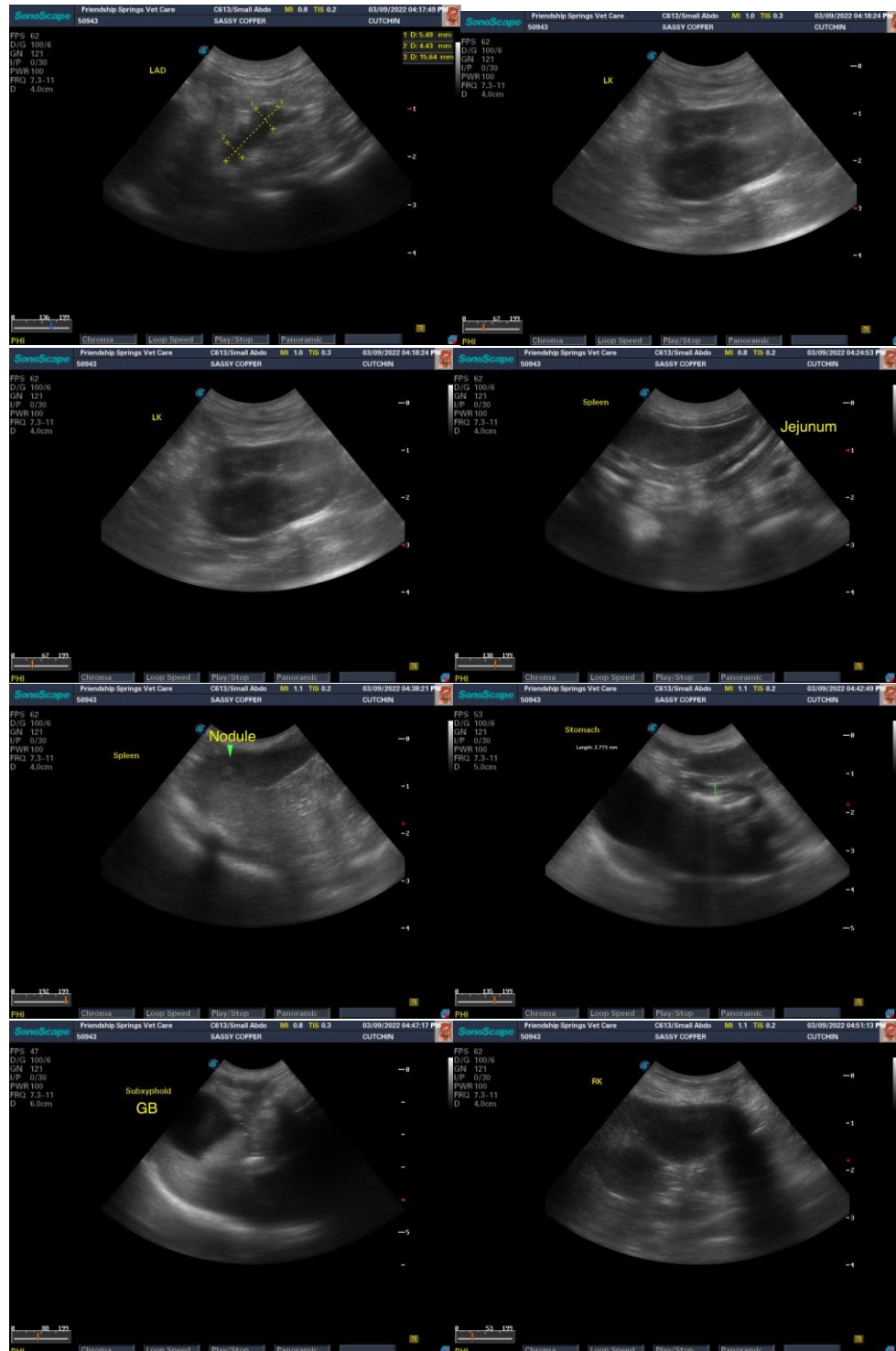
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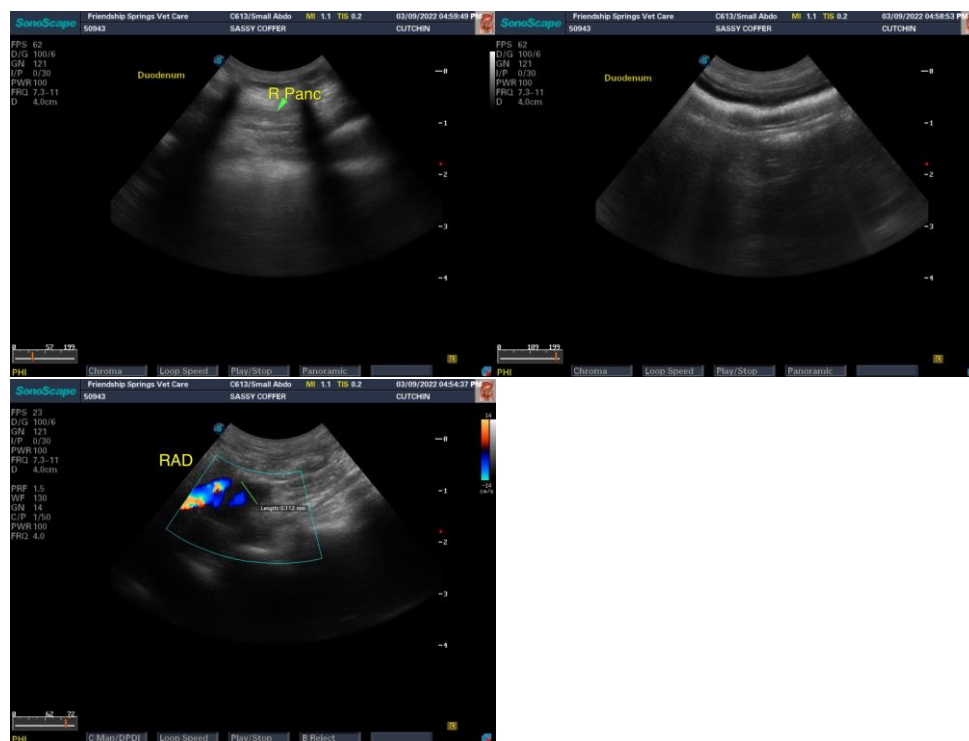
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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