



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Maxx Kent
PRESENTING CLINICAL SIGNS History: P presented on March 8, 2022 for possible urinary incontinence, PU/PD, pendulous abdomen, ravenous appetite, and chronic dental disease Current Medications: - Revolution - Metacam PRN - Glucosamine joint supplement

SPECIES

Canine

ABNORMAL PE/CHEM/CBC/UA RESULTS: See attached labs: BP systolic with doppler: 170, 165, 155 - Chem: elevated alk phos and precision PSL - UA: Low USG 1.026 (1.015-1.050) - Positive LDDS test - specialist rec US of abdomen prior to starting trilostane See attached radiograph report: Mild hepatomegaly

BREED

Pomeranian Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered male

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 although full evaluation of the bladder was limited owing to lack of urine distension.

AGE

13 years

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 increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

WEIGHT

8 pounds

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

The residual prostate was normal is size, appearance and contour exhibiting subtle heterogeneous parenchyma measuring 0.52 cm in diameter.

IMAGING PERFORMED BY

Amanda Crook

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.49 cm width in the cranial pole and 0.46 cm width in the caudal pole. The right adrenal gland measured 0.63 cm width in the cranial pole and 0.40 cm width in the caudal pole.

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Spleen

The spleen exhibited regional uniform mid splenomegaly with mild medial and lateral capsule distortion. The spleen maintained a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple nondisruptive hyperechoic nodules were noted within the mid splenic enlargement. Regions of mild asymmetrical hyperechoic medial capsule contour are consistent with probable medical capsule fibrosis. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The area of splenomegaly measured approximately 5 cm in diameter.

REFERRING VET

Dr. Jamie

INVOICE

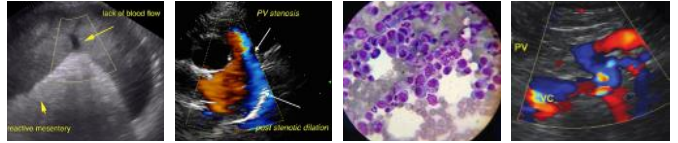
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Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder

DATE

04/15/2022



PATIENT was non-distended in size with primarily anechoic luminal content and mild sludge. The cystic and common bile ducts were normal.

Maxx Kent

SPECIES

Canine **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.

BREED

Pomeranian Mix 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.

SEX

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

Neutered male

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.

AGE

13 years

Free Abdomen

WEIGHT

No overt lymphadenopathy or peritoneal effusion was present.

8 pounds

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Sonographically unremarkable urinary bladder, residual prostate and visible proximal urethra.
- Bilateral chronic renal changes.
- Nonspecific mid splenomegaly to uniform mass with multifocal nondisruptive hyperechoic parenchymal nodules.
- Vacuolar hepatopathy pattern.
- Minor gallbladder sludge-non-mucocele.
- Normal to age related bilateral adrenal glands- no evidence of neoplastic criteria.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The mid splenomegaly was not overtly consistent with neoplastic criteria with considerations including hyperplasia, hematopoiesis, hematoma with multiple benign myelolipomas, nodular hyperplasia, emerging mineralization or potential chronic infarcts. The possibility of neoplasia cannot be definitively excluded. Assuming normal clotting status, an ultrasound guided FNA of the mid splenomegaly using a 25g needle for screening cytology could be considered. Otherwise sonographic monitoring for evidence of progression would be a more conservative approach. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Hepatosupportive medications including Ursodiol may prove beneficial.

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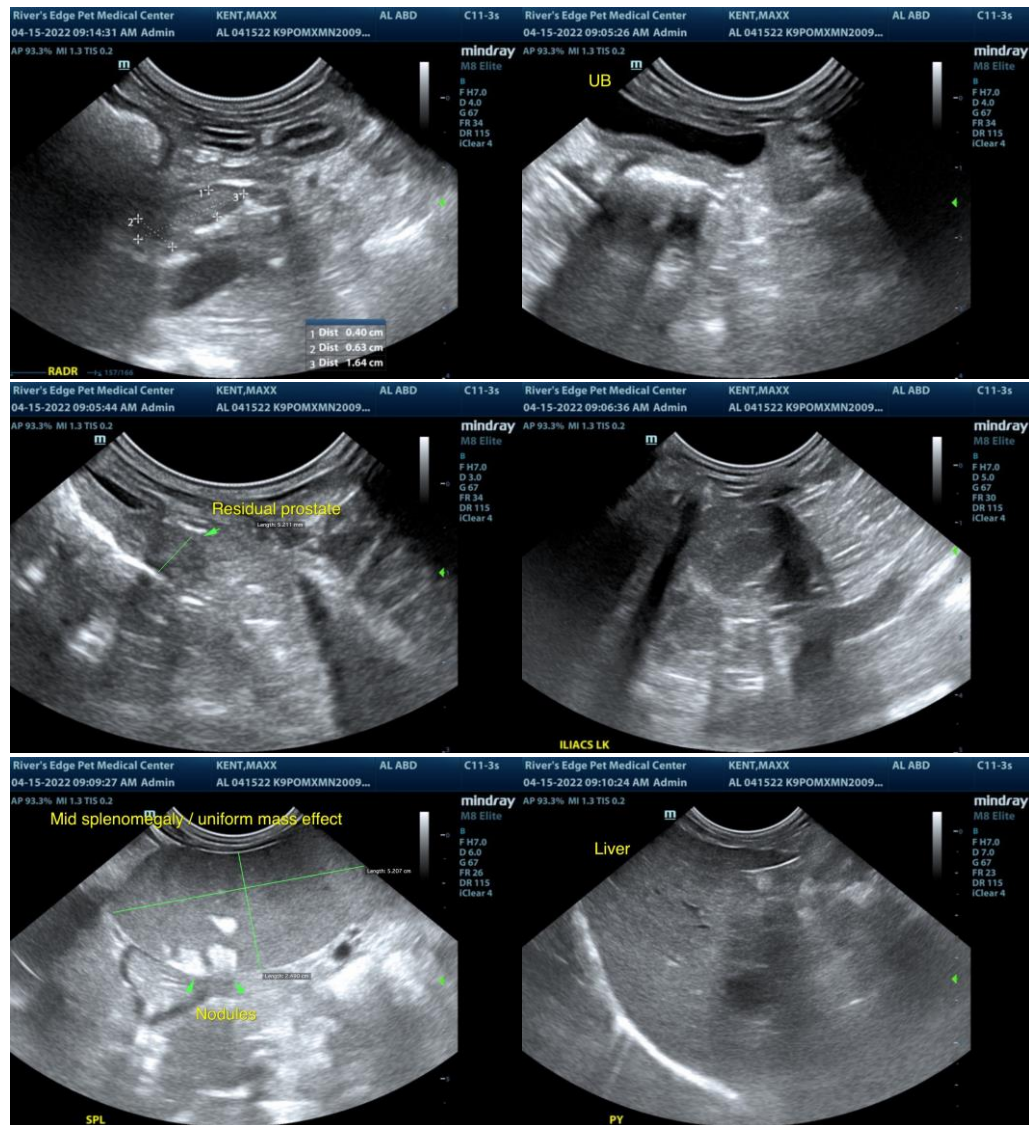
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Pomeranian Mix

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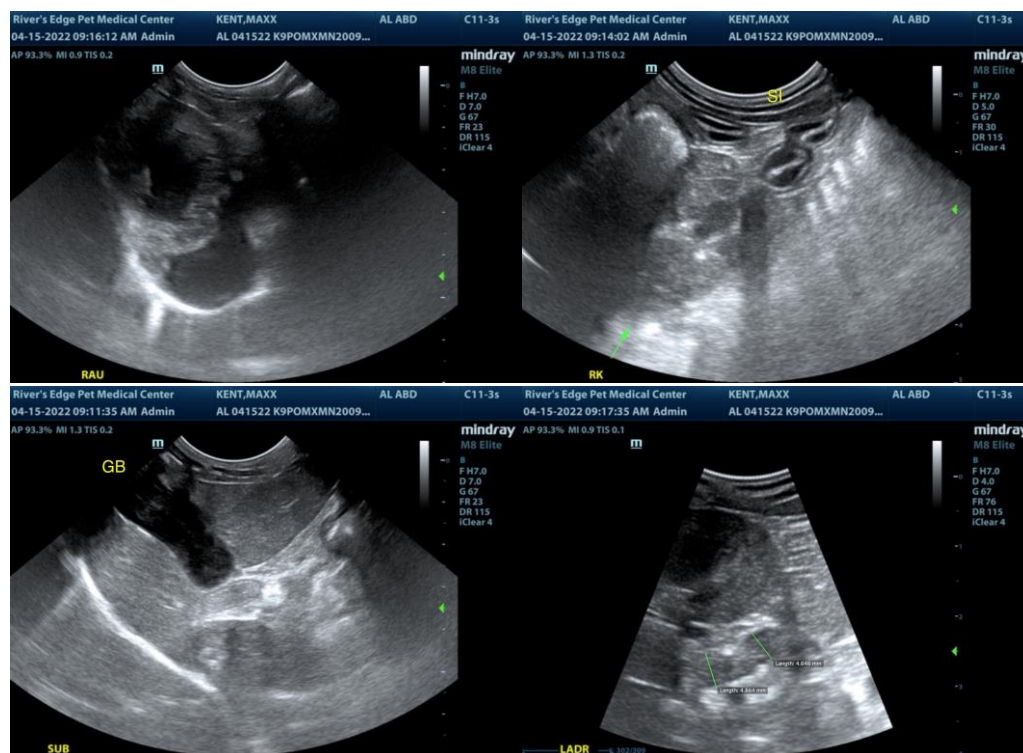
Neutered male

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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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