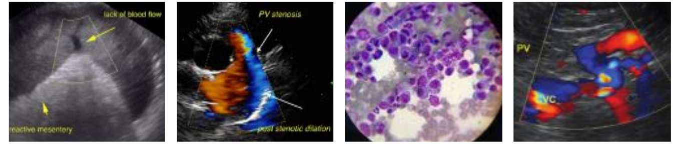


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Marley Buchanan

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

12

WEIGHT

22.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott, DVM

REFERRING VET

Dr. Alastair Westcott

INVOICE

16656

DATE

4/19/23

PRESENTING CLINICAL SIGNS

Presented for a follow-up abdominal ultrasound based on the scan that was done 3 months ago that detected a proximal colonic intramural mass effect. Incidentally, According to the owner there is been no digestive/GI issues.

Abnormal PE/Chem/CBC/UA Results: Mild to moderate increase in inspiratory effort Grade 4/6 systolic murmur PMI left apex A somewhat "full" feeling to the abdomen Slight, spherical corneal opacification OS [longstanding] A number of soft, subcutaneous lumps which are presumed to be lipomatous in nature There is a small swelling in the region of the right perianal region which may represent a perianal adenoma bloodwork 3 weeks ago demonstrated mile elevations in ALT/ALP

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 free of pathology.

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 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. Pinpoint medullary mineral was noted. Static, previously noted, bilateral renal cysts were present containing anechoic fluid. An example of a left kidney cyst measured 2.3 cm diameter. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

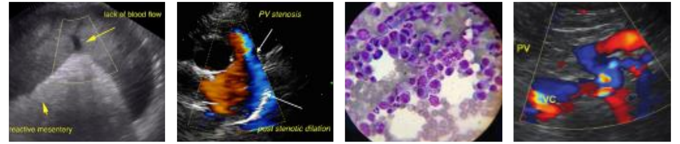
The bilateral adrenal glands exhibited static mild enlargement without evidence of neoplastic criteria. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.6 cm length x 0.95 cm width at the caudal pole. The right adrenal gland measured 2.6 cm length x 0.83 cm width at the caudal pole.

Spleen

The spleen was overall normal in size with primarily finely textured homogeneous parenchyma. A solitary, mildly expansive, well-demarcated, hypoechoic, mild nonhomogeneous nodule was present in the subjective caudal spleen measuring 2.8 cm in diameter. The nodule appeared to subtly distort the splenic capsule without evidence of capsular escape.

Liver/ Gallbladder

Moderate hepatomegaly was noted with symmetrical capsule contour and generalized nonhomogeneous discretely nodular parenchyma exhibiting moderate coarse echotexture and overall



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mild increased parenchyma echogenicity. Normal hepatic vascular volume was noted. Nodular changes are suggestive of benign etiologies i.e., lipogranulomas, hyperplasia, hematopoiesis or similar. The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized hyperechoic gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. 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.

Previously noted proximal colon mural lesion measuring approximately 1.0 cm in diameter was present. The lesion did not appear to be progressive and did not appear to obstruct fecal outflow.

Pancreas

The pancreas was mildly prominent in size with capsule asymmetry exhibiting heterogeneous, mildly cystic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Static chronic renal changes and renal cysts
- Nonspecific mild bilateral adrenomegaly - no overt neoplastic criteria
- Mildly expansive solitary splenic nodule - hyperplasia, hematopoiesis, hemangioma, focal splenitis, emerging neoplasia, i.e., round cell neoplasia, sarcoma, all potentials
- Static chronic hepatopathy and gallbladder debris (non-mucocele)
- Pancreatic remodeling with small pancreatic cysts - benign
- Static proximal colon mural lesion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the newly noted mildly expansive splenic nodule, overall static presentation and abnormalities compared to the previous study were noted.

If accessible, assuming normal clotting status and using a 25-gauge needle, FNA cytology of the splenic nodule for further clarification is warranted. Given no evidence of additional splenic nodules, or without evidence of significant capsular distortion, sonographic monitoring of the splenic nodule for evidence of progression with initial recheck in 4 weeks would be reasonable.

Likewise, concurrent sonographic monitoring of the proximal colon mural lesion would be ideal.

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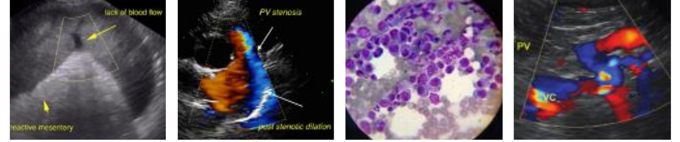
EDUCATIONAL TELECONSULTATION SERVICES™



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Sag RT Kidney

R panc
Duodenum

ICJ
Best view

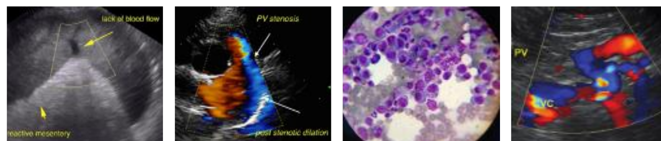
1 Dist 0.93 cm
XS Liver

GB
Sag Liver GB

LK cyst
Sag LT Kidney

1 Dist 0.95 cm
2 Dist 0.66 cm
3 Dist 2.59 cm
LT Adrenal

1 Dist 1.05 cm
2 Dist 0.95 cm
Mural lesion
colon
Best view



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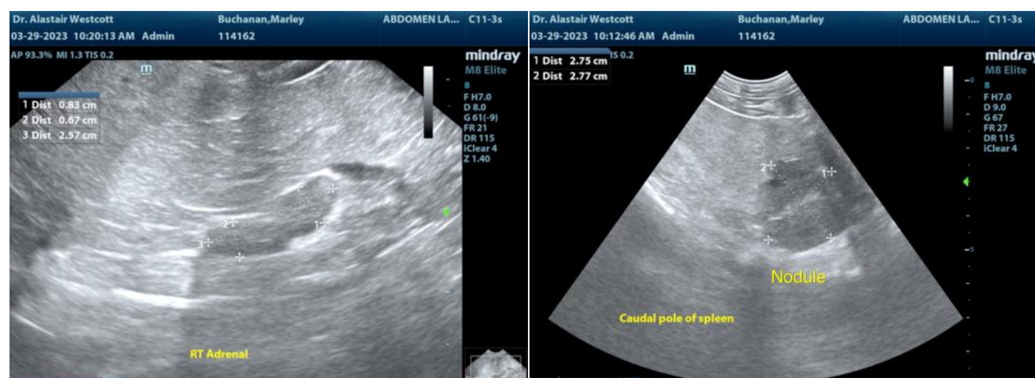

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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