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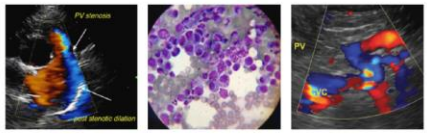
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
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PATIENT
Maddie Trachte - 6455A

SPECIES
Canine

BREED
EN

SEX
Female Spayed

AGE
12 years 11 months

WEIGHT
23 kg

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Madison Veterinary Specialists-Dr. Maller

INVOICE
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DATE
5/11/22

PRESENTING CLINICAL SIGNS

3 day history of sneezing blood, no known trauma
Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia 0K, monocytosis 1.46K, elevated SDMA 16, elevated BUN 34

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 was noted.

The area of the aortic trifurcation was free of pathology.

The right kidney exhibited mild asymmetrical renal margination with potential for cortical infarcts. The left kidney was normal in size and margination. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in the right kidney. The left kidney measured 6.0 cm in length. The right kidney measured 5.4 cm in length.

The area of the uterine remnant was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.69 cm width at the caudal pole and 0.44 cm width at the cranial pole.

Spleen

The spleen exhibited overall enlargement with maintained symmetrical capsule contour. Mild generalized splenic parenchyma heterogeneity with a solitary mildly expansive nonhomogeneous to cavitated mid splenic nodule measuring 2.2 cm was observed. 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was indistinctly visualized yet sonographically unremarkable.

Gastrointestinal

The stomach exhibited regional to generalized mural hypertrophy with similar echogenicity compared to non-thickened gastric walls. Indistinct to mildly altered gastric wall layering was present. No evidence of mural mineralization or overt ulceration was noted. The potential for gastric ulceration if evidence of hematemesis cannot be definitively excluded. The thickened gastric wall measured up to 0.9 cm in width.

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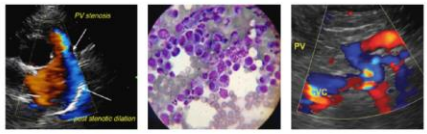

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The stomach was primarily empty with mild luminal gas and without evidence of retained ingesta, fluid or foreign material.

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. The duodenum wall measured 0.54 cm in width.

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 were evident.

Free Abdomen

Focally enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 4.3 cm x 0.65 cm. These nodes are not consistent with inflammatory or neoplastic criteria and are likely incidental.

No peritoneal effusion was present.

Mild regional peri gastric reactive mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes-more prominent in the right kidney with minor right kidney pyelectasia
- Mildly expansive nonhomogeneous to cavitated splenic macronodule to small mass-emerging neoplastic criteria favored i.e. sarcoma or other with potential for hyperplasia, hematopoiesis, granuloma, focal splenitis or other benign etiology possible
- Hepatic parenchymal remodeling-subjectively benign
- Nonspecific regional to generalized thickened stomach, overtly normal small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of reported vomiting or anorexia in this patient the gastric presentation was nonspecific, gastritis, emerging infiltrative gastric neoplasia, infectious gastropathy i.e. helicobacter or other gastropathy possible. Gastric protectant protocol +/- empirical helicobacter coverage could be considered if evidence of gastritis signs are present.

Ideally an ultrasound guided FNA of the splenic macronodule using a 25g needle could be considered yet may be precluded given the presence of thrombocytopenia. Splenectomy +/- sonographic reassessment of the stomach and/or gastric biopsies could be considered if platelet count is stabilized.

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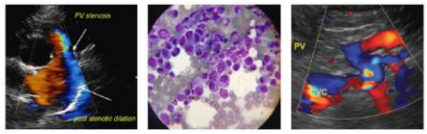

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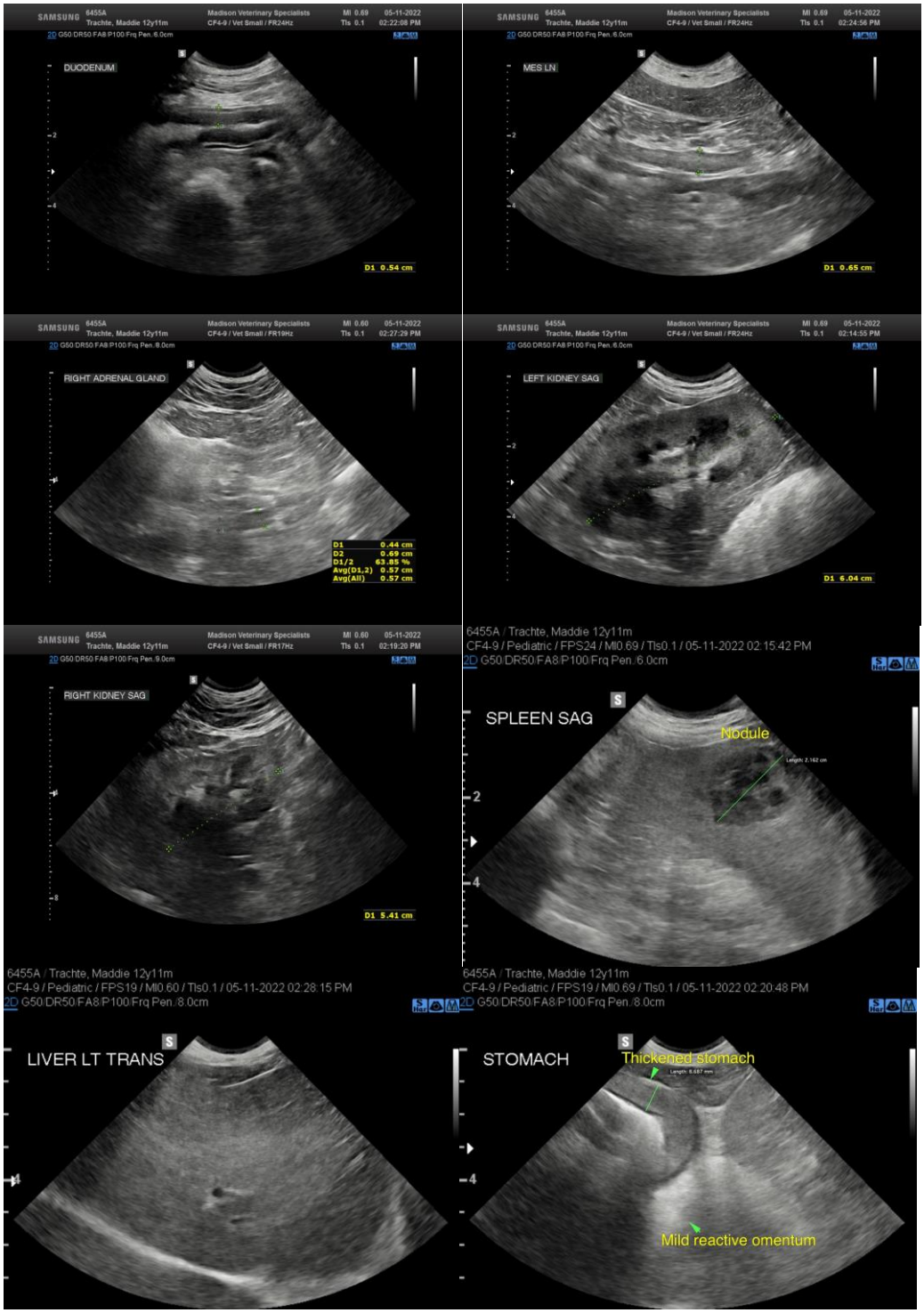
Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Three view chest radiographs recommended if not done.



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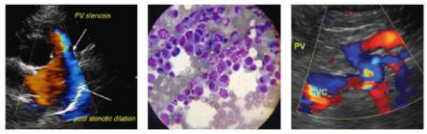

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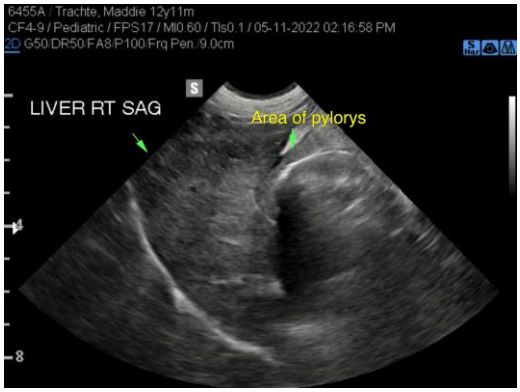

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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