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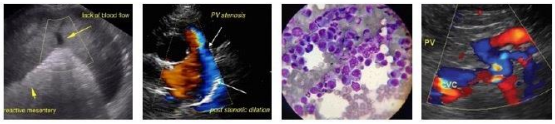


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Mulder Cummins

SPECIES

Canine

BREED

Doodle

SEX

MN

AGE

6 years

WEIGHT

19 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie PH East Hamilton

REFERRING VET

Dr. Nanayakkara

INVOICE

13909

DATE

5/19/22

PRESENTING CLINICAL SIGNS

mild to moderate muscle atrophy, pale mm, appetite issues at home, PUPD meds: dexamethasone inj

Unremarkable CBC, Chemistry Panel- SDMA 24, Normal BUN & Creatinine, Normal Liver parameters, Na:K 37, Urine specific gravity- 1.041, negative protein and glucose

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No evidence of pathology involving the residual prostate was noted.

The area of the aortic trifurcation was free of pathology, including no evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.3 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

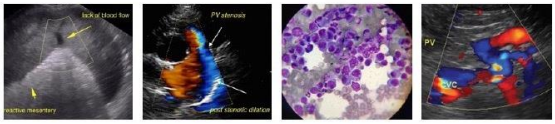
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.54 cm width at the caudal pole. The right adrenal gland was Indistinctly visualized, yet without overt pathology subjectively measuring 2.1 cm length x 0.49 cm width at the caudal pole.

Spleen

The spleen exhibited subjective mild enlargement yet maintained symmetrical capsule contour with generalized mild heterogeneous splenic parenchyma. Several mildly expansive hypoechoic splenic nodules were present, an example measuring 1.2 cm diameter. Normal splenic vascularity was present.

Liver/ Gallbladder

The liver exhibited subjective normal size and contour with generalized mild nonhomogeneous parenchyma exhibiting subjective mild increased parenchyma echogenicity. No masses or nodules were noted in the liver. The gallbladder was non-distended in size with overtly normal gallbladder walls containing anechoic content with mild nondependent yet nonorganized, variably echogenic luminal debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild to moderate retained anechoic fluid was present. The gastric body wall width measured 0.50 cm.

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 width measured 0.37 cm. The jejunum wall width measured 0.37 cm.

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

No omental masses, lymphadenopathy or evidence of peritoneal effusion were present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Splenic parenchyma heterogeneity with several subtly expansive hypoechoic nodules
- Nonhomogeneous liver
- Mild gallbladder debris (non-mucocele)
- Hypomotile stomach, possible hypomotile gastritis
- Overtly normal small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall spleen including the splenic nodules was nonspecific with multiple potential etiologies including hematopoiesis, nodular / lymphoid hyperplasia, small hematomas, and inflammation, while the potential for neoplasia is of concern.

Ultrasound-guided FNA of the splenic parenchyma and hypoechoic nodule, as well as screening hepatic FNA, assuming normal clotting status and using a 25-gauge needle, is warranted for screening cytology.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Gastroprotectant protocol and possible hydrolyzed diet trial would be reasonable if clinical signs consistent with gastritis are present.

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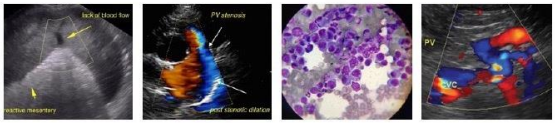

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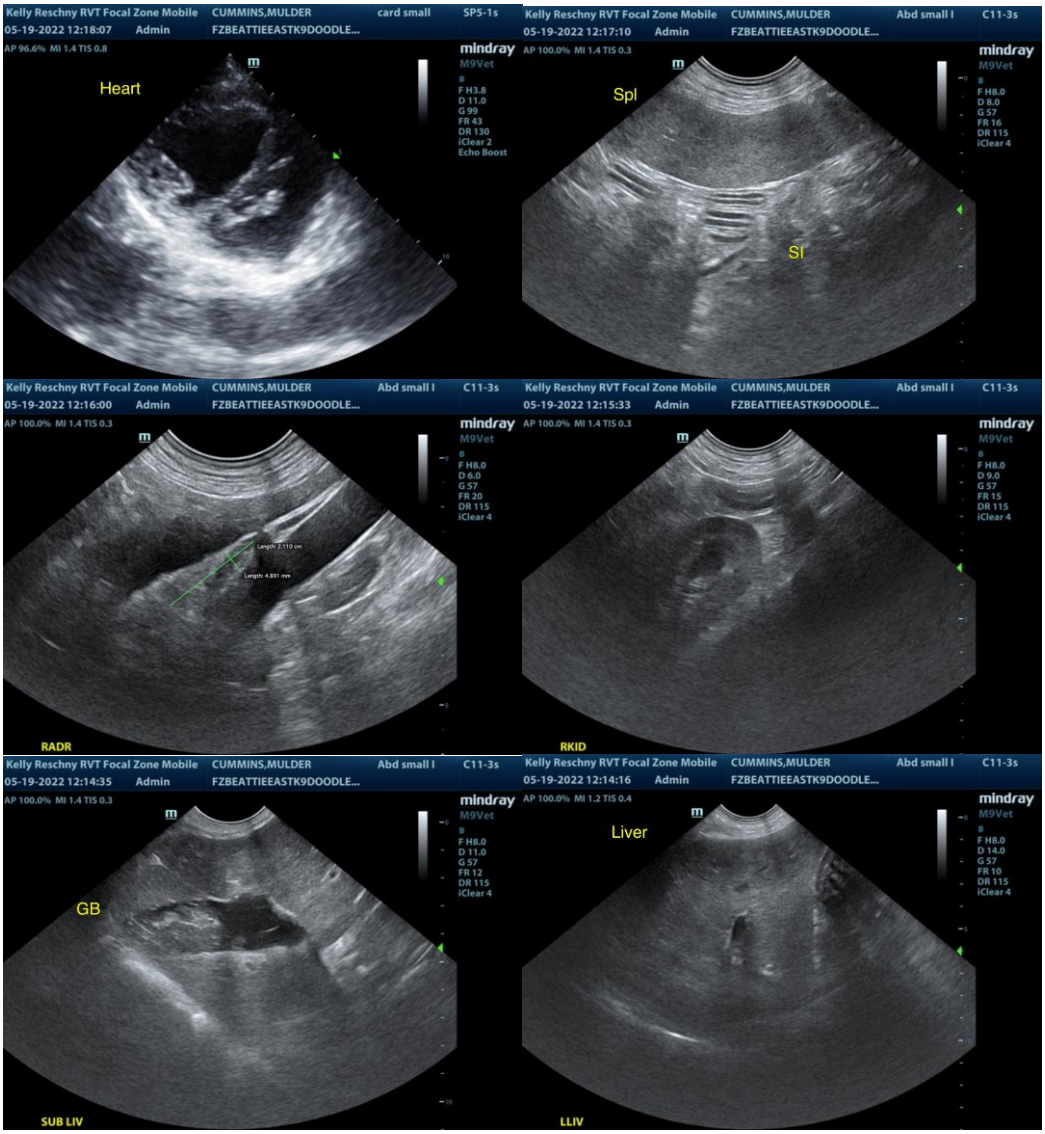

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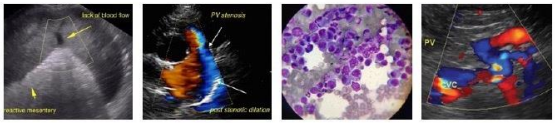

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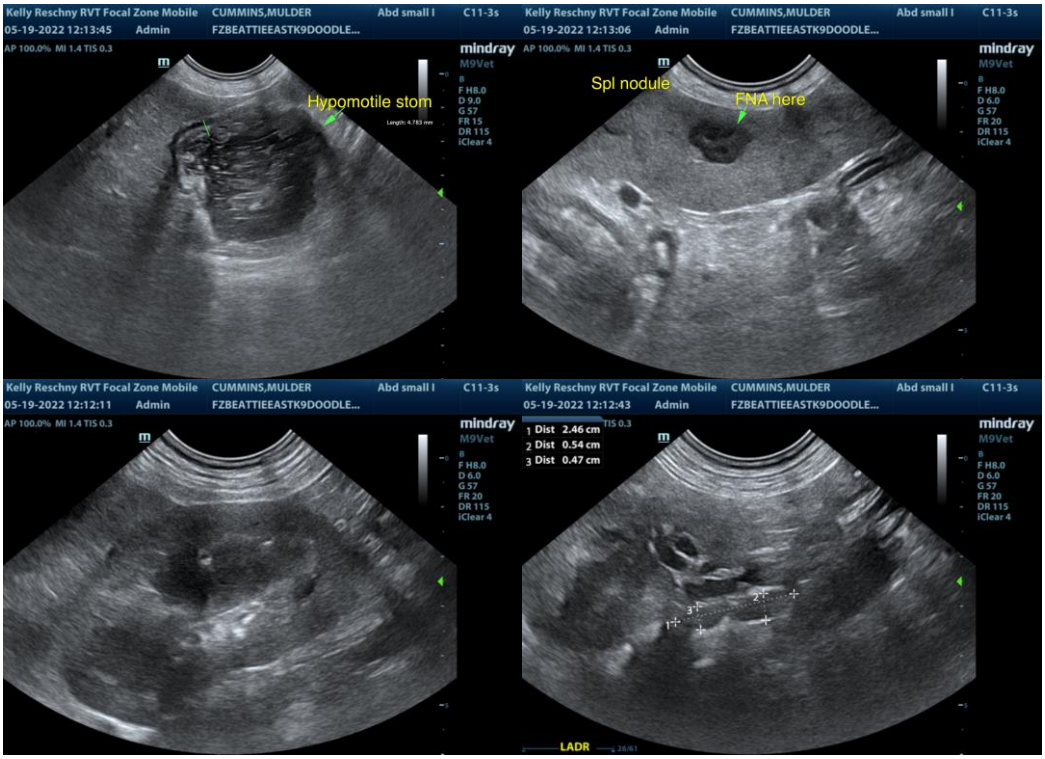

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com