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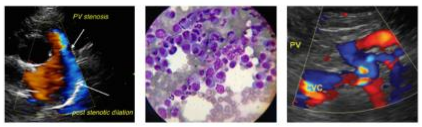

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Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Riley Mohr

**SPECIES**

Canine

**BREED**

Labrador Retriever Mix

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

97 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Snyder

**INVOICE**

15026

**DATE**

5/2/22

## PRESENTING CLINICAL SIGNS

History: Recheck from 9/17/21 scan
Abnormal PE/Chem/CBC/UA Results: Previous scan: Persistent mild cystitis. • Static subtle non-expansive splenic nodule - hematopoiesis, hyperplasia, granuloma, previous infarct, not consistent with neoplastic criteria. • Static right adrenal nodule - consistent with adenoma given the lack of progression.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic with mild nondependent particulate sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. No evidence of previously noted apical cystitis pattern.

The area of the aortic trifurcation and uterine remanent were 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 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 8.2 cm in length. The right kidney measured 7.6 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 0.77 cm width at the caudal pole and 0.75 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 3.2 cm in length x 1.0 cm width at the caudal pole. A uniform to mildly nonhomogeneous nodule was present in the mid to cranial right adrenal gland. The nodule did not exhibit signs of mineralization. The right adrenal nodule appeared to mildly distort the cranial adrenal capsule yet without evidence of parenchymal escape or vascular invasion. The nodule measured 1.8 cm x 1.2 cm.

### *Spleen*

The spleen was normal in overall size with subtle generalized splenic parenchyma heterogeneity. Previously noted heterogenous to mildly mixed echogenic subtly expansive nodule in the caudal spleen, measuring approximately 2.8 cm in diameter. Splenic vascularity was normal.

### *Liver*

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 non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

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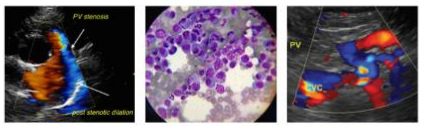

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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.

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 was evident.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Mild urinary bladder sediment, no signs of previously noted cystitis
- Subtly progressively previously noted similar appearing splenic nodule
- Essentially static right adrenal nodule

### Secondary Findings

- Minor hepatic parenchymal remodeling- static mild gallbladder debris
- Static age-related kidneys

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Previously mentioned etiologies for both of the splenic and right adrenal nodules are still applicable without overt evidence of neoplastic criteria given the lack of significant progressive changes associated with either nodule.

Assuming normal clotting status, ultrasound guided FNA of the splenic nodule, using a 25-gauge needle, could be considered for screening cytology. Continued monitoring of systemic blood pressure to assess for evidence of hypertension, which may allude to a right pheochromocytoma, would be appropriate. Continued sonographic monitoring for evidence of progression going forward would be a more conservative approach.

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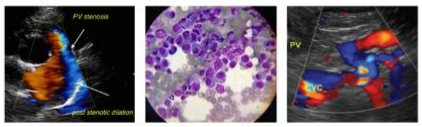

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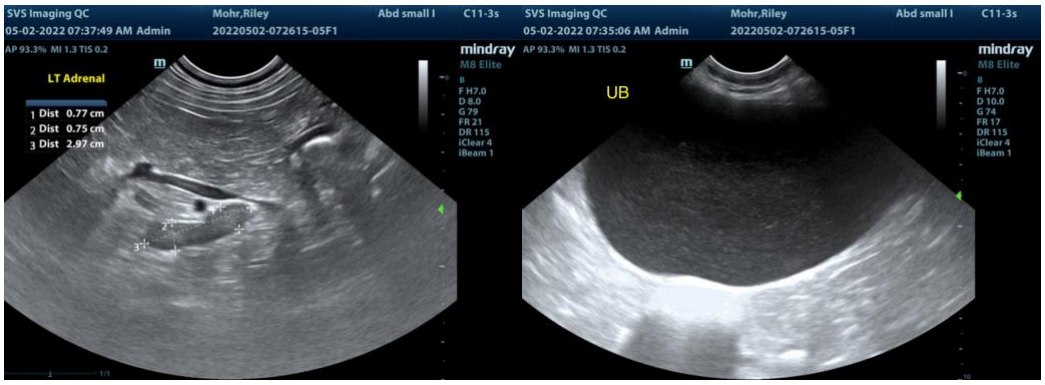


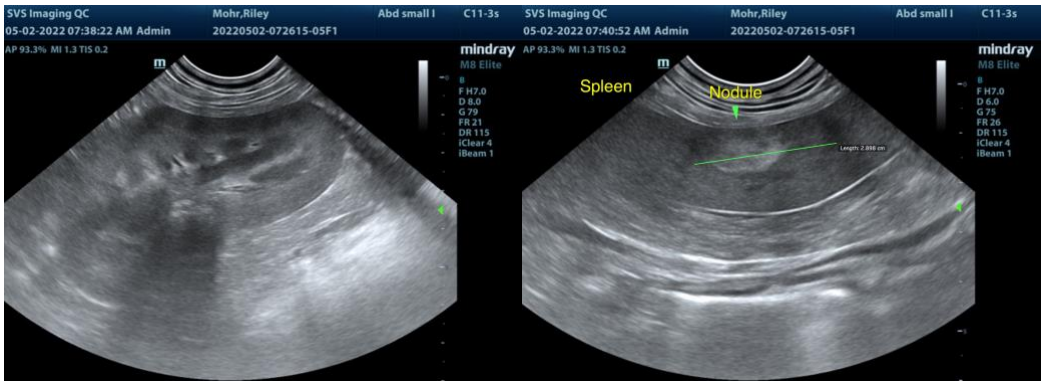


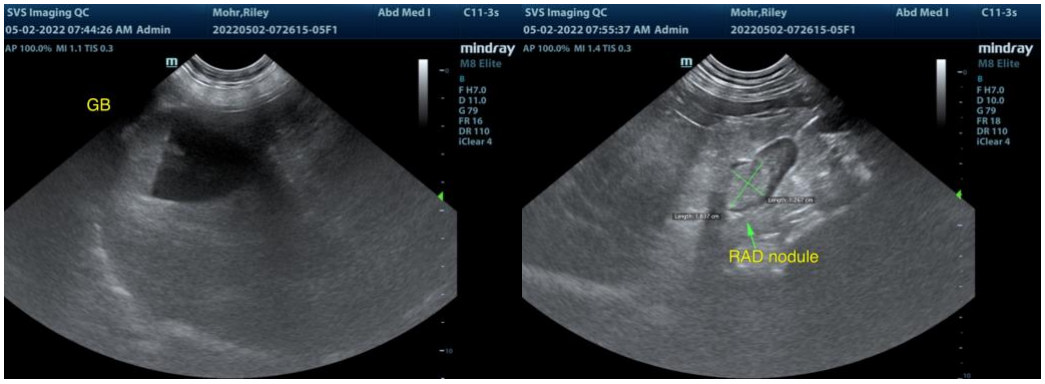


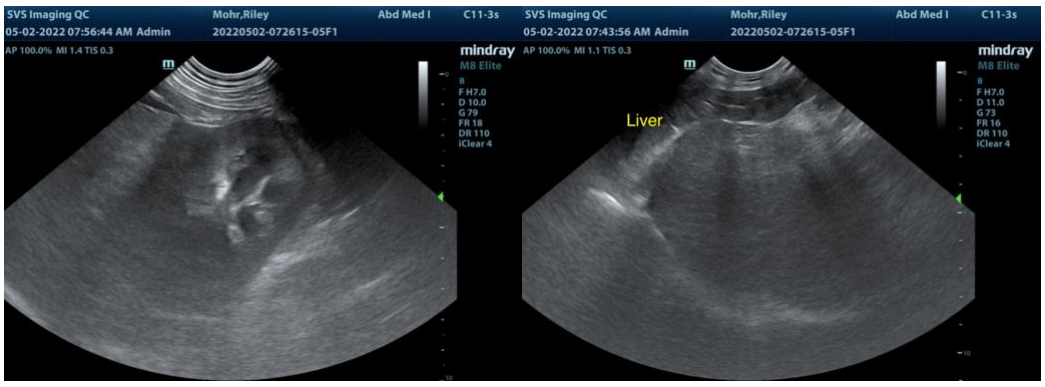

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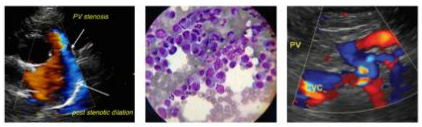

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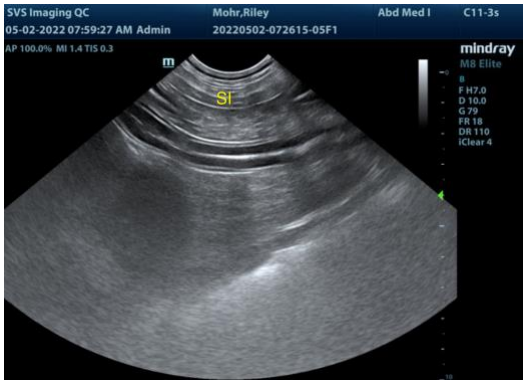


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**