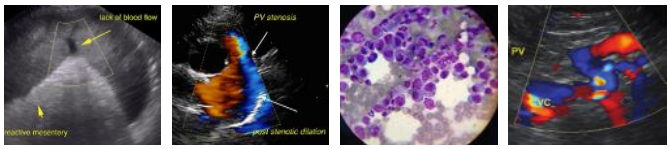

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1-800-838-4268 info@sonopath.com

PATIENT

Kohrs Artemesia

SPECIES

Canine

BREED

Terrier/Staffordshire Bull

SEX

FS

AGE

6 yr

WEIGHT

21 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk

HOSPITAL NAME

Resolution Veterinary Ultrasound

REFERRING VET

Dr. Jan Hen-Boisen

INVOICE

106661ag

DATE

05/24/2022

PRESENTING CLINICAL SIGNS

History: Vomiting / Diarrhea. Chronic GI upset

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND LIMITED HEART

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 5.7 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.43 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 0.61 cm width at the caudal pole.

Spleen

The spleen exhibited overall normal size and contour with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary non disruptive to subtly expansive nonhomogeneous nodule was present in the medial spleen measuring 1.4 cm in diameter.

Liver

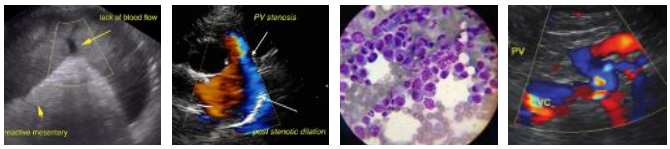
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild debris. 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 contained minor non shadowing ingesta/luminal gas with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.39 cm in width.

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 0.38 cm in width. The jejunum wall measured 0.32 cm in width.

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



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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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Other

Brief subjective echocardiogram revealed overtly normal cardiac structure and function without evidence of chamber enlargement. No signs of pericardial disease such as effusion or masses.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific splenic nodule-multiple etiologies possible including atypical myelolipoma, hyperplasia, hematopoiesis, small hematoma, focal splenitis, while the possibility of emerging neoplasia cannot be excluded
- Sonographically unremarkable GI tract with subjective semi formed feces in the colon
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic monitoring of the nonspecific splenic nodule with initial recheck in 3-4 weeks +/- ultrasound guided FNA using a 25g needle and assuming normal clotting status would be reasonable. At times the sonographic GI presentation does not correlate with the present GI signs..

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes or other. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol to rule out occult Addison's Disease is warranted.

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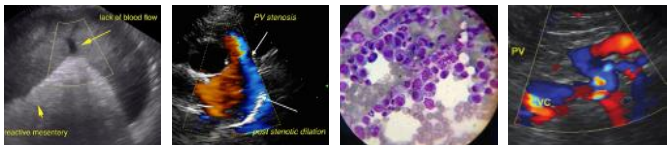

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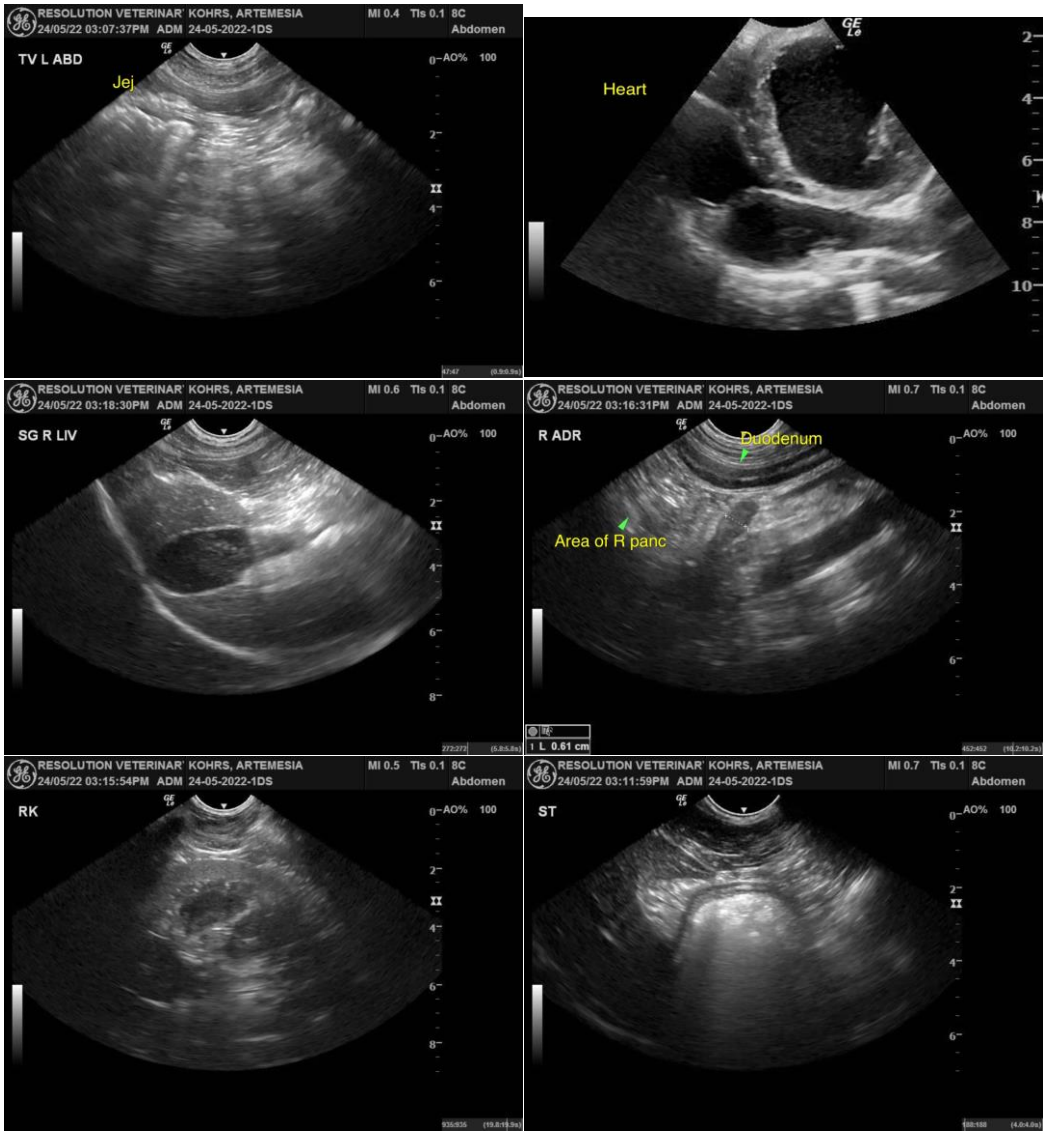

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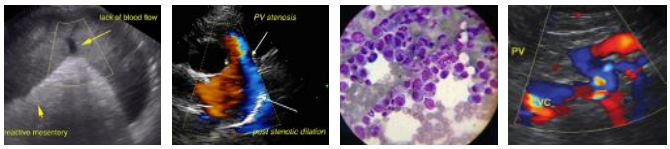

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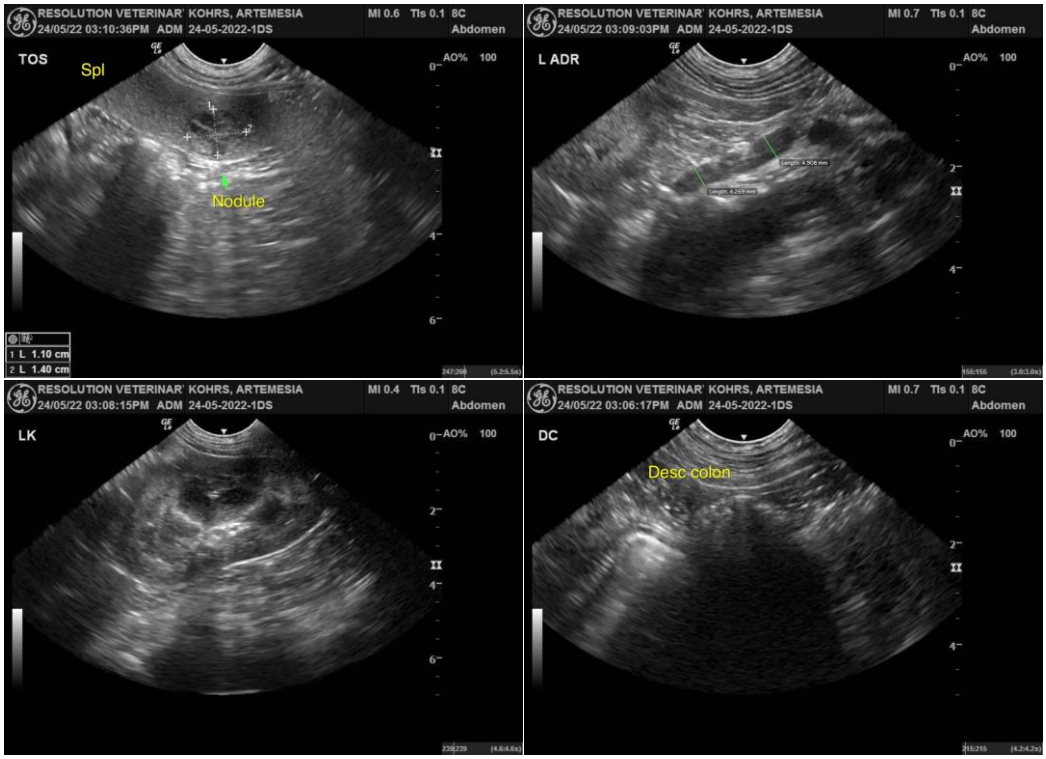

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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