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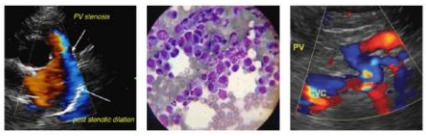

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Miss Carla Tarket

SPECIES
Canine

BREED
Lab

SEX
FS

AGE
14 years

WEIGHT
96 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Family Pet Practice

INVOICE
13809

DATE
5/5/22

PRESENTING CLINICAL SIGNS

Oral mass, history of suspected laryngeal paralysis, soft pendulous abdomen on palpation

Abnormal PE/Chem/CBC/UA Results: Bionet RR leg 5 cuff: 130/94 (106), 133/101 (112), 142/97 (112), 166/90 (115)

Chemistry Panel- Cholesterol 329, otherwise unremarkable, CBC- Platelet 492, otherwise unremarkable

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 area of the aortic trifurcation was sonographically normal without evidence of medial iliac or sublumbar lymphadenopathy.

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 border demarcation expected for the age of the patient. Focal lateral cortical infarction was present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 8.0 cm in length. The right kidney measured 8.2 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 0.63 cm width at the caudal pole and 0.67 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 0.64 cm width at the caudal pole.

Spleen

The spleen was normal in size and overall contour exhibiting generalized mild splenic parenchyma heterogeneity with multiple subtly hypoechoic non-expansive parenchymal nodules.

Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement with normal 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 gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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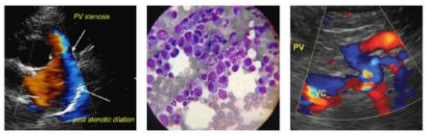

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Gastrointestinal

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.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. The pancreatic presentation is likely consistent with age-related pancreatic changes and considered incidental.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly heterogeneous spleen exhibiting multiple non-expansive subtle hypoechoic nodules - subjectively benign
- Potential mild hepatomegaly exhibiting mild benign hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Bilateral chronic renal changes with left kidney cortical infarction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology was noted.

The splenic changes, although nonspecific, are likely consistent with benign changes associated with age, subtle areas of lymphoid hyperplasia, or hematopoiesis with primary or metastatic criteria considered unlikely. Assuming normal clotting status, ultrasound-guided FNA of the spleen using a 25-gauge needle could be considered primarily to ensure only benign changes are present.

Baseline renal staging including full urinalysis +/- baseline UPC if clinically indicated could be considered.

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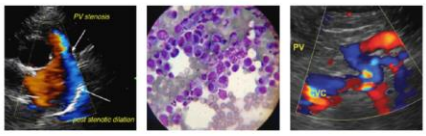

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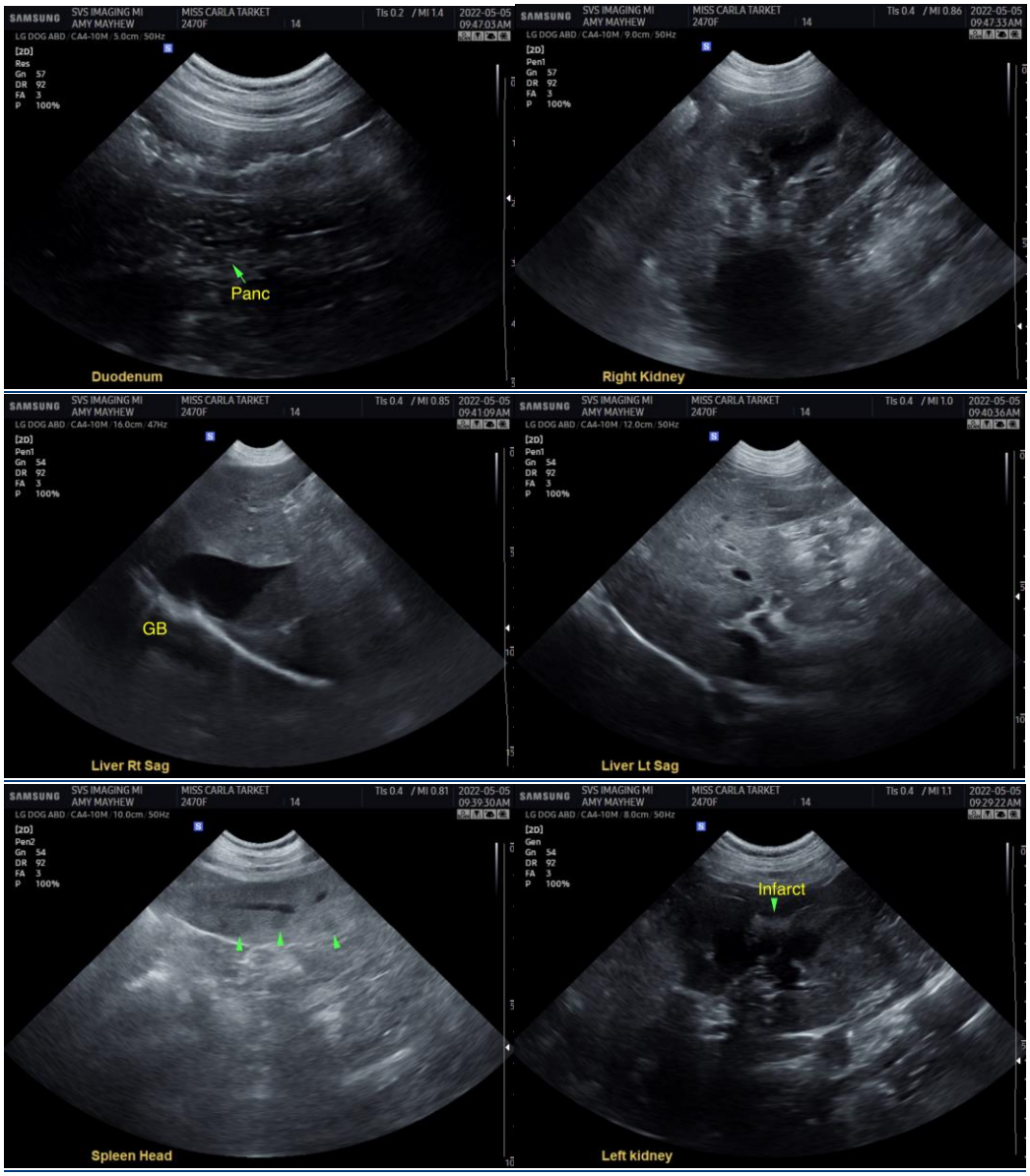

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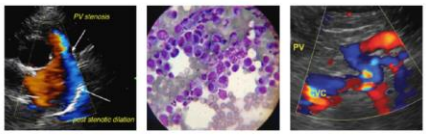

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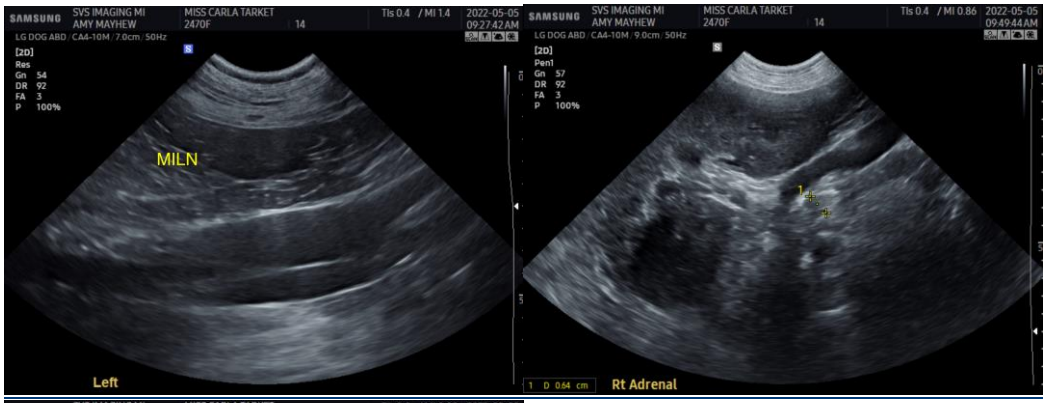

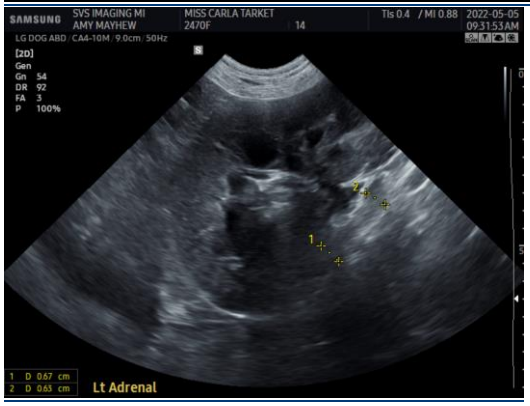

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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