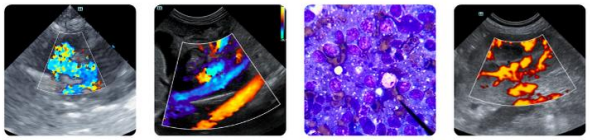


PATIENT

Vega Sessock

SPECIES

Canine

BREED

Vizsla Mix

SEX

FS

AGE

13

WEIGHT

44lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Miranda Fritz

HOSPITAL NAME

Richmond Animal Hospital

REFERRING VET

Miranda Fritz

INVOICE

74909

DATE

5-7-26

PRESENTING CLINICAL SIGNS

P presented 2 days ago for annual wellness. A few weeks prior p was treated for active anaplasma infection. Responded well to doxycycline but since that time o has noted that p's appetite has been off. On exam, new SQ mass firmly attached to surrounding tissue, 2.5cm x 2cm noted on RF lateral antebrachium. FNA/cytology consistent with MCT. Diarrhea after and since appointment. Started diphenhydramine and famotidine last night. Chest x-rays and AUS today for staging.
Abnormal PE/Chem/CBC/UA Results: PE: TPR wnl, current diarrhea CBC: mild thrombocytosis Chem: wnl TT4 : 1.4 UA: USG 1.046, protein 1+ 4dx: anaplasma pos 3view chest x-rays: nsf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened wall isoechoic to the adjacent normal urinary bladder wall primarily visualized in the ventral apical urinary bladder. The ventral apical wall measured 0.38 cm. The luminal surface of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal 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 pathology in the area of the aortic trifurcation.

Normal size and margination was 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 5.7 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland presented mildly enlarged with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole. A mildly expansive, indistinctly marginated, nonhomogeneous, hyperechoic, nonmineralized nodule was present in the adrenal gland. The nodule did not exhibit signs of vascular invasion. The nodule subjectively measured 2.0 x 1.1 cm.

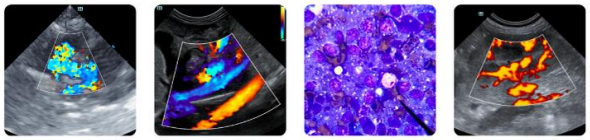
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured – cm width at the cranial pole and 0.69 cm width at the caudal pole.

Spleen

The spleen exhibited a heterogeneous parenchyma most notable in the mid to cranial spleen with non-capsule deforming variably echogenic to hyperechoic splenic nodules. An example of a nodule measured 1.1 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

The liver was subjectively mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 was empty 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 colon walls presented intact yet mildly thickened wall layering. Semi-formed to soft fecal matter was present in the colon lumen. The descending colon wall measured 0.40 cm.

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.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged nonhomogeneous liver.
- Mild heterogeneous spleen with variably echogenic nodules.
- Bilateral chronic renal changes.
- Nodular left adrenal gland.
- Mild cystitis pattern.
- Normal gastrointestinal tract with subjectively mild descending colitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatosplenic sonographic presentation is nonspecific and may indicate age related benign or metastatic/neoplastic changes. Assuming normal clotting status and using a 25-gauge needle, screening hepatic and splenic FNA cytology in the area of the mid to cranial spleen and accessible splenic nodule indicated for further clarification.

Screening GI panel to include PLI/TLI/Cobalamin/Folate and fresh fecal analysis given gastrointestinal signs warranted.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), and as needed

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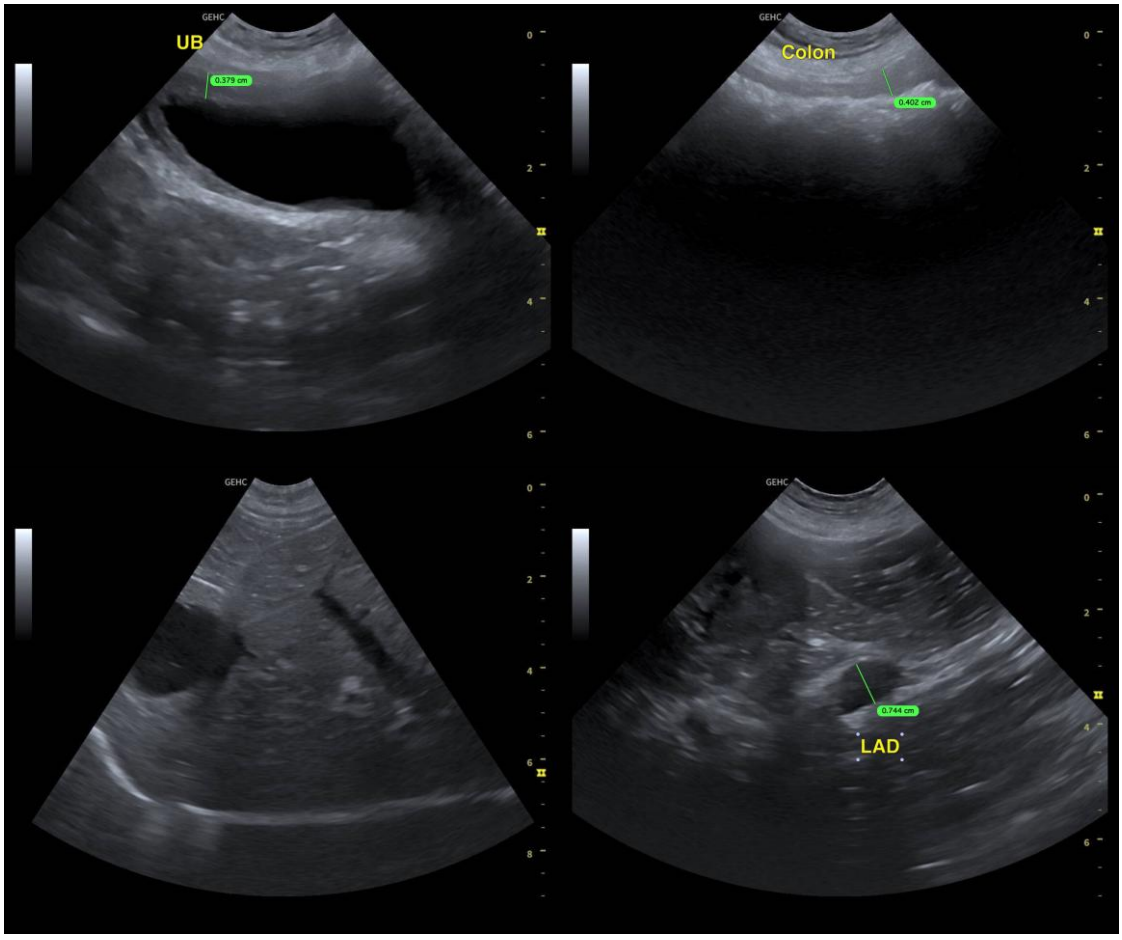
gastroprotectants are suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

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

Left adrenal nodular functional vs nonfunctional adenomatous change or hyperplasia with potential for emerging left adrenal primary or metastatic tumor possible. Serial monitoring and systemic blood pressure for evidence of hypertension indicated.

Sonographic monitoring of the liver, spleen, and left adrenal for evidence of progressive pathology would be more conservative.



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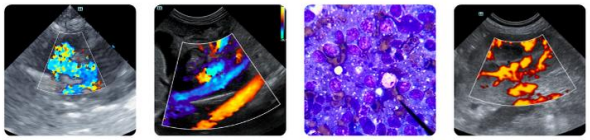

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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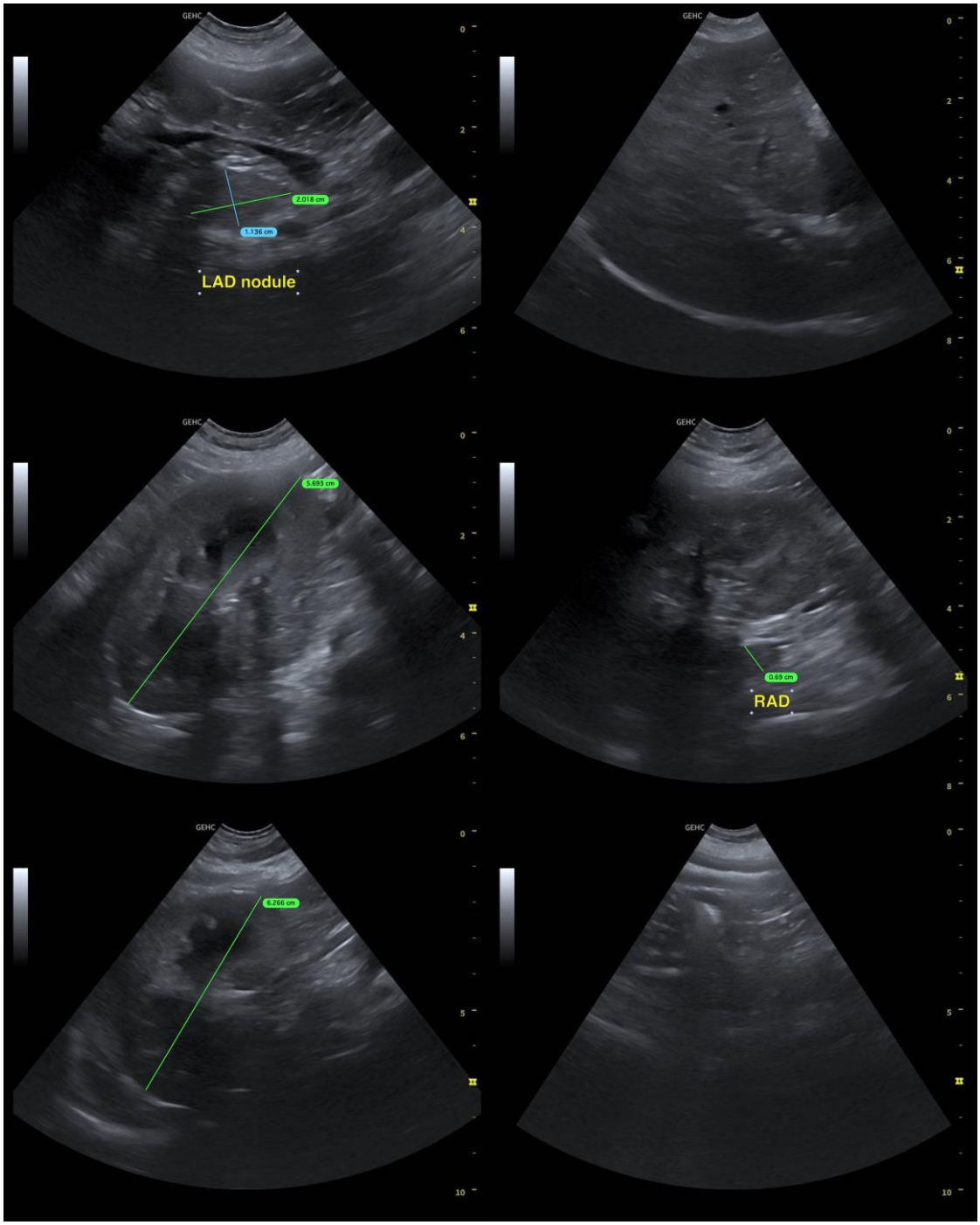

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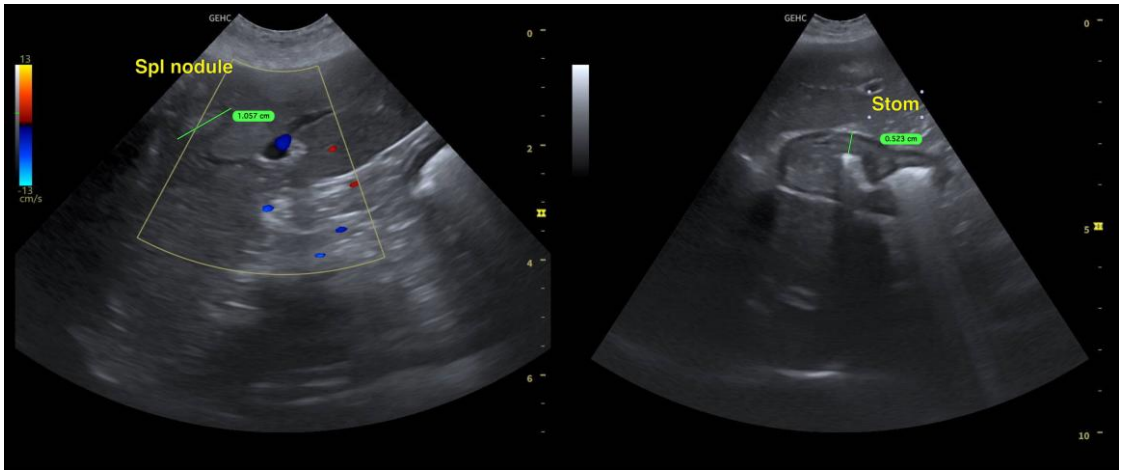

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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