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Clinical Sonography & Telecytology
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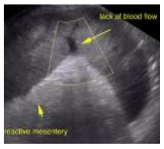
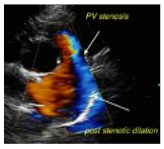
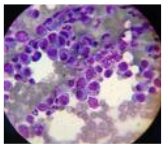
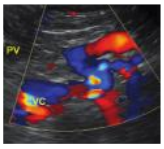





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sasha Hutchins

SPECIES

Canine

BREED

Samoyed

SEX

Spayed Female

AGE

7 Years

WEIGHT

53 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Kaltsas

INVOICE

15114

DATE

5/9/22

PRESENTING CLINICAL SIGNS

History: Weight loss of 24 lbs. Owner reports normal energy and activity with no change in diet. Prophylactic deworming planned despite normal fecal.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem: regenerative anemia, SDMA 15, Alb 2.6, ALP 206, ALT and AST low, Amylase 1633. T-4 1.0 UA: SG 1.019, inappropriate; +1 rod bacteria but free catch.
Fecal: Negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited mild urine distention which prohibited full evaluation of the urinary bladder walls. Variable mild thickening of the ventral-to-ventral apical urinary bladder with mild asymmetrical luminal surface margination. Potential for pinpoint to focal areas of adhered luminal mineral noted along the ventral urinary bladder wall. Ventral urinary bladder wall measured 0.47 cm in width. Anechoic urine was present with no sediment or calculi. The urethra was normal to a depth of 3.0 cm.

Aortic trifurcation was 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 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 6.1 cm in length. The right kidney measured 6.4 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 0.53 cm width at the caudal pole and 0.40 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 0.68 cm width at the caudal pole.

Spleen

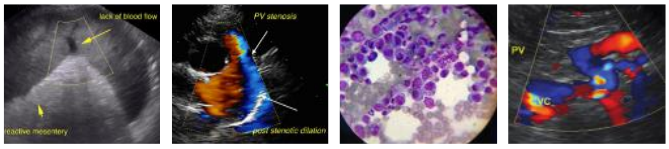
The spleen revealed generalized moderate to potential marked enlargement with medial folding of the cranial and caudal spleen. Symmetrical to mildly swollen splenic contour noted. Nonhomogeneous decreased splenic parenchyma echogenicity. No distinct masses or nodules noted. Normal splenic vascularity was noted. The spleen measured up to 5.5 cm in width in the mid spleen.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

Free Abdomen

No omental masses, lymphadenopathy or evidence of perisplenic to peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Probable cystitis
- Generalized splenomegaly, exhibiting nonhomogeneous hypoechoic splenic parenchyma with cranial and caudal folding
- Normal subjective hepatic size, exhibiting minor parenchymal remodeling- nonspecific
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the splenomegaly with nonhomogeneous to reduced parenchyma echogenicity may include several etiologies, including hyperplasia, hematopoiesis, splenitis with warranted concern for infiltrative splenic neoplasia (i.e., lymphoma, mast cell neoplasia or other). Correlation with pending hepatosplenic FNA recommended with potential for oncology consult if a neoplastic process if confirmed.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three-view chest radiographs to assess for occult disease as potential contributing factors to the patients weight loss could be considered. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Minor potential for emerging primary or metastatic urinary bladder neoplastic criteria cannot be excluded yet thought less likely. Sonographic monitoring of the urinary bladder for evidence of progressive thickening +/- screening BRAF assay could be considered.

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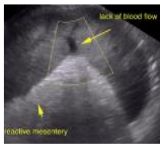
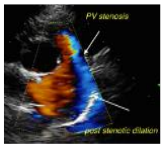
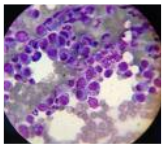
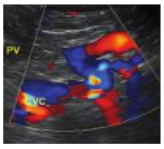

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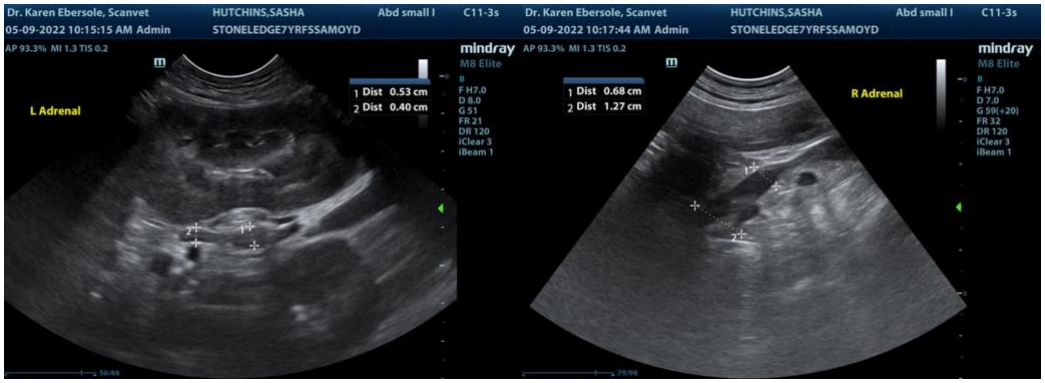

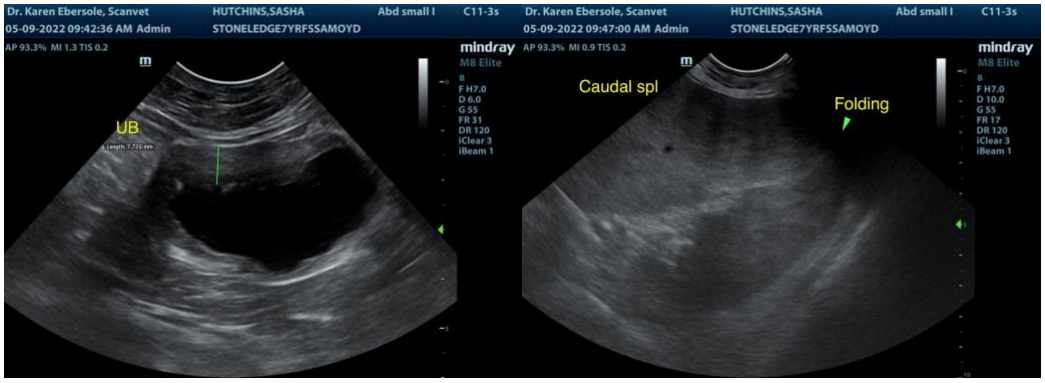

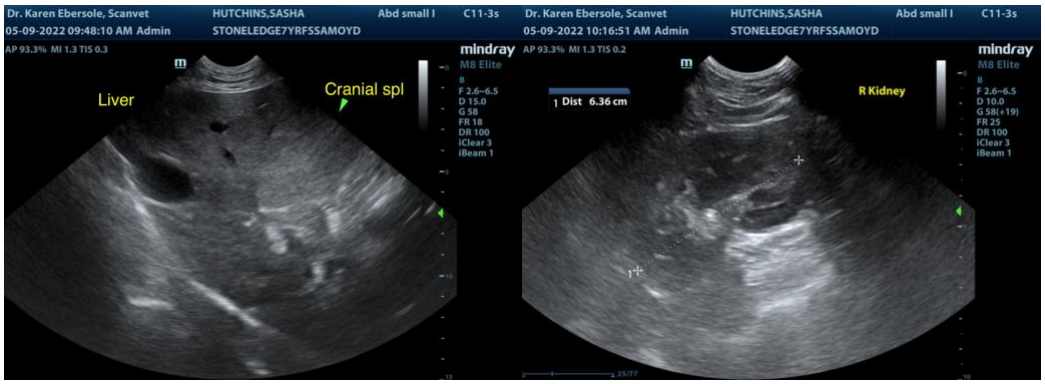

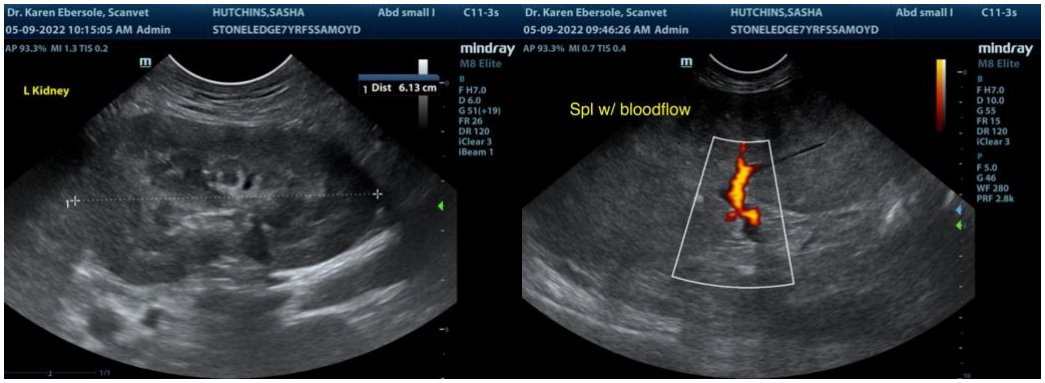

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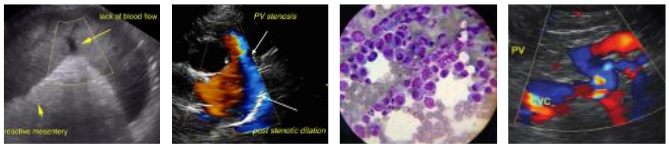

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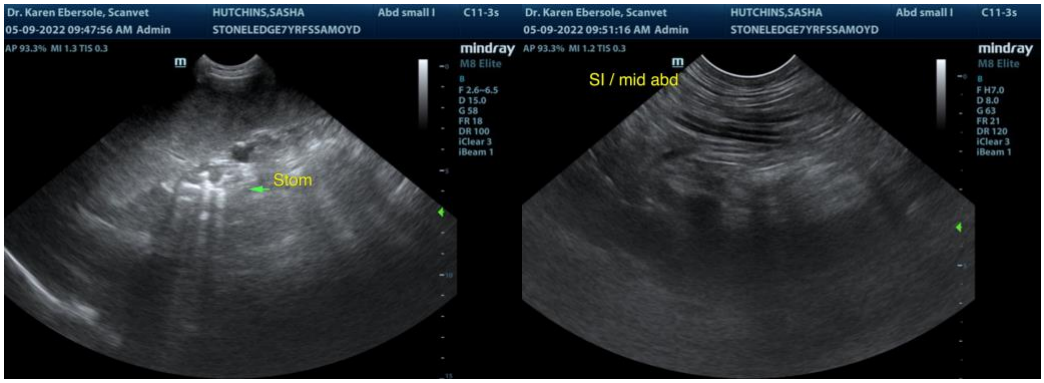

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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