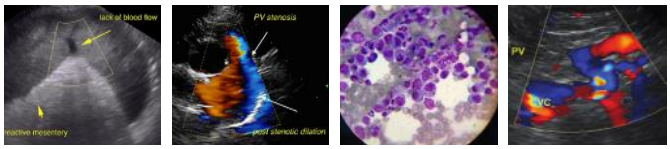
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Rex Agresta

SPECIES

Canine

BREED

Weimeraner

SEX

MN

AGE

7 yr

WEIGHT

82 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Englewood Vet Center

REFERRING VET

Dr. Ezik

INVOICE

10774ag

DATE

06/10/2022

PRESENTING CLINICAL SIGNS

ULTRASONOGRAPHIC RECHECK EXAMINATION OF THE ABDOMEN

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 8.1 cm in length. The right kidney measured 8.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate exhibited normal size and contour with subtle heterogeneous parenchyma and previously noted static hyperechoic nodule ventral mid prostate measuring 0.38 cm in diameter. Th nodule exhibited [potential for subtle distal acoustic shadowing. The residual prostate measured 2.3 cm x 1.3 cm.

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 0.41 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 0.60 cm width at the caudal pole.

Spleen

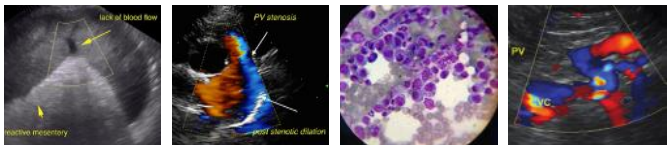
The spleen exhibited subjective normal size with potential for mild splenic enlargement. Subtle generalized splenic parenchyma heterogeneity exhibiting persistent multiple variably sized subtly expansive hypoechoic nodules an example measuring 1.3-1.7 cm in diameter. The nodules did not appear to distort the splenic capsule. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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. 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 mild ingesta exhibiting subtle progressive distal acoustic shadowing and luminal gas with no signs of ileus, obstruction or foreign material.



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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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Static residual prostate presentation with previously noted hyperechoic nodule
- Overtly normal GI tract/colon with mild gastric ingesta
- Persistent hypoechoic splenic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of residual prostate enlargement or parenchymal changes likely indicating normal patient variant and without evidence of prostatic neoplastic criteria. The previously mentioned potential etiologies for the splenic presentation are still applicable. Assuming normal clotting status an ultrasound guided FNA of a splenic nodule using a 25g needle is warranted for screening cytology.

Overall and subjectively the splenic nodules appear to be similar in appearance compared to the previous study without evidence of significant progression. Continued sonographic monitoring of the splenic nodules would be a more conservative approach.

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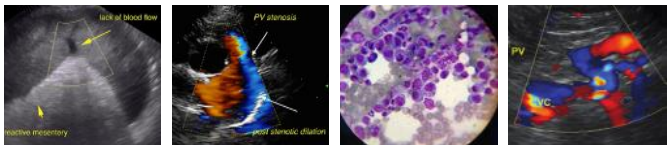

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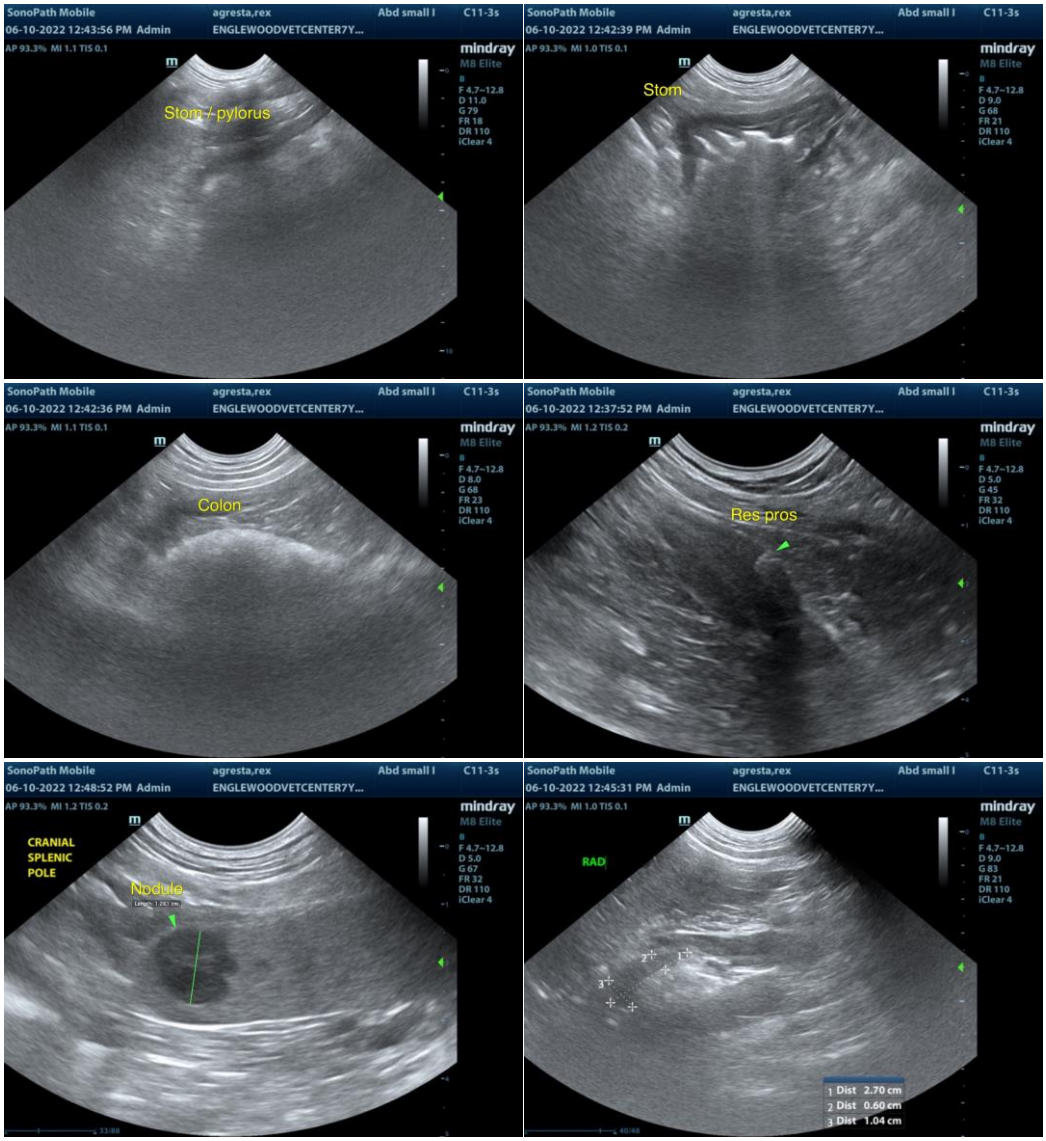

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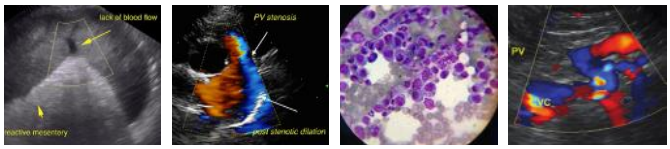

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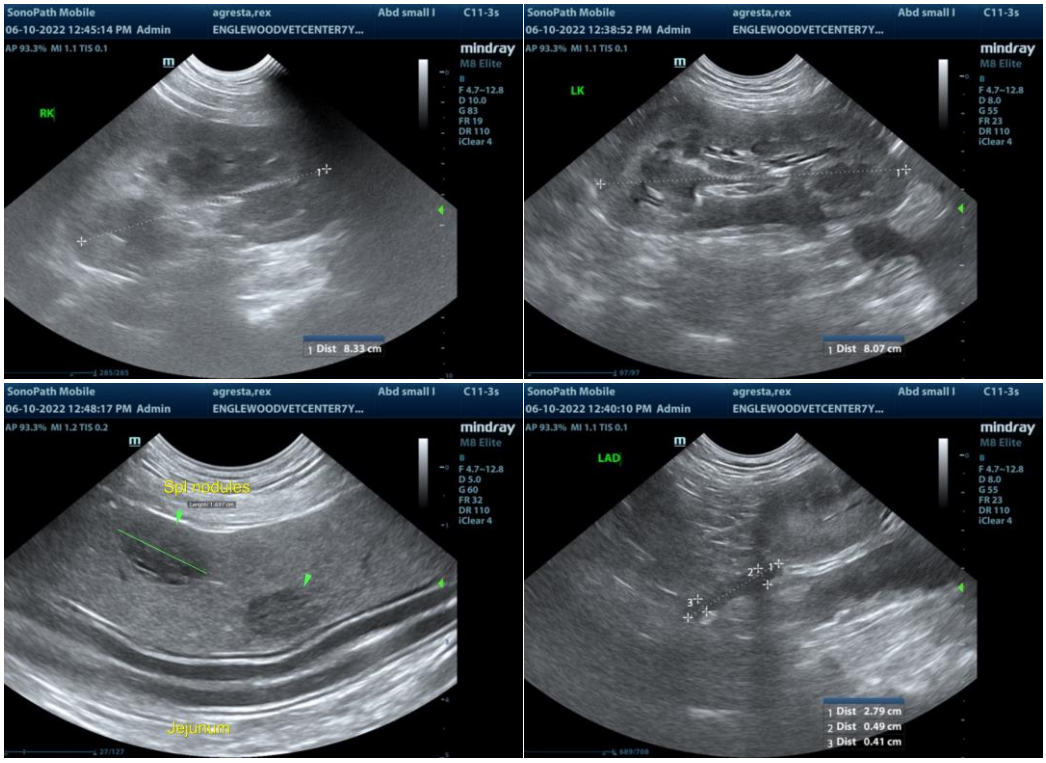

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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