



PATIENT

Ziggy Cunniff

SPECIES

Canine

BREED

Labrador Retriever
Mix

SEX

Neutered Male

AGE

4 Years

WEIGHT

54 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Foster VC

REFERRING VET

Stacey Hattan, DVM

INVOICE

16205

DATE

6/20/22

PRESENTING CLINICAL SIGNS

History: History malignant ventricular ectopy noted on echocardiogram 4/8/22 Maggie Machen Lamy, DVM, DACVIM-Cardiology. Normal structure and function was present. Today, AUS to look for possible non-cardiac causes of ventricular ectopy. Arrhythmia is controlled on Sotalol 40 mg BID.

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 were noted. Aortic trifurcation was normal.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.82 cm in diameter.

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 6.3 cm in length. The right kidney measured 5.7 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 0.56 cm width at the caudal pole and 0.35 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 0.57 cm width at the caudal pole and 0.48 cm width at the cranial pole.

Spleen

The spleen exhibited potential for subjective borderline to mild enlargement with subjective mild folding of the caudal spleen. Symmetrical capsule contour was maintained. Subtle generalized splenic parenchyma heterogeneity was present. No masses or nodules were noted. Splenic vascularity was normal.

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 mild nondependent yet nonorganized echogenic debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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 gastric body wall measured 0.46 cm.



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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. The duodenum wall measured 0.45 cm. The jejunum wall measured 0.35 cm.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

4 Years

- Subjective borderline to minor splenomegaly, exhibiting maintained symmetrical capsule contour and subtle parenchyma heterogeneity.
- Otherwise, sonographically unremarkable abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology. The subjective borderline to potential mild splenomegaly is nonspecific and not overtly suggestive of splenic pathologic criteria. Considerations may include normal patient variant, mild hyperplasia, hematopoiesis, incidental splenitis, without evidence of neoplastic criteria.

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

Given the presence of VPCs noted on echocardiographic and ECG assessment, and assuming normal clotting status, ultrasound guided splenic FNA, using a 25-gauge needle, could be considered for screening cytology, primarily to ensure only benign changes are present.

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No overt evidence of additional intraabdominal pathology, i.e., gastrointestinal disease, inflammation, neoplastic criteria, etc., as a contributing factor to the VPCs.

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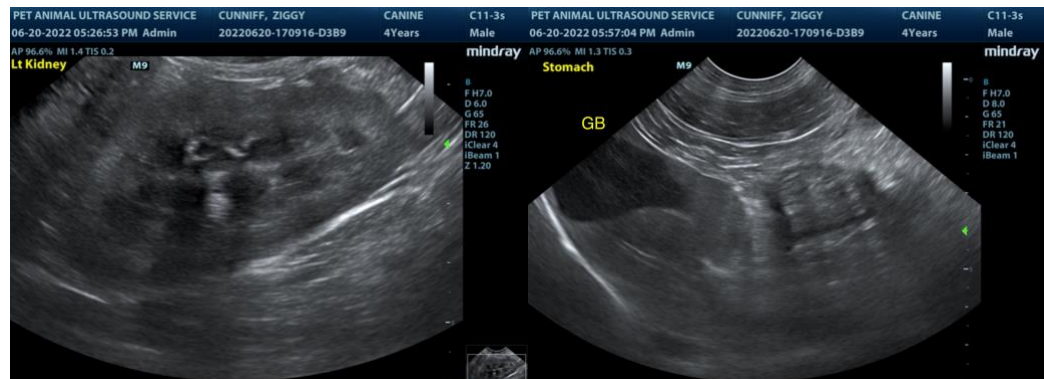
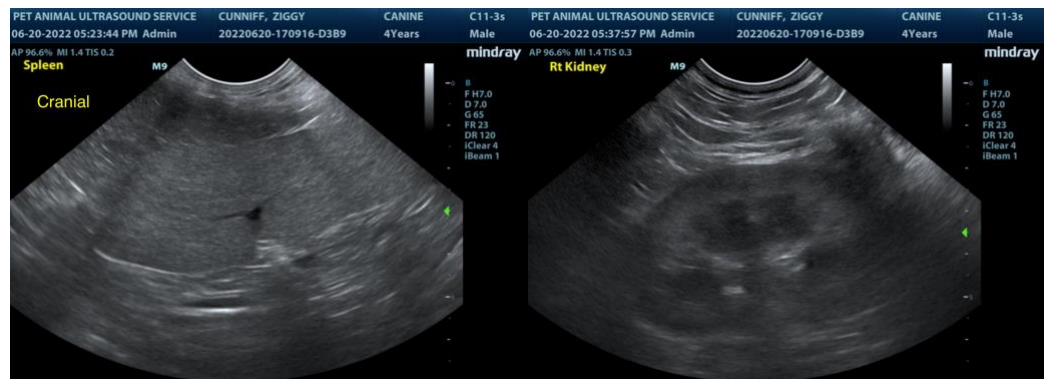
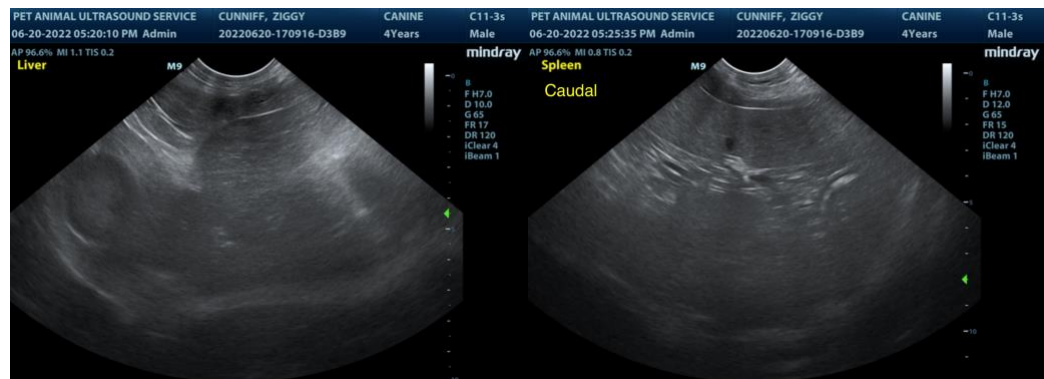
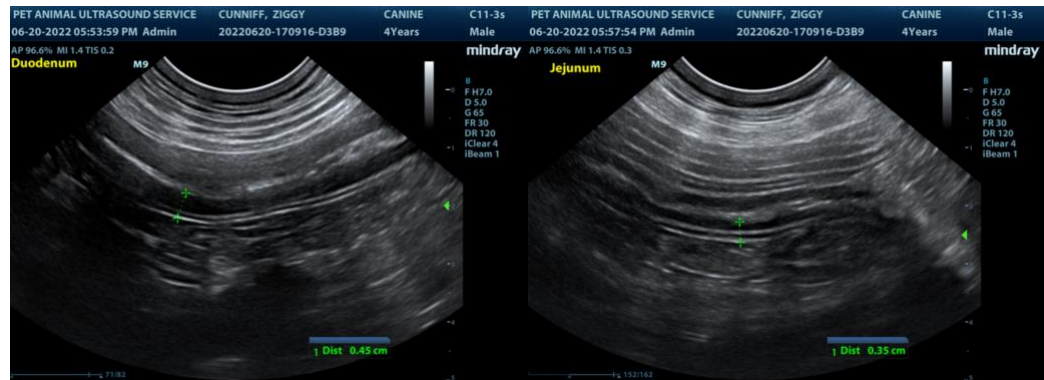
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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