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Clinical Sonography & Telecytology
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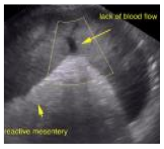
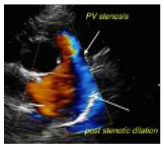
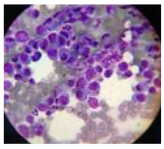
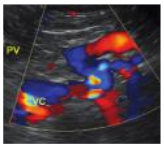





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Indy Kimmes

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

12 y/o

WEIGHT

58.0 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedgberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

WVRC - Dr. Bianco

INVOICE

15856

DATE

6/3/22

PRESENTING CLINICAL SIGNS

Acute collapse 06/02/22, vomiting. CXR show aspiration pneumonia and megaesophagus

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size, owing to lack of urine distention, which prohibited full evaluation of the urinary bladder walls. The dorsal urinary bladder wall measured 0.66 cm. 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.3 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.65 cm in length. Several, thinly walled cortical to corticomedullary cysts were present in the right kidney, containing anechoic fluid. An example of right kidney cortical cyst measured 1.2 cm in diameter. The right kidney measured 6.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.8 cm x 0.88 cm. The right adrenal gland measured 2.4 cm in length x 0.65 cm width at the caudal pole. No overt evidence of subnormal adrenal size, hyperplasia or neoplastic criteria. Potential for minor adenomatous adrenal changes possible.

Spleen

The spleen was overall normal in size with maintained symmetrical capsule contour and generalized mild splenic parenchyma heterogeneity. A solitary nondisruptive subtle hypoechoic splenic nodule was present, measuring 1.6 cm in diameter in the mid lateral spleen.

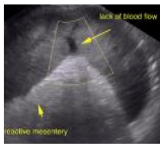
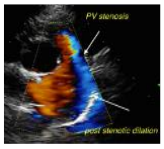
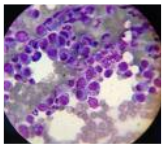
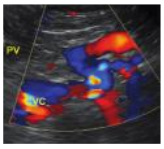
Liver/ Gallbladder

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 gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The stomach contained mild to moderate retained anechoic fluid and luminal gas. The ventral gastric body wall measured 0.44 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 0.46 cm. The jejunum wall measured 0.32 cm.

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 were evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild splenic parenchyma heterogeneity with solitary nondisruptive subtle nodule- multiple etiologies possible, including patient/age-related variant, hematopoiesis, hyperplasia, incidental splenitis, emerging small hematoma, while the possibility of neoplasia is thought less likely yet cannot be excluded.
- Mild hypomotile stomach, possible mild hypomotile gastritis
- Overtly normal small bowel
- Mild chronic renal changes with right kidney cysts

Secondary Findings

- Possible mild cystitis
- Mild gallbladder debris- non-mucocele, incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of the spleen, using a 25-gauge needle, could be considered for screening cytology, primarily to ensure only benign changes are present or if evidence of weight loss. Sonographic monitoring of the spleen for evidence of progressive parenchymal or nodular changes would be a more conservative approach.

Empirical therapy for gastritis with as needed supportive care (i.e., antiemetics, gastroprotectants, etc.) would be reasonable. Further clinical work up for megaesophagus, if clinically indicated, is recommended.

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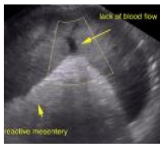

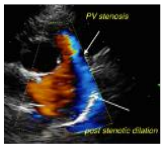

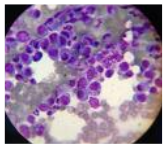
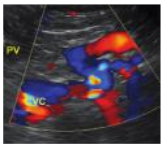

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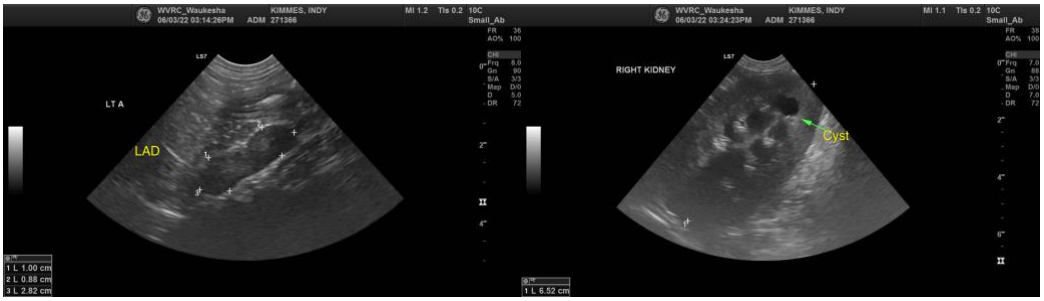

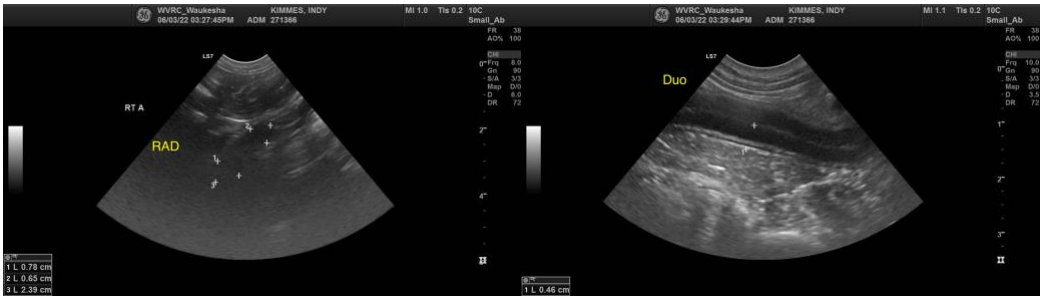

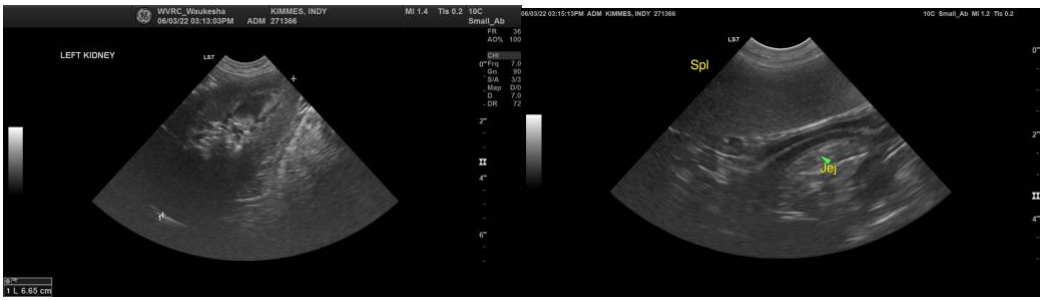

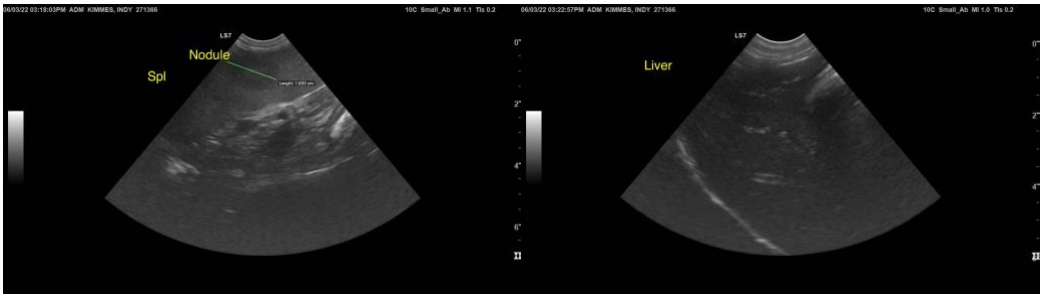

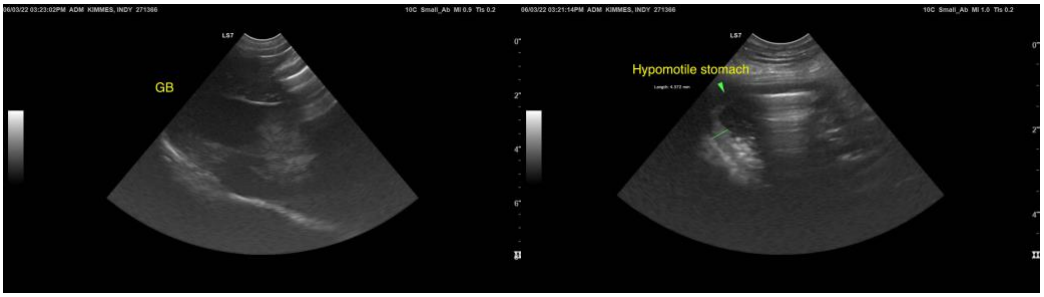

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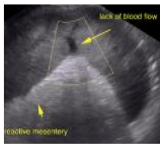
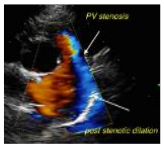
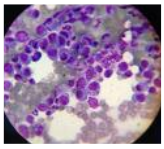
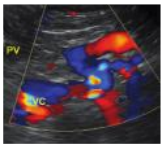

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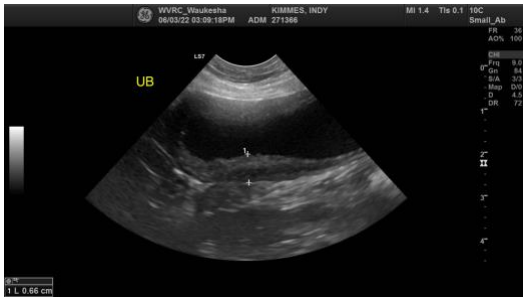

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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