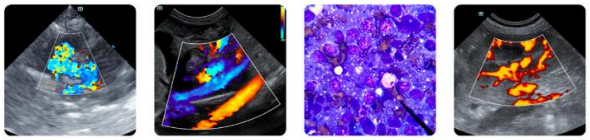


PATIENT

Gia DeKort

SPECIES

Canine

BREED

Bloodhound

SEX

FS

AGE

11Y

WEIGHT

115

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg Veterinary Clinic

REFERRING VET

Dr. Martens

INVOICE

75290

DATE

6-3-26

PRESENTING CLINICAL SIGNS

Nausea and vomiting for a week. Lethargic
Abnormal PE/Chem/CBC/UA Results: Blood pending

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 was noted.

No evidence of pathology in the area of the aortic trifurcation.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Indistinct cortical infarcts were present in both kidneys. The left kidney measured 6.5 cm in length. The right kidney measured 6.8 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 0.54 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized subjectively measuring 0.51 cm width at the caudal pole.

Spleen

Mildly expansive, nonhomogeneous to hypoechoic, solid, cranial splenic mass was present with mild associated splenic capsule distortion and without evidence of capsular escape measuring 3.3 cm in diameter. The remainder of the spleen exhibited mild nonhomogeneous parenchyma and intermittent discrete hyperechoic medial parenchyma to perihilar nodules suggestive of myelolipomas. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

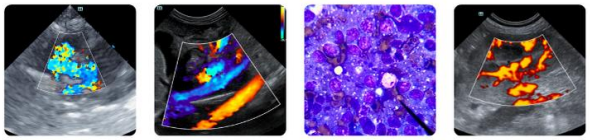
Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 mild nonorganized gallbladder debris. 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 variably echogenic, nonshadowing ingesta and mild lumen gas without signs of obstruction or foreign material. The visualized stomach wall measured 0.48 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 0.53 cm. The jejunum wall measured 0.45 cm.

Normal visible colon wall layers were present with 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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable visualized gastrointestinal tract with mild gastric ingesta – ingesta consistent with food echogenicity.
- Normal area of the pancreas.
- Small cranial splenic mass.
- Sonographically normal liver with mild nonorganized gallbladder debris (nonmucocele).
- Chronic renal changes with cortical infarcts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

No overt evidence of additional major organ primary or metastatic neoplastic criteria or visualized gastrointestinal mural pathology. Correlation with three-view chest radiographs pending labwork, consideration for a GI panel to include PLI/TLI/Cobalamin/Folate, and screening cortisol level recommended. If documented NPO, some degree of metabolic or nonobstructive gastric stasis is possible. Diagnostic and prophylactic splenectomy with gross inspection of the gastrointestinal tract could be considered, whereas gastrointestinal support which may include dietary trial and as needed gastroprotectants with clinical and sonographic monitoring of the splenic mass would be more conservative.

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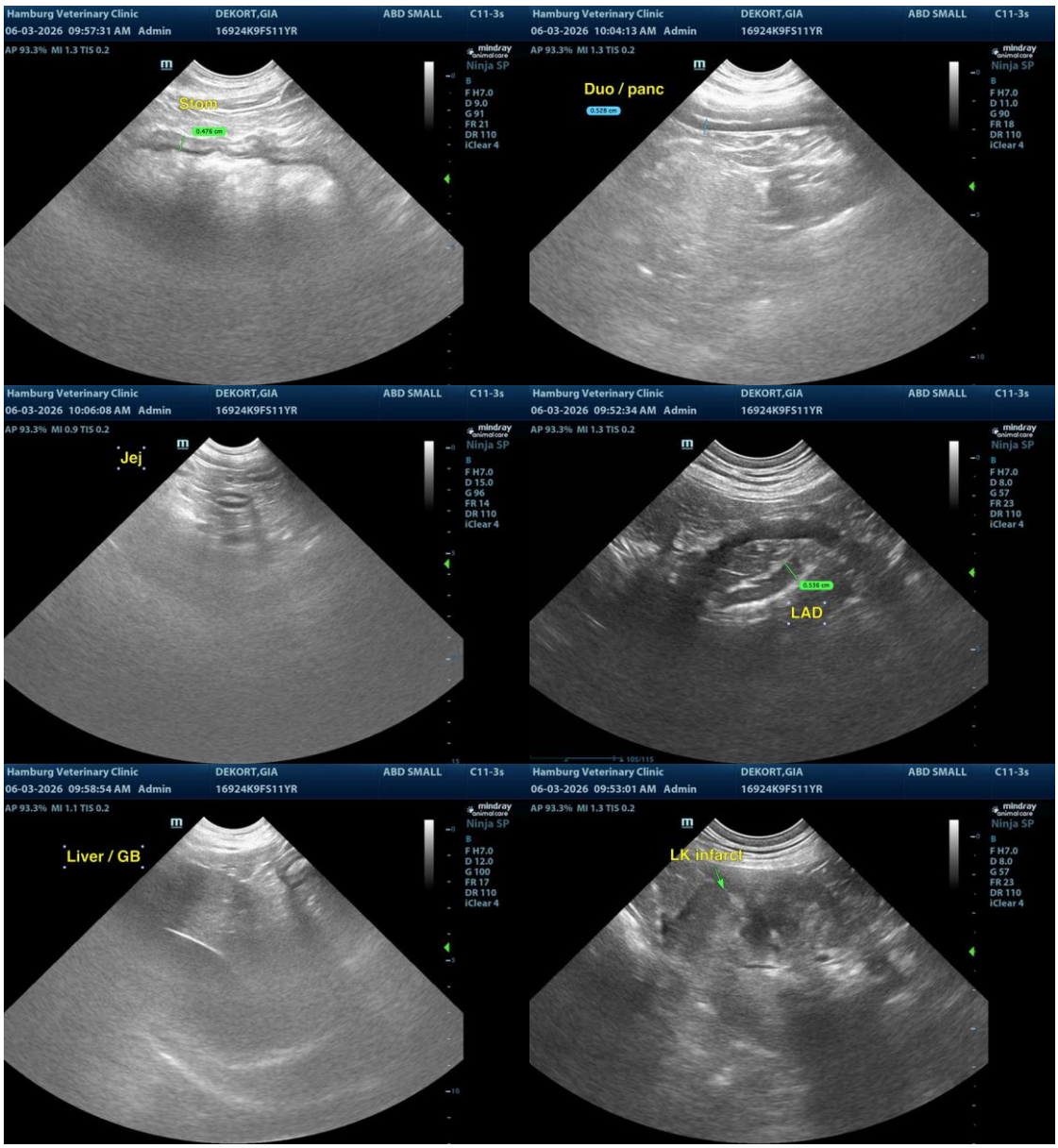

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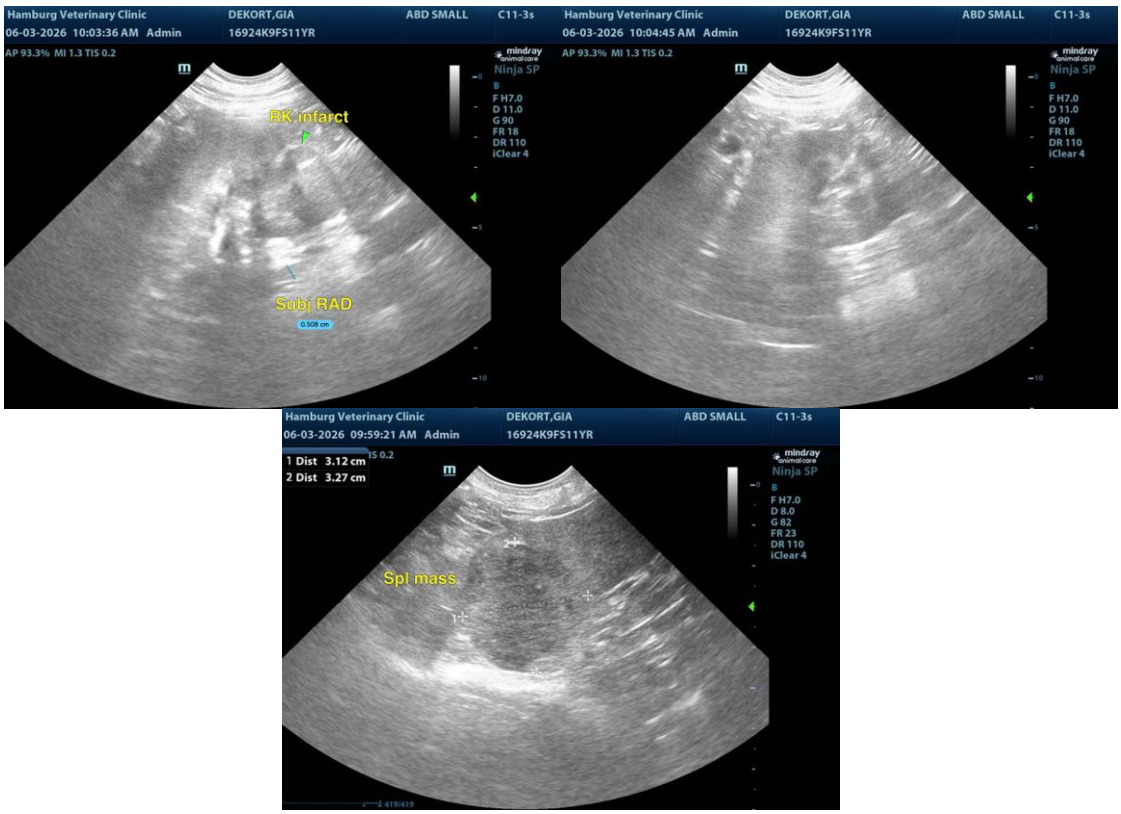

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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