

PATIENT PRESENTING CLINICAL SIGNS

Moe Johnson

Chief Concern / Provisional Diagnosis: Recheck splenic mass Relevant Medical History and Physical Exam findings: Follow-up on ultrasound- recheck splenic mass Current medications (include full name, dosage and frequency): Current medications (include full name, dosage and frequency): Welactin 3TA Fish Oil - 1/2 scoop daily NeoPolyDex for chronic intermittent conjunctivitis, Kan Rehmannia 8 - 1/4th tab Po BID for kidney support, Losartan 2mg/mL - 0.5mls PO SID (owner admits to giving just ever so slightly less than 0.5mls every day), Pimobendan BID; Received acupuncture / chiropractics every ~4 weeks CARDIAC: Grade 3/6 left-sided murmur. History of valvular disease, recheck echocardiogram .Asymptomatic for heart disease at this time. Known degenerative mitral valvular disease.

SPECIES

Canine

BREED

Maltese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

AGE

15 years 5 months

No overt pathology was noted in the area of the residual prostate.

WEIGHT

7.2 lbs.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Static areas of medullary mineral were present in both kidneys. Minor pyelectasia was noted in both kidneys. Static cortical cysts were present in both kidneys. The left kidney measured 2.7 cm in length. The right kidney measured 3.4 cm in length.

IMAGING PERFORMED BY

Adrenal Glands

Loetitia Saint-Jacques, RVT

The bilateral adrenal glands were mildly prominent in size, given the breed and patient body size exhibiting nonhomogeneous indistinctly nodular parenchyma. No evidence of parenchymal mineralization was noted. The left adrenal gland measured 2.1 cm length x 0.69 cm width at the caudal pole. The right adrenal gland measured 1.7 cm length x 0.66 cm width at the caudal pole.

HOSPITAL NAME

MountainView Animal Hospital

REFERRING VET

Dr. Sarah Kalivoda

Spleen

Previously noted, mildly expansive, nonhomogeneous hypoechoic splenic macronodule to small mass was present. The macronodule to small mass measured approximately 1.9 cm in diameter, (previous measurement was 1.6 cm in diameter.) The remainder of the splenic parenchyma exhibited mild parenchyma heterogeneity and normal splenic vascularity. Subtle reactive mesentery was noted around the splenic macronodule to small mass.

INVOICE

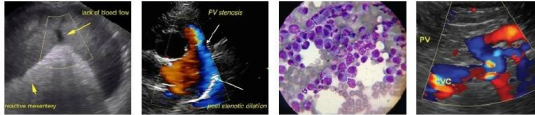
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Liver/ Gallbladder

DATE

7/1/22

The liver exhibited potential for mild enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse



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echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A small, thinly-walled intraparenchymal cyst was noted in the caudal liver. The cyst measured 0.56 cm. Moderate congealed yet subjectively mobile gallbladder debris was present. The gallbladder was otherwise normal. No evidence of gallbladder or peripheral Inflammatory criteria was noted.

SPECIES

Canine

Gastrointestinal

BREED

Maltese

The stomach exhibited intact wall layering. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. Focal to regional area of mild dorsal pyloric mucosal hyperplasia was present with maintained intact pyloric wall layering. The area of pyloric mucosal hyperplasia measured approximately 1.0 cm width. No evidence of mechanical pyloric outflow obstruction was noted.

SEX

MN

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.

AGE

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

WEIGHT

7.2 lbs.

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

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DABVP (Canine and Feline)

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

- Subtly progressive previously noted splenic macronodule / small mass
- Static chronic renal changes with minor pyelectasia, nonobstructive medullary mineral, and cortical cysts
- Mildly prominent to irregular indistinctly nodular bilateral adrenal glands - subjectively static
- Subjective mild hepatomegaly exhibiting parenchymal remodeling and solitary small intraparenchymal cyst
- Moderate gallbladder debris (non-mucocele)
- Pancreatic remodeling - static
- Mild focal to regional pyloric mucosal hyperplasia - benign

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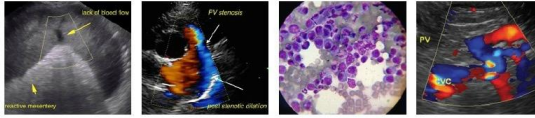
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously mentioned etiologies for the splenic macronodule to small mass till apply. The splenic macronodule to small mass appeared to be mildly enlarged compared to the previous study, yet some degree of measurement variability could be possible. No evidence of rupture or perisplenic omental involvement. No overt evidence of intraabdominal metastasis was noted.



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If no evidence of pathology on three view chest radiographs, considerations may include FNA of the splenic macronodule to small mass for screening cytology, splenectomy, or continued monitoring for evidence of progression.

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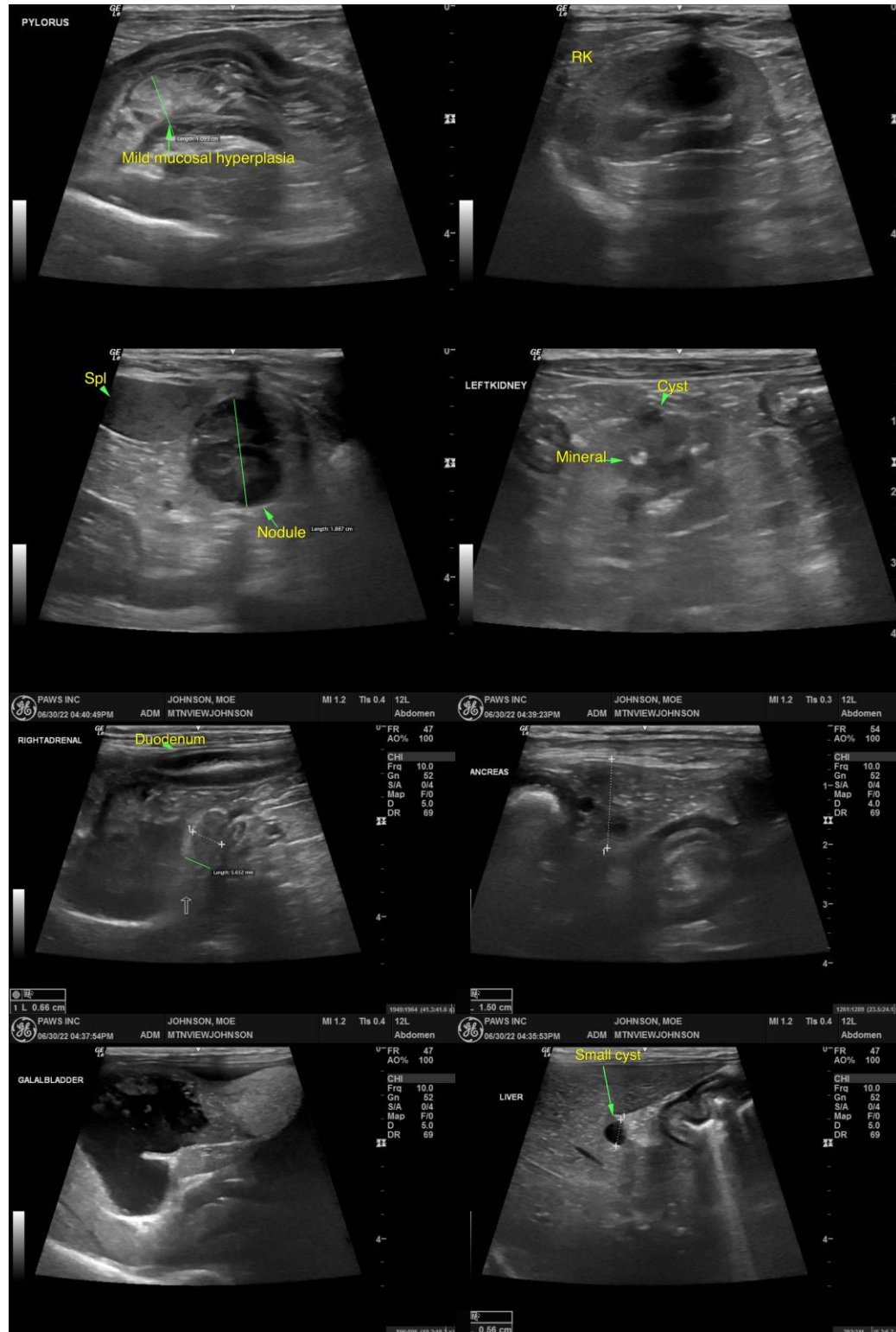
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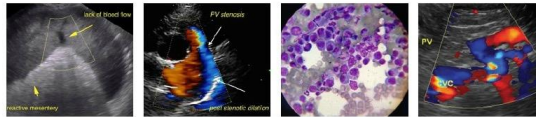
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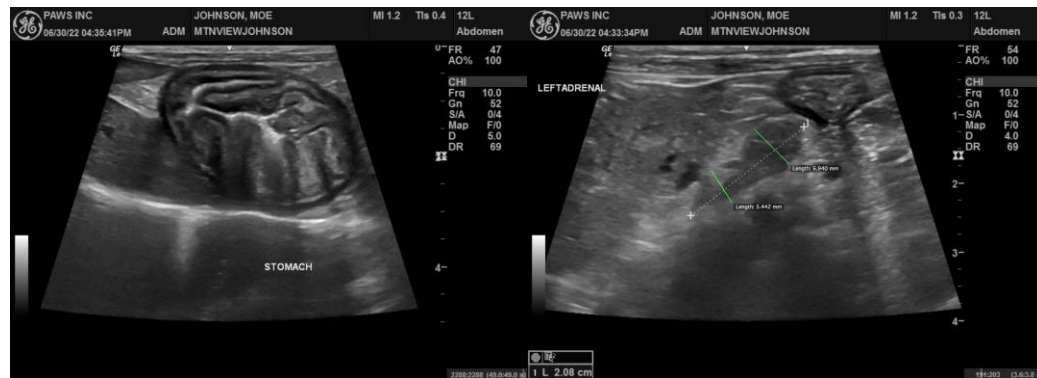
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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