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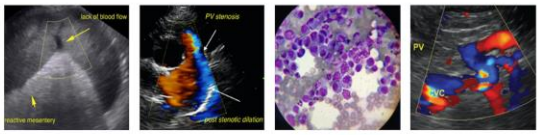


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Rennie Ramirez

SPECIES

Canine

BREED

Dachsund

SEX

MN

AGE

2007

WEIGHT

18

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Littlestown VH

REFERRING VET

Dr. Kubala

INVOICE

14194

DATE

7/1/22

PRESENTING CLINICAL SIGNS

-PU/PD, lethargy, disorientation, hesitant to take stairs, painful abdomen, inappetence Gabapentin, Carprovet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 overt pathology was noted in the area of the residual prostate.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

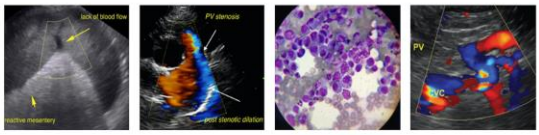
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.52 cm width at the cranial pole.

Spleen

Moderately sized, primarily spherical nonhomogeneous mass in the area of the caudal to caudomedial spleen was present measuring 5.5-6.0 cm in diameter. The mass was primarily solid exhibiting mildly nonhomogeneous parenchyma. A solitary hypoechoic nodule to anechoic cyst-like lesion, which may potentially indicate intra-mass necrosis or hemorrhage was present in the caudal aspect of the spleen. The mid to cranial splenic parenchyma not involved with the mass exhibited primarily maintained finely textured homogeneous parenchyma. Intermittent to nondisruptive, well-demarcated, hyperechoic nodules, consistent with concurrent benign myelolipomas, were present.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent non-expansive, subtly hypoechoic hepatic intraparenchymal nodules were present with an example measuring 0.87 cm. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with moderate, dependent to nondependent, hyperechogenic, nonorganized debris. No evidence of gallbladder inflammatory criteria was noted. 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 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs significant pancreatic pathology i.e., active inflammation or neoplastic criteria.

Free Abdomen

No overt lymphadenopathy was present. Subtly hyperechoic omentum primarily around the splenic mass with very scant perisplenic to small pockets of peritoneal free fluid were noted.

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

ULTRASONOGRAPHIC FINDINGS

- Caudal splenic mass with concurrent separate splenic myelolipomas
- Mild hepatic parenchymal remodeling with intermittent subtle nondisruptive intraparenchymal nodules - subjectively benign
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass was nonspecific with potential for multiple etiologies including; hyperplasia, hematopoiesis, splenitis, granuloma, hemangioma, or neoplasia.

Subjectively, the subtle hepatic nodules are suggestive of areas of hematopoiesis, subtle nodular to regenerative hyperplasia, or small granulomas. Potential for hepatic neoplastic criteria is thought less likely, yet technically cannot be definitively excluded. Correlation with pending splenic cytology Is suggested. If no evidence of thoracic pathology on three view chest radiographs, splenectomy with gross inspection of the liver +/- hepatic biopsy could be considered.

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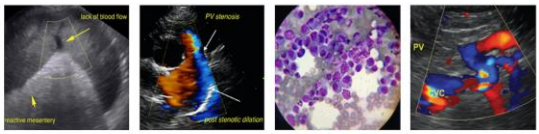

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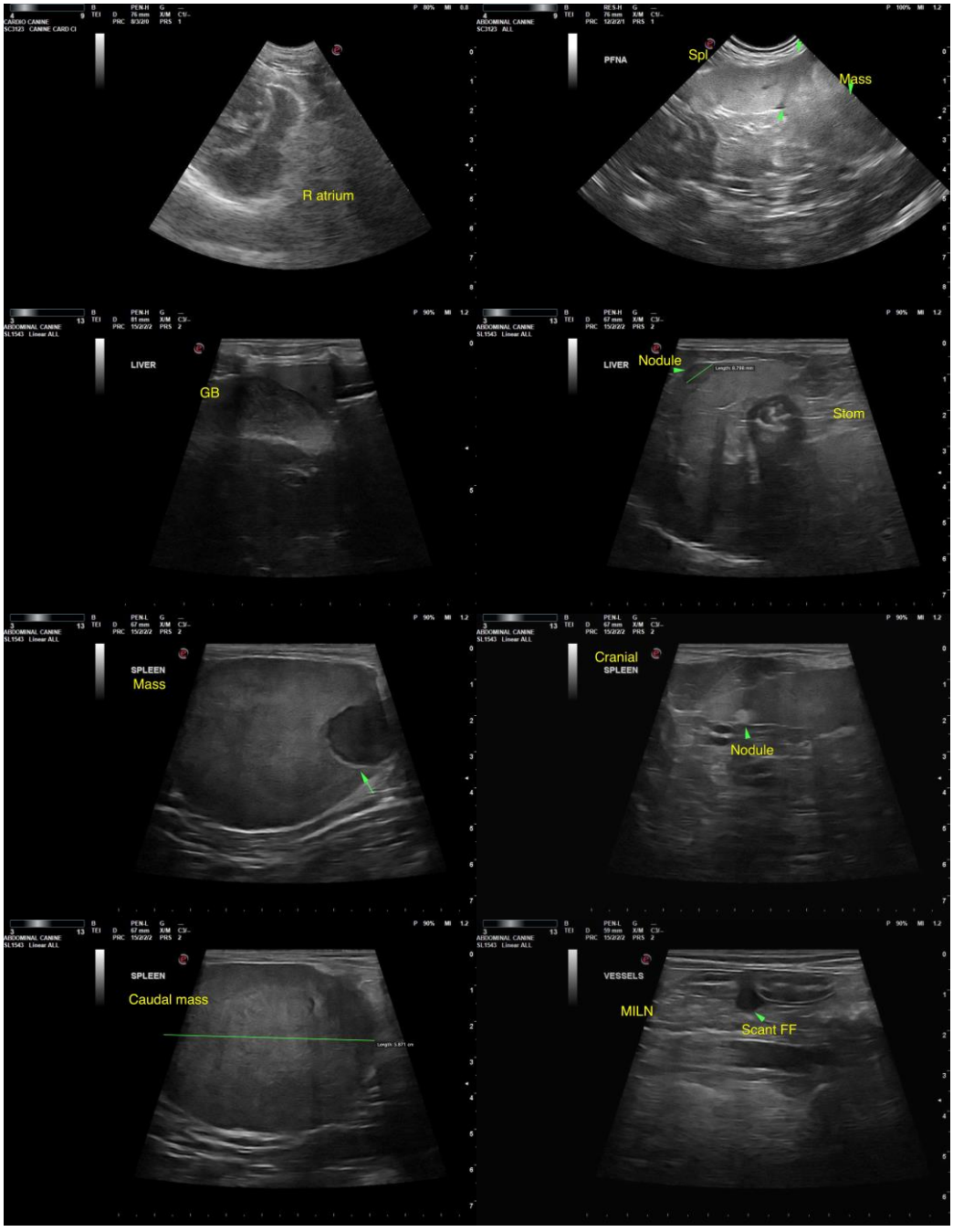

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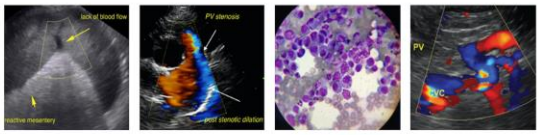

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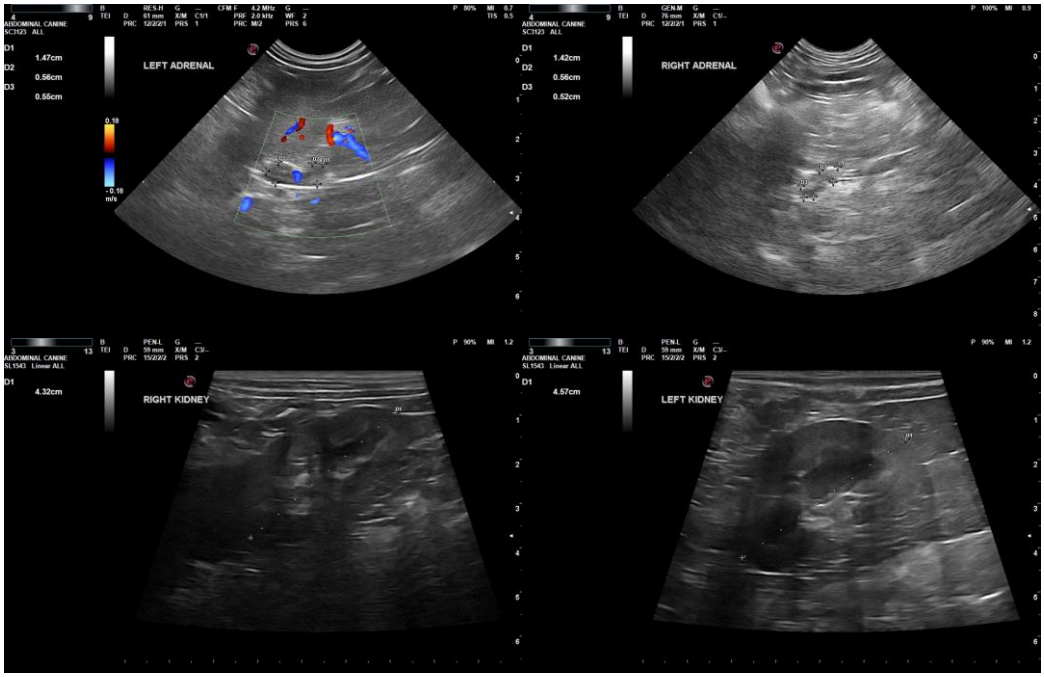

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com