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Clinical Sonography & Telecytology
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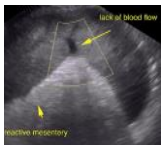

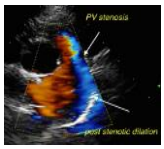

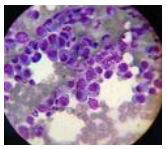
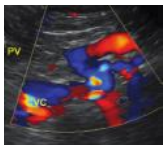

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1-800-838-4268 info@sonopath.com

PATIENT
Quinn West

SPECIES
Canine

BREED
Lab Mix

SEX
FS

AGE
11yr

WEIGHT
50.1lb

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
ACC Flanders

REFERRING VET
Dr. Hallihan

INVOICE
11110ag

DATE
07/12/2022

PRESENTING CLINICAL SIGNS

History: Enlarged spleen, anemic. Current meds: Vetaryl 60mg, Proin ER 74mg, canine plus senior vit.

Abnormal PE/Chem/CBC/UA Results: HCT 35.7%, RBC 5.5%, Retic HGB 19.2%, Lym .90

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.84 cm width at the caudal pole and 3.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole and 3.6 cm length.

Spleen

The spleen exhibited mild enlargement with a finely textured and homogenous parenchyma with areas of increased echogenicity adjacent to the hilus consistent with probable splenic myelolipomas. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver was normal in size, structure and contour. The liver parenchyma was uniform and hypoechoic to the spleen. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor luminal 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 moderate variably echogenic to focally shadowing ingesta 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 contained mild areas of segmental nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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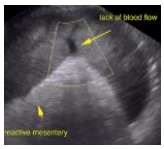
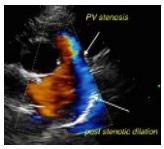
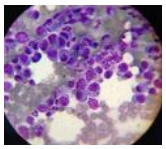
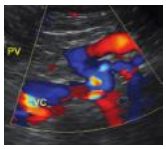

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly-nonspecific yet subjectively benign
- Minor hepatic parenchymal remodeling
- Gastric and segmental small bowel ingesta/chyme
- Mild age related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall largely a geriatric abdomen without evidence of significant visceral specifically splenic pathology as an obvious cause of the patient's anemia. The spleen may be mildly enlarged owing to the anemia. Assuming normal clotting status an ultrasound guided splenic FNA using a 25g needle could be considered primarily to ensure only benign changes are present. Infectious disease serology may be considered if clinically indicated. A CBC path review is suggested.

The gastric and small intestinal ingesta/chyme is nonspecific yet may indicate unknown post prandial presentation. Potential for foreign material thought less likely yet if documented NPO cannot be definitively excluded. Monitoring for evidence of gastric emptying following a documented 12 hour fast is suggested.

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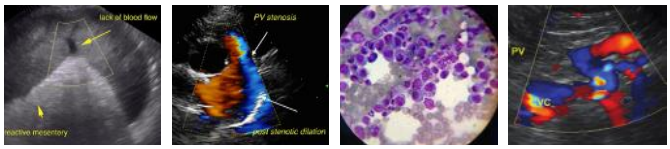

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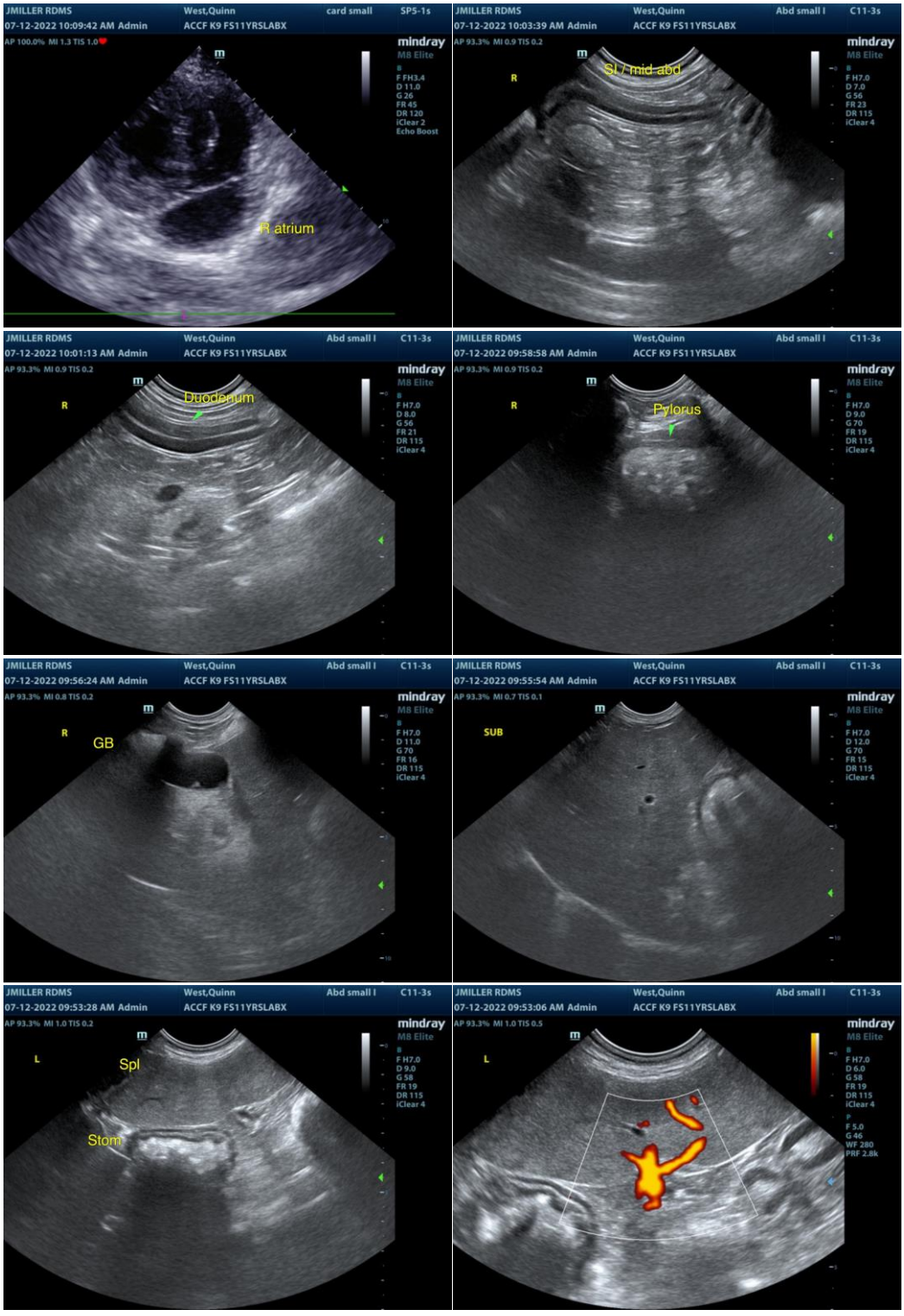

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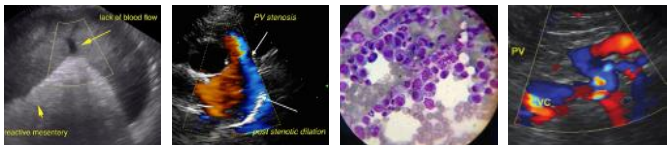

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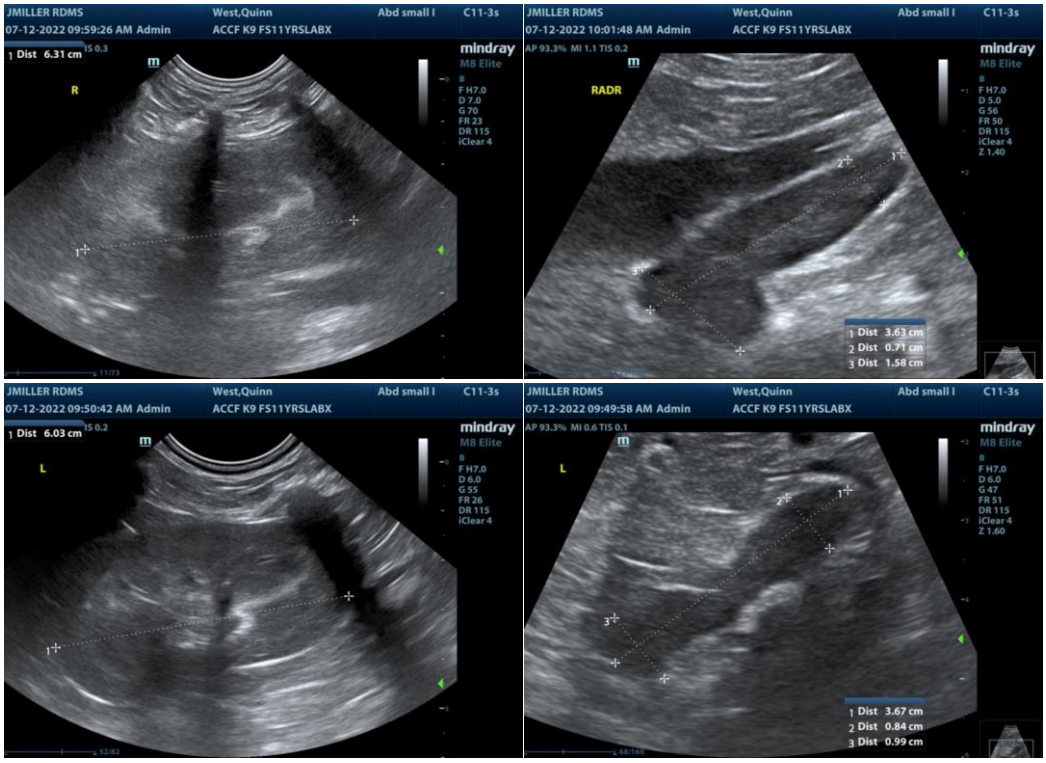

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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