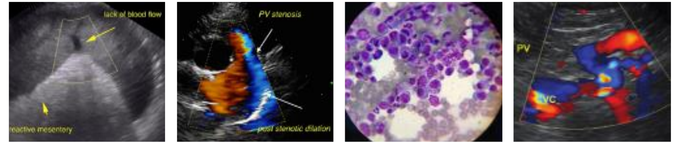
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bruno Farrar
SPECIES
Canine
BREED
Boxer
SEX
MN
AGE
9 years
WEIGHT
93 lbs.
INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
IMAGING PERFORMED BY
Val Shumskaya
HOSPITAL NAME
Ringwood AH
REFERRING VET
Dr. Smith
INVOICE
17267
DATE
7/18/23

PRESENTING CLINICAL SIGNS

Collapsing episodes. Had pericardial effusion (70ml) tapped at AERA on saturday

Current meds: Carprofen, cosequin, yunnan baiyo

Abnormal PE/Chem/CBC/UA Results: bw not done yet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size which prohibited full evaluation of the urinary bladder wall. No evidence of urinary bladder tumors was noted. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

The residual prostate was free of overt pathology.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 6.4 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 2.6 cm length x 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5 cm length x 0.71 cm width at the caudal pole.

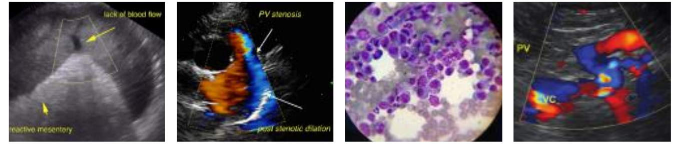
Spleen

The spleen was overall normal in size. A mildly expansive, nonhomogeneous, small, caudal splenic mass lesion was present with concurrent intermittent mildly expansive, hypoechoic to nonhomogeneous splenic nodules in the cranial spleen. The small caudal splenic mass measured 3.4 cm in diameter. An example of a concurrent splenic nodule measured 1.4 cm diameter.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement with mildly prominent hepatic vasculature most notable at the level of the hepatic vein caudal vena cava junction. A solitary, well-demarcated, non-expansive, hypoechoic intraparenchymal nodule was noted in the ventral caudal liver measuring 1.2 cm in diameter. The gallbladder was non-distended in size.

The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The gallbladder wall measured 0.50 cm width. The cystic and common bile ducts were normal.



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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 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 evidence of perihepatic or peritoneal effusion was noted. No omental masses or overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly exhibiting mild congestive criteria, small uniform ventrocaudal intraparenchymal nodule
- Mild gallbladder wall edema
- Small nonhomogeneous caudal splenic mass with concurrent separate splenic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although benign etiologies for the splenic mass / nodules, as well as a ventrocaudal hepatic intraparenchymal nodule, i.e., hyperplasia, hematopoiesis, etc., are possible, primary concern for splenic neoplastic mass, nodules, and potential for hepatic metastasis, given the presence of pericardial effusion, is likely indicated.

Assuming normal clotting status and using a 25-gauge needle, FNA cytology of the spleen and if accessible ventrocaudal hepatic nodule could be considered for further clarification. Emerging hepatic congestive criteria and gallbladder wall edema is suspected to be secondary to cardiac tamponade likely, although no current evidence of ascites. Correlation with echocardiogram is recommended. An extremely guarded to unfavorable long term prognosis is suspected.

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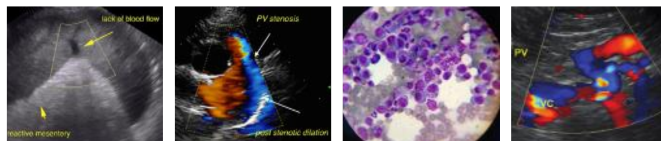

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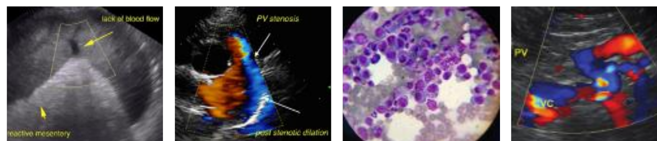

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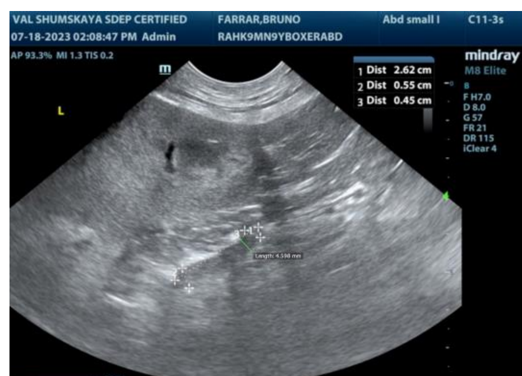

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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