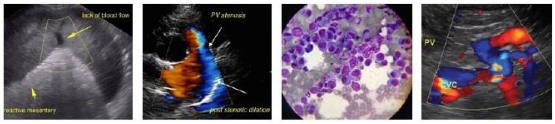

PATIENT

Luna Yusef

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

12 yr

WEIGHT

31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. Van Monsjou

INVOICE

11173ag

DATE

07/25/2022

PRESENTING CLINICAL SIGNS

History: weight loss, inappetence

Abnormal PE/Chem/CBC/UA Results: mild lymphopenia, spec dPL 394(0-200

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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 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 7.0 cm in length. The right kidney measured 8.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.78 cm width in the cranial pole and 2.7 cm length. The right adrenal gland was indistinctly visualized without overt pathology. No overt evidence of adrenal tumors.

Spleen

The spleen exhibited normal size, subtle areas of mild lateral and medial capsule asymmetry and generalized parenchyma heterogeneity. Multiple variably sized areas of ill defined hyperechoic nodules were present an example measuring 2.0 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No splenic masses were noted.

Liver

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. 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 mild inspissated hyperechoic debris. No evidence of peripheral inflammation. 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 shadowing ingesta to potential echo measuring approximately 2.8 cm in diameter.

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.

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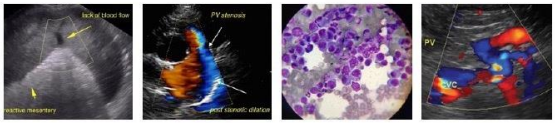

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Pancreas

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate chronic renal changes
- Hepatic parenchyma remodeling-benign
- Multifocal areas of hyperechoic splenic parenchyma to nodules-consistent with benign myelolipomas or previous infarcts. Neoplastic criterial is considered unlikely.
- Shadowing gastric ingesta to potential luminal echo
- Sonographically unremarkable small bowel/pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status a splenic FNA for screening cytology could be considered to ensure only benign changes are present given the weight loss. Benign splenic nodules are considered likely.

The shadowing gastric echo is nonspecific and indicate shadowing to potential dense ingesta. The possibility of gastric foreign body given the inappetence and weight loss cannot be definitely excluded. Correlation with radiographic or sonographic monitoring for normal gastric emptying following a documented fast could be considered.

Overt evidence of active pancreatitis was not sonographically evident however potential for low grade to chronic pancreatitis could be present yet appear sonographically normal.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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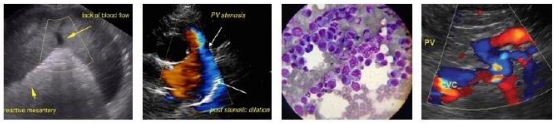

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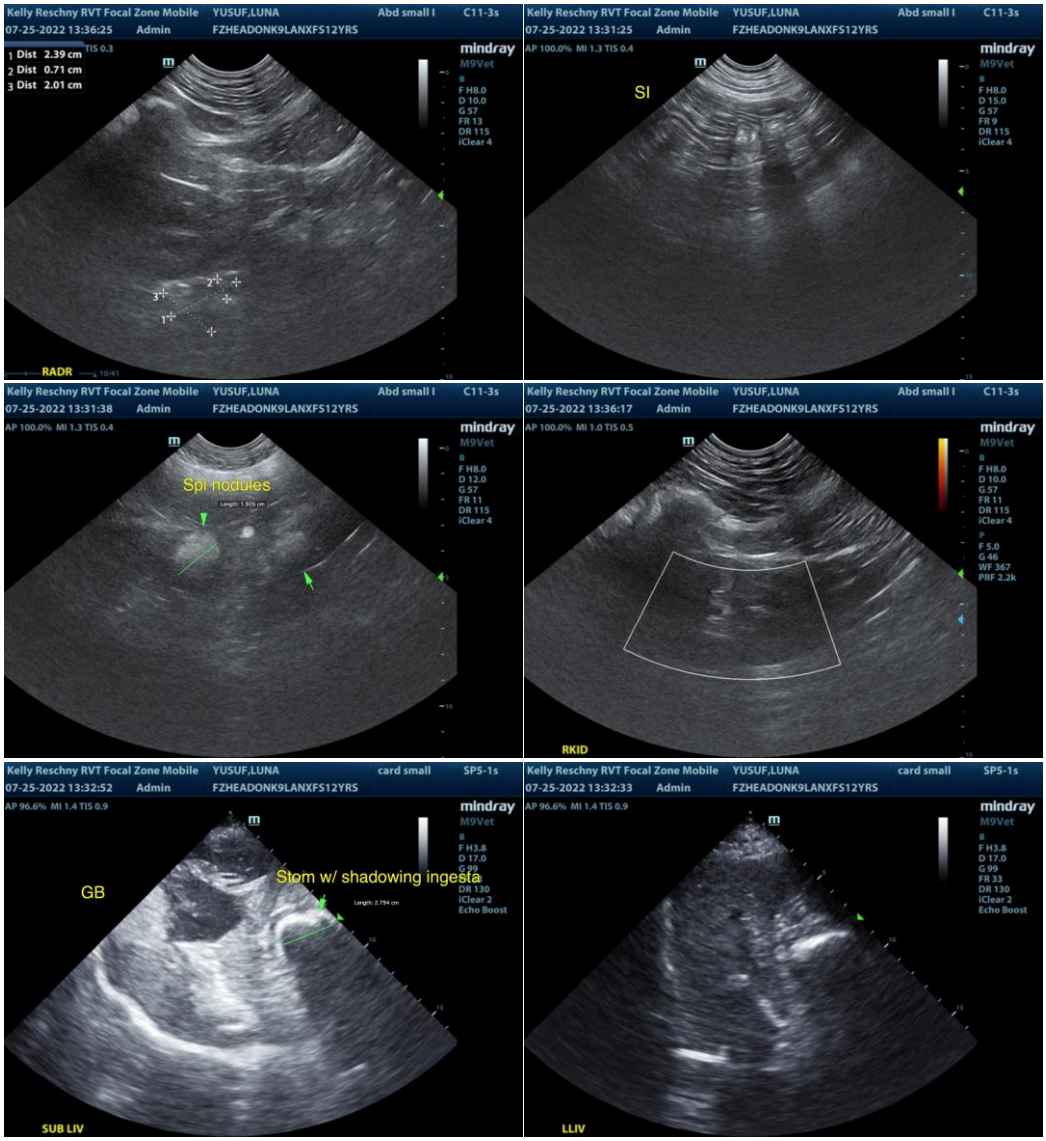

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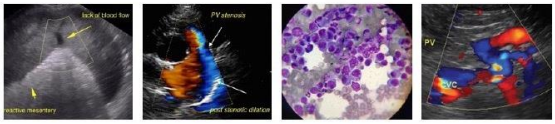

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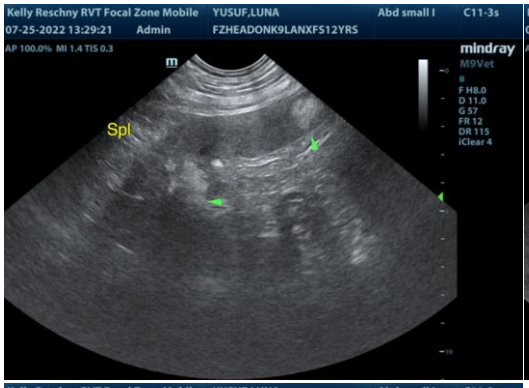

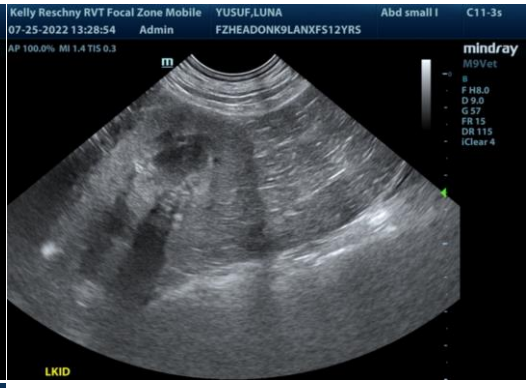

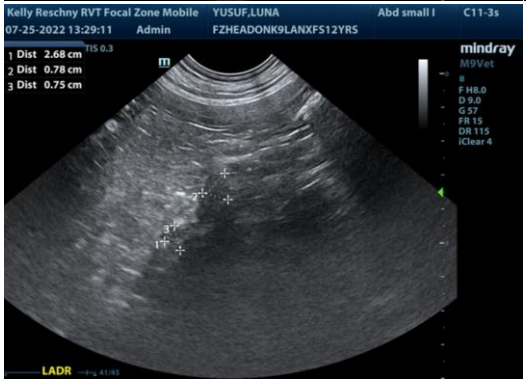

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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