



PATIENT

Cooper Mlynczyk

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

8 years

WEIGHT

80 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Pleasant Hill AH

REFERRING VET

Dr. Sundholm

INVOICE

14422

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Cooper presented for acute hematemesis. He has been vomiting large amounts of frank blood today. Radiographs of his chest were performed. There was a possible small nodule but were otherwise unremarkable. An exam today was fairly unremarkable besides slightly pale mucous membranes. His abdomen was soft and nonpainful. Carprofen 100 mg SID for the last 3 days. Primary Question/Differential to Be Answered in This Exam r/o causes of acute hematemesis (gastric ulceration, neoplasia)
Abnormal PE/Chem/CBC/UA Results: He is anemic (HCT 32%) but a CBC/Chem was otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

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 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 7.4 cm in length. The right kidney measured 6.8 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 2.8 cm length x 0.60 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 2.1 cm length x 0.73 cm width at the caudal pole.

Spleen

The spleen was overall normal in size with a primarily maintained symmetrical capsule contour with mild generalized splenic parenchyma heterogeneity. A solitary, mildly expansive macronodule to small mass was present in the mid to cranial spleen with mild associated distortion of the lateral capsule. The macronodule to small mass exhibited mildly hyperechoic central nodular component with the overall macronodule to small mass measuring approximately 2.7 cm in diameter. The centralized mildly hyperechoic nodular component measured 1.5 cm in diameter.



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Liver/ Gallbladder

Cooper Mlynczyk

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact yet prominent wall layering exhibiting intermittent nonspecific mildly hyperechoic mural speckling. Intact wall layering was maintained in the stomach without evidence of loss of gastric wall layer detail or overt gastric mural masses. No obvious evidence of ulceration was noted. A mild amount of retained nonshadowing chyme was present in the stomach. The pylorus wall width measured 0.59 cm. No evidence of mechanical pyloric outflow obstruction was noted. No evidence of perigastric reactive or inflamed mesentery.

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. The duodenum wall measured 0.45 cm width.

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 omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

Brief sonographic assessment of the heart revealed mildly nonhomogeneous mass lesion in the area of the right atrioventricular groove measuring approximately 3.2 cm in diameter. No evidence of pericardial free fluid was noted. Overtly normal right atrium size was present. Subjective potential for mildly prominent right ventricle size noted.

ULTRASONOGRAPHIC FINDINGS

- Mildly expansive splenic macronodule / small mass
- Gastritis pattern
- Right atrioventricular groove mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the stomach was most consistent with gastritis, given the maintained intact wall layering. No overt evidence of gastric neoplastic criteria, as well as no obvious evidence of overt

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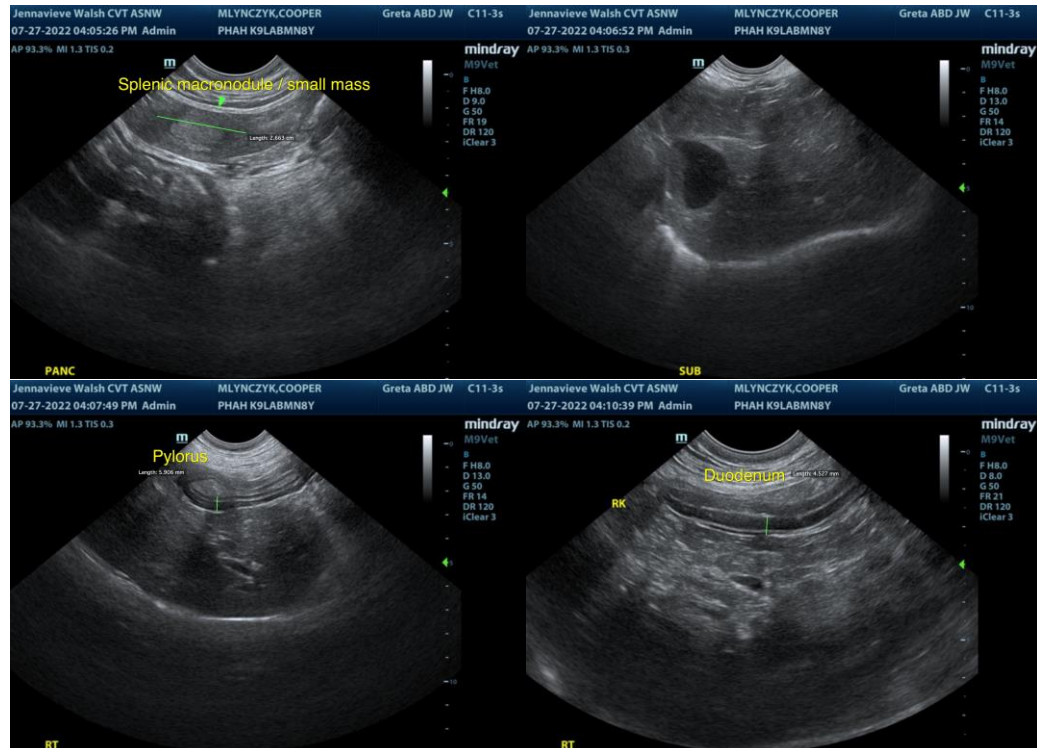
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gastric ulceration. Potential for gastric microulceration could be possible. Gastroprotectant protocol which may include Omeprazole / Sucralfate combination is recommended.

Although considered unlikely given the normal adrenal presentation, resting cortisol level to rule out occult Addison's Disease, given the hematemesis and mild anemia, could be considered.

Considerations for the splenic macronodule to small mass are multiple including; hyperplasia, hematopoiesis, granuloma, regional splenitis, etc., with potential for neoplastic criteria possible and may potentially be considered a higher potential differential diagnosis, given the concurrent right atrioventricular mass. Assuming normal clotting status, ultrasound-guided FNA of the splenic macronodule to small mass could be considered for screening cytology. Referral for further assessment may be in this patient's best interest.





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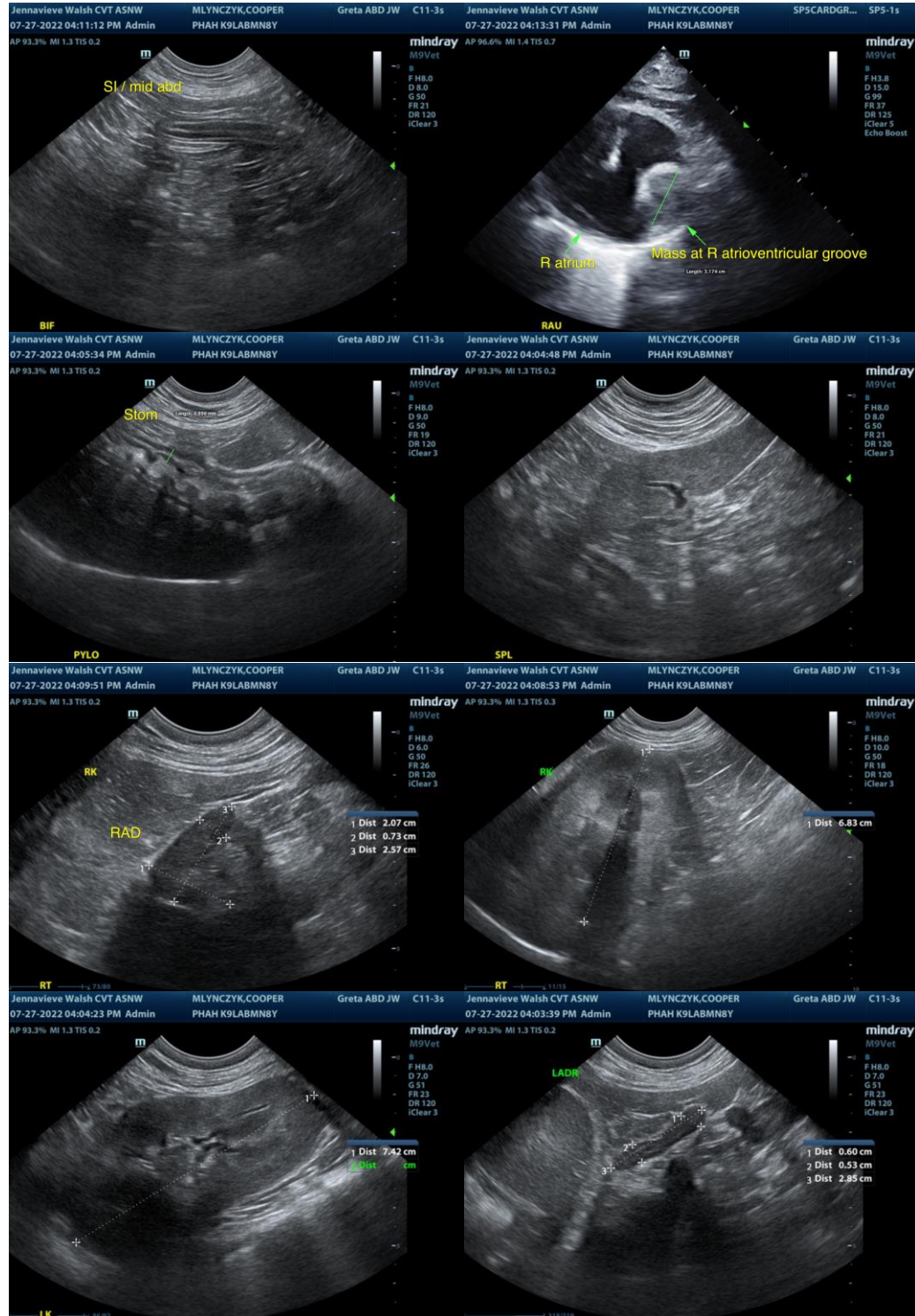
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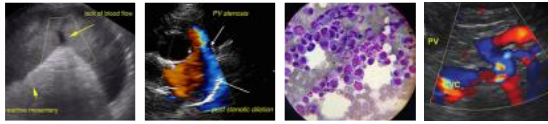
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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