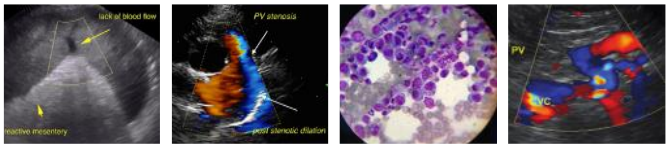
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mika Carefoot

SPECIES

Canine

BREED

Germ Shep

SEX

Female Spay

AGE

11

WEIGHT

32 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Silverado VC

REFERRING VET

Dr. Marahar

INVOICE

14241

DATE

7/6/22

PRESENTING CLINICAL SIGNS

Non clinical but large spleen seen on abdominal x rays. Patient given short term anesthetic for scan.
Abnormal PE/Chem/CBC/UA Results: Polycythemic no other abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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 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 5.4 cm in length. The right kidney measured 5.7 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 0.48 cm width at the caudal pole and 0.52 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 0.50 cm width at the caudal pole and 0.47 cm width at the cranial pole.

Spleen

The spleen exhibited generalized enlargement yet maintained symmetrical capsule contour. Generalized mild splenic parenchyma heterogeneity with multifocal nondisruptive, discretely hypoechoic nodules were present. An example of a nodule measured 1.3 cm in diameter. Normal splenic vascularity was noted with no masses.

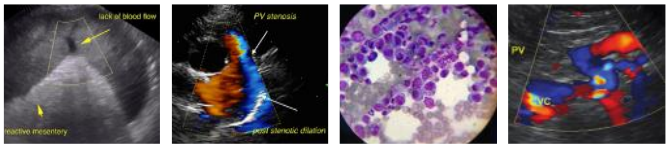
Liver/ Gallbladder

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 mild, nondependent yet nonorganized, mildly hyperechoic debris. No evidence of gallbladder or peripheral 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.



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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 were evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenomegaly exhibiting maintained symmetrical capsule contour and generalized mild parenchyma heterogeneity with intermittent discretely hypoechoic nondisruptive nodules

Secondary Findings

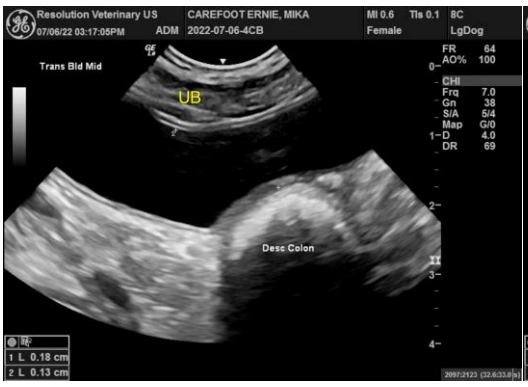
- Mild age-related kidneys
- Minor gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the spleen was nonspecific with considerations including suspected breed-associated hypersplenism, benign hyperplasia, hematopoiesis, and incidental splenitis, while the possibility of Infiltrative splenic neoplasia, although considered a less likely differential diagnosis, cannot be definitively excluded.

Assuming normal clotting status, ultrasound-guided FNA of the spleen using a 25-gauge needle Is warranted for screening cytology primarily to ensure only benign changes are present. Sonographic monitoring of the spleen for evidence of progressive enlargement or parenchymal changes would be a more conservative approach. Some degree of splenomegaly may be owing to short-term anesthesia.

No other evidence was noted of intraabdominal visceral pathology with only mild age-related changes present. CBC pathology review, given the polycythemia, may be considered.



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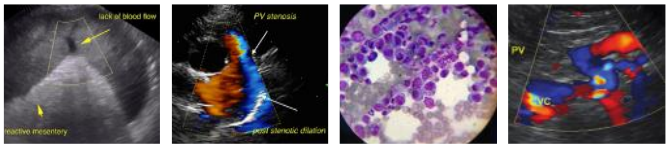

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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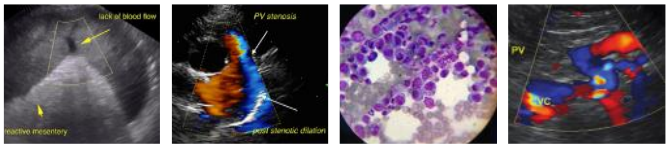

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com