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Clinical Sonography & Telecytology
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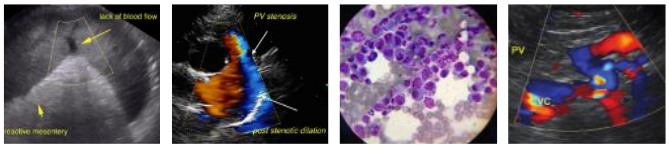

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

She Catlett

SPECIES

Canine

BREED

English Setter

SEX

FS

AGE

12 years 7 months

WEIGHT

72 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Houston

INVOICE

16812

DATE

8/11/22

PRESENTING CLINICAL SIGNS

Presented for annual exam and NSAID profile, owner had noticed this morning her gums were brick red. Didn't want to eat last night, will eat small amounts soft food if hand fed. On Carprofen 75mg SID
Abnormal PE/Chem/CBC/UA Results: PE: marked ecchymosis on maxillary gums, mild petechia on mandibular gums. BCS 7/9. HW4Dx: Anaplasmosis + (same last year, treated w/Doxycycline)
CBC/Chem: Hct 37% low N, Plt 210 N, Glob 4.4. PT normal; PTT 74.6 (75 cutoff for normal)

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 area of the iliac trifurcation was free of pathology, including no evidence of medial iliac or sublumbar lymphadenopathy.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.9 cm in length. The right kidney measured 7.5 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 0.59 cm width at the caudal pole and 0.53 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 0.72 cm width at the caudal pole.

Spleen

The spleen was overall normal in size and contour. Subtle generalized splenic parenchyma heterogeneity was noted. Multiple variably sized to variably distinct, variably echogenic splenic nodules were present. An example of hypoechoic nodule measured, exhibiting ill-defined borders measured 1.7 cm in diameter. An example of well-defined hyperechoic nodule measured 0.84 cm in diameter. The nodules did not appear to disrupt the splenic capsule and without evidence of parenchymal escape. Splenic vascularity was normal.

Liver/ Gallbladder

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. The cystic and common bile ducts were normal.

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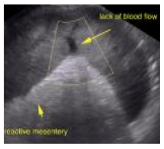
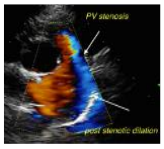
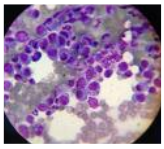
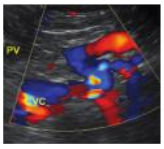

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Gastrointestinal

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 omental masses, lymphadenopathy or peritoneal free fluid was present.

Other

A rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Multiple variably echogenic, variably sized to variably distinct splenic nodules
- Mild age-related kidneys
- Hepatic parenchymal remodeling- benign
- Otherwise, largely mild geriatric abdomen without evidence of additional visceral pathology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this case of the variably echogenic to distinct splenic nodules is nonspecific with potential for multiple etiologies, including areas of lymphoid hyperplasia, hematopoiesis, small hematomas, infection/splenitis, splenic infarction, benign myelolipomas or potential neoplasia. Assuming normal clotting status, ultrasound guided FNA of several variably echogenic nodules, using a 25-gauge needle, is recommended for further assessment. Otherwise, sonographic monitoring of the splenic nodules for evidence of progression in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

If not done, three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the patients clinical signs and lab work abnormalities.

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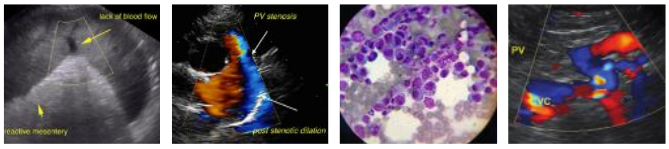

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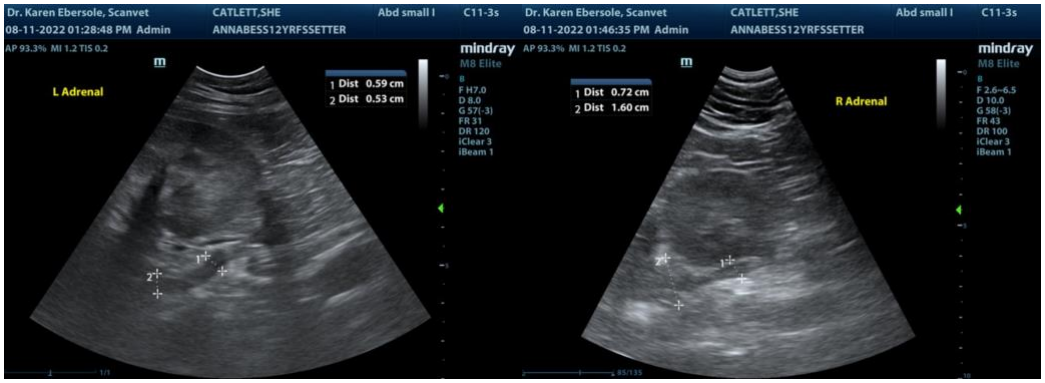

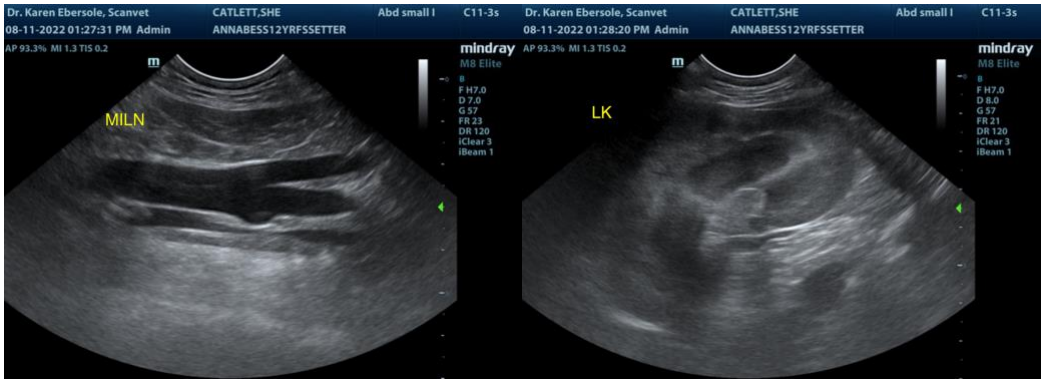

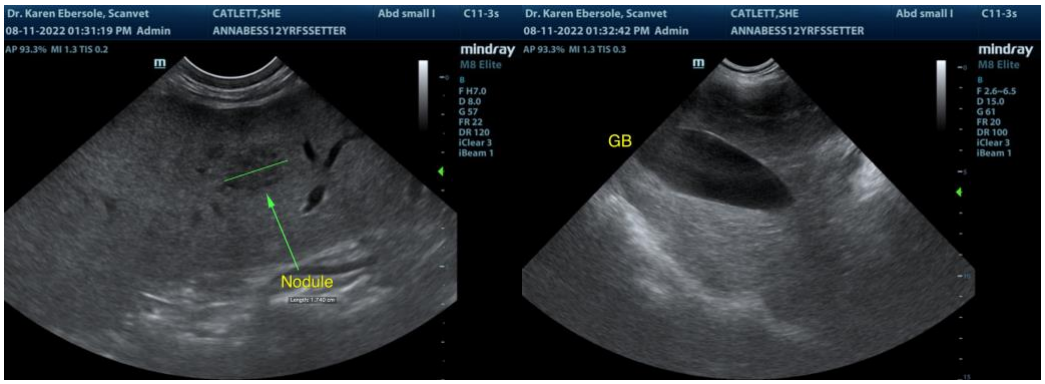

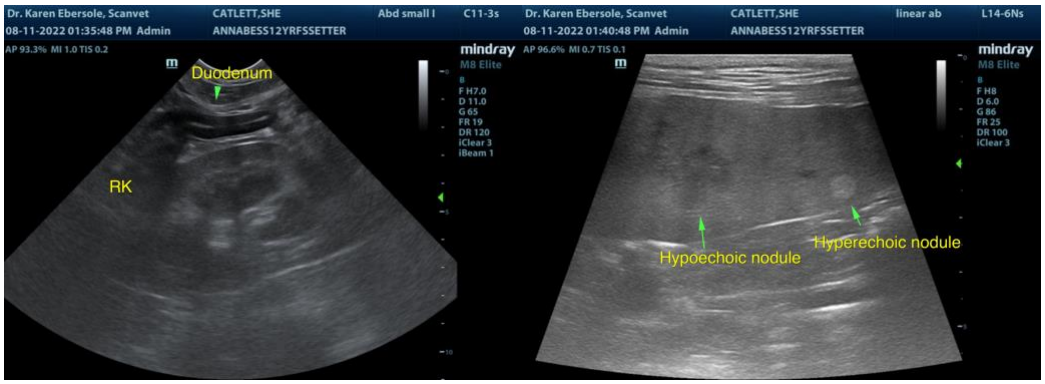

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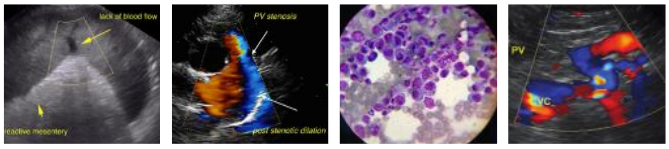

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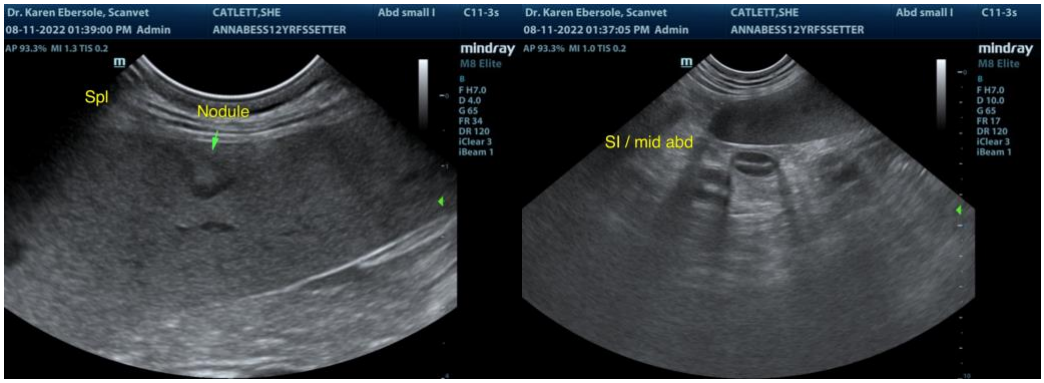

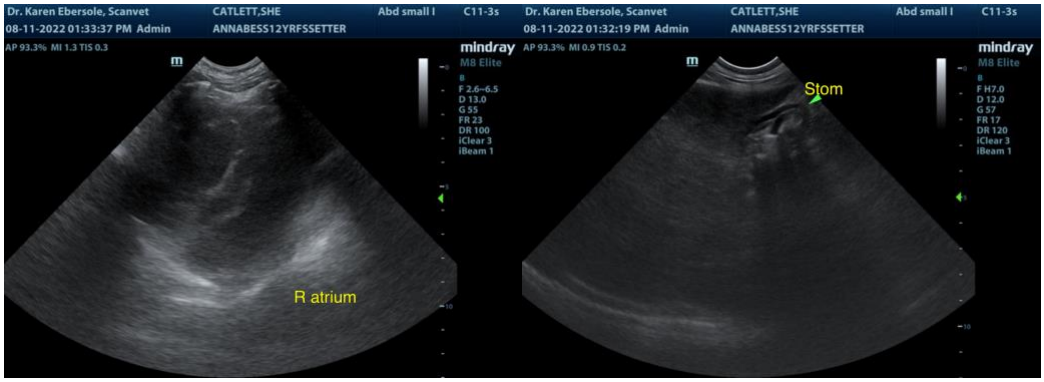

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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