



PATIENT

Zoe Laughlin

SPECIES

Canine

BREED

PitBull

SEX

FS

AGE

15yr

WEIGHT

32kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Slenbaker

INVOICE

11341ag

DATE

08/14/2022

PRESENTING CLINICAL SIGNS

Presented at our hospital for urinary issues, incontinence (first time), very dark in color since last night. Owner noted Zoe scooting on vulva after urination. A day later Zoe fell off ramp and hit caudal abdomen. Darkened urine, incontinence and PD after trauma.

Previous Health Concerns: arthritis, skin issue – back foot

Current Medications: Pepcid – 1.5 SID, Galliprant – started 1 mo ago

Bloodwork- hyponatremia, hyperchloremia, Azotemia(increased BUN +creat), thrombocytopenia(not artifact), inflammatory and stress leukogram,

Urinalysis- (+) proteinuria, low USG 1.016, (+++) hemolyzed blood, trace bilirubin,

Radiographs- moderate spondylosis of lumbar spine, small bladder, splenomegaly, hepatomegaly, no other obvious abnormalities noted

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral focal hyperechoic medullary parenchyma and pinpoint medullary mineral was present. No evidence of pelvic dilation was present. A solitary cortical infarct was present in the left kidney. The left kidney measured 6.7 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 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 0.75 cm width at the caudal pole.

Spleen

The spleen exhibited generalized enlargement with folding. A moderately sized to expansive cavitated mass was present measuring 10 cm in diameter with subtle evidence of perisplenic hyperechoic mesentery.

Liver

The liver was mildly enlarged in size with normal 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.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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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

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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

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Normal, mildly distended UB
- Generalized splenomegaly with cavitated mass, mild perisplenic hyperechoic mesentery, no evidence of splenic mass rupture
- Mild vacuolar hepatopathy pattern
- Mild / moderate chronic kidneys with left kidney infarct

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, hematoma given history of possible abdominal trauma, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria for the mass is favored. No overt intra-abdominal mets although possible non visualized mets / micromets cannot be excluded.

Brief sonographic assessment of the heart and 3 view chest rads are recommended. If no evidence of cardiac and thoracic pathology, splenectomy with gross inspection of the liver and perisplenic omentum could be considered. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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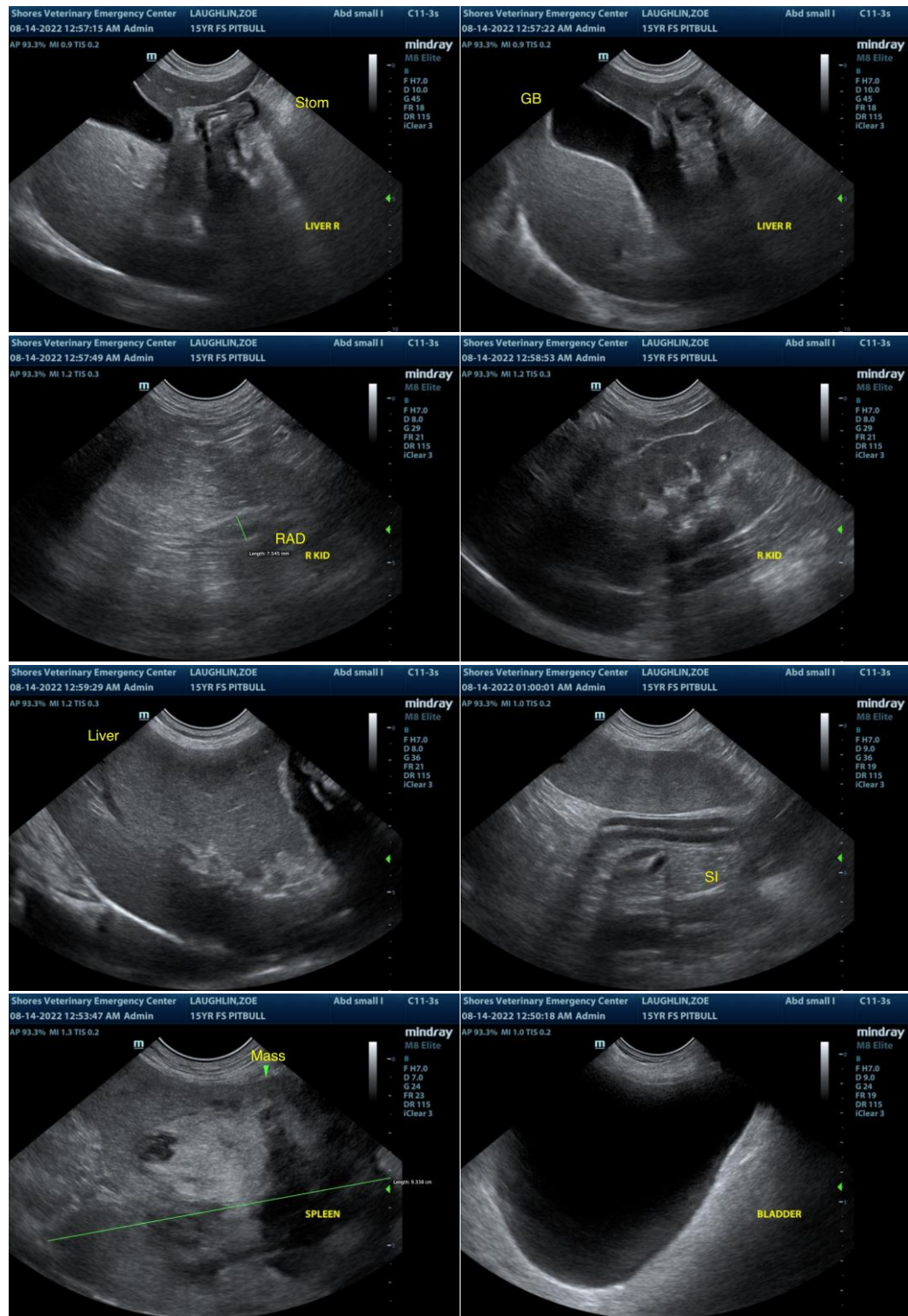
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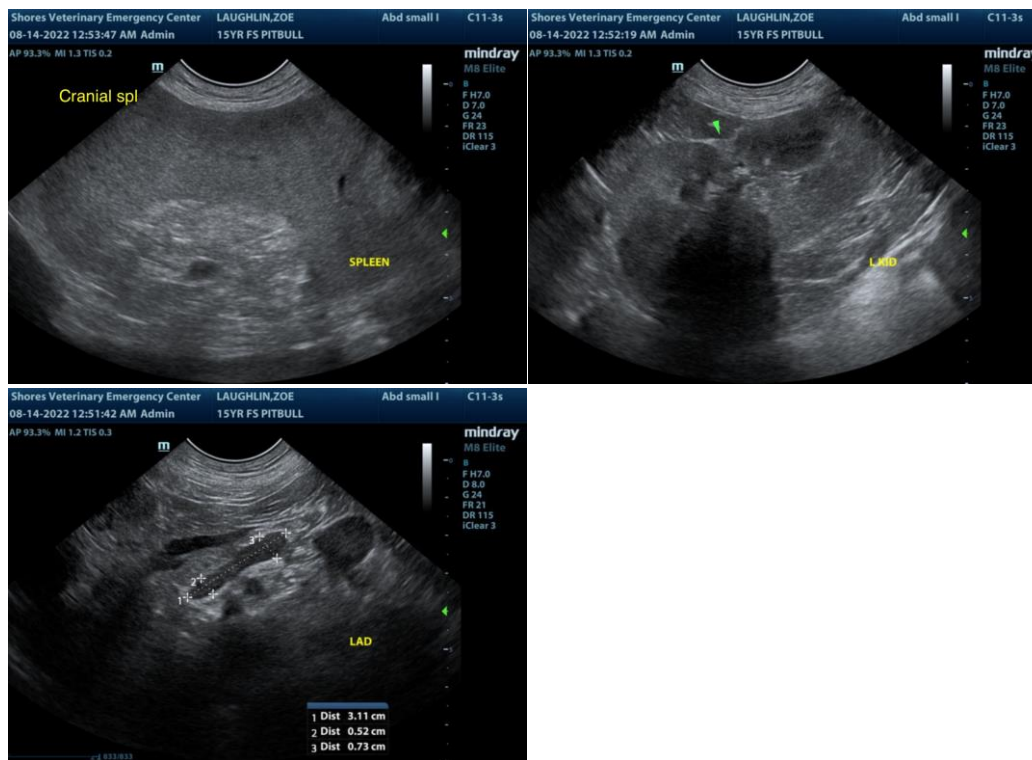
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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