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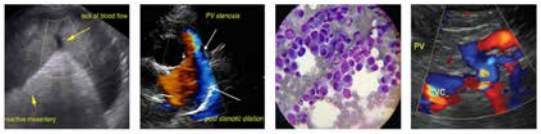

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Kodi Hilderbrand

SPECIES

Canine

BREED

GSD

SEX

Male

AGE

7 years

WEIGHT

64 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Littlestown VH

REFERRING VET

Dr. Kubala

INVOICE

24707

DATE

8.14.21

PRESENTING CLINICAL SIGNS

History: >month weight loss, abdominal mass

Hct 31, platelets 135, AST 81, potassium 3.3, globulin 4.3, total protein 7.7.

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 were noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 6.7 cm x 4.2 cm. Anechoic, thinly walled parenchyma cysts were present.

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 right kidney measured 8.0 cm. The left kidney measured 6.9 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.9 cm length x 0.67 cm at the caudal pole. The left adrenal gland measured 3.1 cm length x 0.65 cm at the caudal pole.

Spleen

The spleen exhibited generalized enlargement with rounded contour. Generalized non-homogeneous parenchyma noted. Caudal folding of the spleen was present. No distinct splenic masses. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

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.

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.

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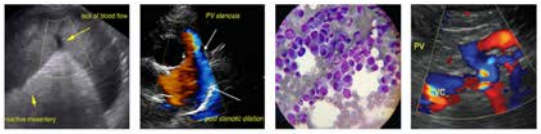

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Pancreas

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 was evident.

Heart

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

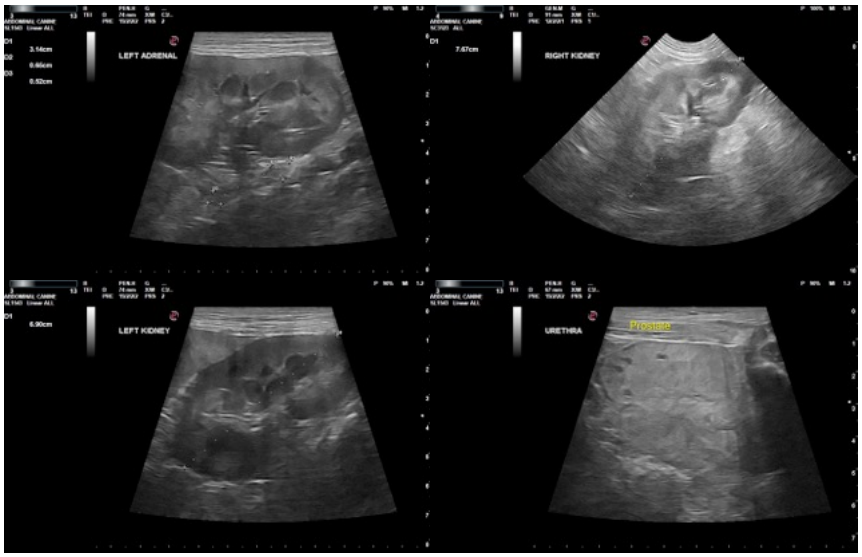
ULTRASONOGRAPHIC FINDINGS

- Generalized splenomegaly with rounded contour, non-homogeneous parenchyma and caudal folding
- Benign prostatic hyperplasia with small parenchymal cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall spleen was non-specific without evidence of a distinct splenic mass, yet the splenomegaly likely correlates with the abdominal mass effect noted on the radiographs. Considerations for the spleen may include hyperplasia, hematopoiesis, splenitis, hypersplenism (given the breed), while the possibility of splenic neoplasia (given the patient's weight loss) may be possible. True hypersplenism may potentially result in sequestering of thrombocytes, resulting in mild thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered.

Assuming normal clotting status, ultrasound guided FNA of the spleen using 25-gauge needle is recommended for further assessment. If strong suspicion of neoplasia, Benadryl injection is recommended prior to FNA +/- splenectomy. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No overt evidence of additional visceral pathology, including no evidence of intraabdominal metastasis should splenic neoplasia be confirmed as an obvious cause of the patient's weight loss.



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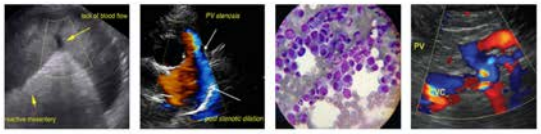

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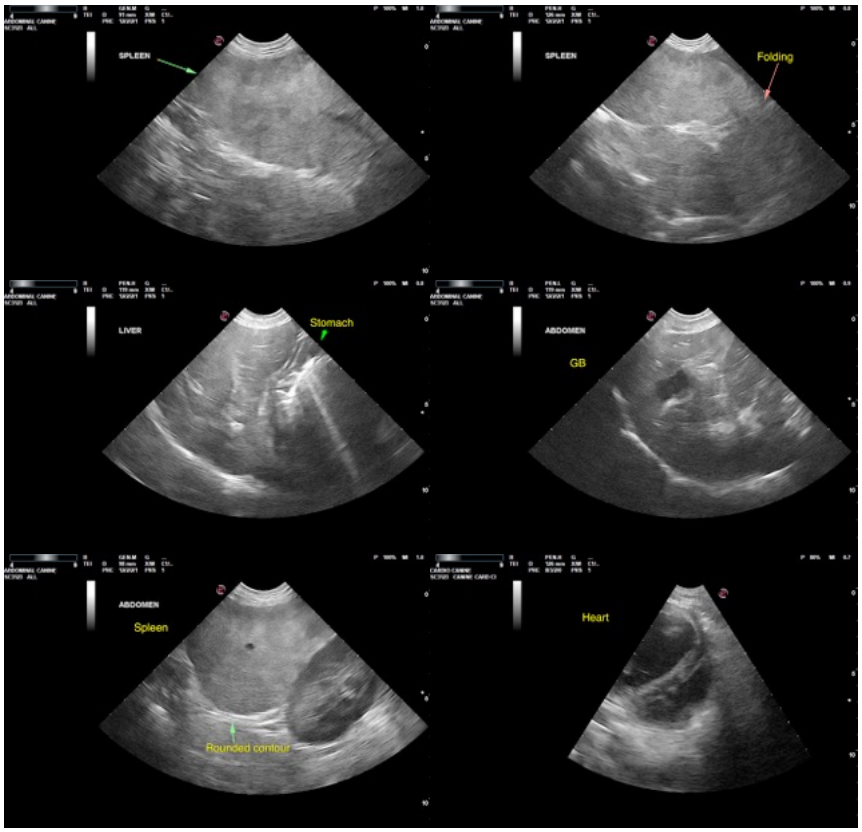

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com