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Clinical Sonography & Telecytology
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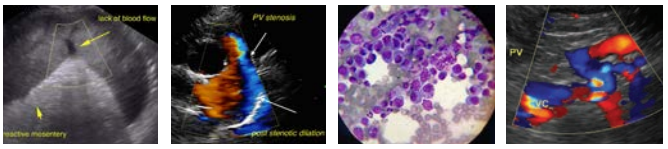


PATIENT
Kahlua Koetters

SPECIES
Canine

BREED
Labrador Retriever

SEX
Spayed Female

AGE
8 Years

WEIGHT
92.2 Pounds

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

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
AH of Roxbury

REFERRING VET
Dr. Hickenbottom

INVOICE
24773

DATE
8/18/21

PRESENTING CLINICAL SIGNS

admitted today for skin mass removal. Noted blood in urine, and bloody stool. rads showed enlarged spleen. Hx of wt loss, bloody diarrhea, decreased appetite. BW this morning showed a drop in PCV from 48% to 38% over a 2 hour period.- looking for a reason for this. Platelets normal. Did not proceed with surgery, elected ultrasound instead. On cephalexin, apoquel, thyrotabs.
Abnormal PE/Chem/CBC/UA Results: crea 2.2, Phos 2.0, BUN 36 UA: rbcs 4+ bili 2+, prot 1+, pH 8, leuk 3+

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. Primarily anechoic urine was present in the lumen. Mild particulate non-dependent sediment was present, suggestive of cellular debris or protein given the hematuria. No overt evidence of inflammatory or neoplastic urinary bladder criteria.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. No overt evidence of pyelonephritis. The kidneys measured 7.0 cm each.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.86 cm at the caudal pole. the right adrenal gland measured 2.7 cm length x 0.77 cm at the caudal pole.

Spleen

The spleen exhibited subjective mild generalized enlargement and primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. A solitary, mildly expansive, non-uniformly hyperechoic mid splenic nodule was present without associated distortion of the splenic capsule, measuring 3.5 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

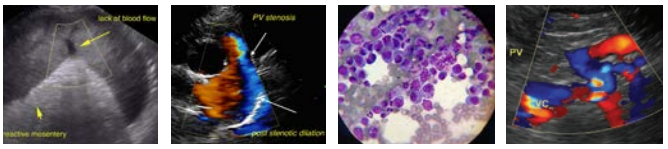
Liver

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.

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. Gastric body wall measured 0.40 cm.

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. Duodenum wall measured 0.40 cm.



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Normal visible colon wall layers were present with subjective semiformed to soft feces.

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.

Free Abdomen

A solitary, mildly prominent to enlarged medial iliac lymph node was present. The lymph node exhibited mild non-homogeneous parenchyma, measuring 1.3 cm in width. No other evidence of intraabdominal lymphadenopathy. No effusion.

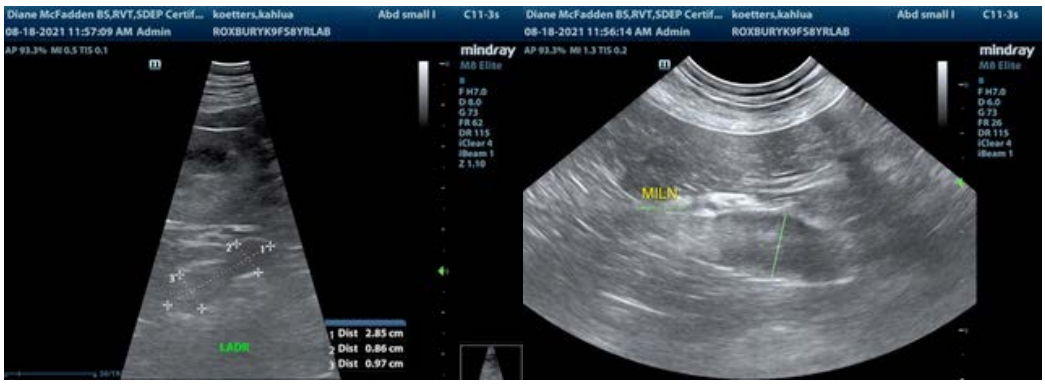
ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with generalized mild non-homogeneous to focal hyperechoic nodular parenchyma
- Bilateral mild chronic renal changes, no overt pyelonephritis
- Sonographically unremarkable urinary bladder and visible proximal urethra with minor urinary bladder sediment.
- Probable mild colitis with sonographically unremarkable stomach and small bowel
- Focal, non-specific yet likely benign medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized spleen as well as the hyperechoic splenic nodule were non-specific. Considerations may include age related or patient variant, hematopoiesis, hyperplasia, incidental splenitis, focal myelolipoma, nodular hyperplasia, previous infarct, or emerging mineralization. Potential for splenic neoplasia considered a less likely differential diagnosis.

Assuming normal clotting status, splenic parenchymal and nodule FNA using 25-gauge needle warranted for screening cytology given the anemia. Urine culture and sensitivity, CBC pathology review, assessment for evidence of autoagglutination and/or infectious disease serology (if clinically indicated) may be considered. Given the weight loss, GI panel to include PLI, TLI, cobalamin and folate as well as 3-view chest radiographs recommended. Cystocentesis for urine culture and sensitivity (if not done) is suggested. Empirically, continued gastrointestinal support and therapy for probable mild colitis would be appropriate.



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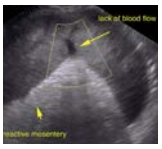
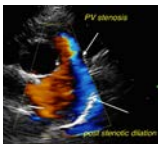
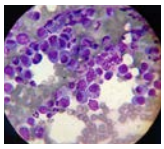
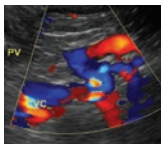

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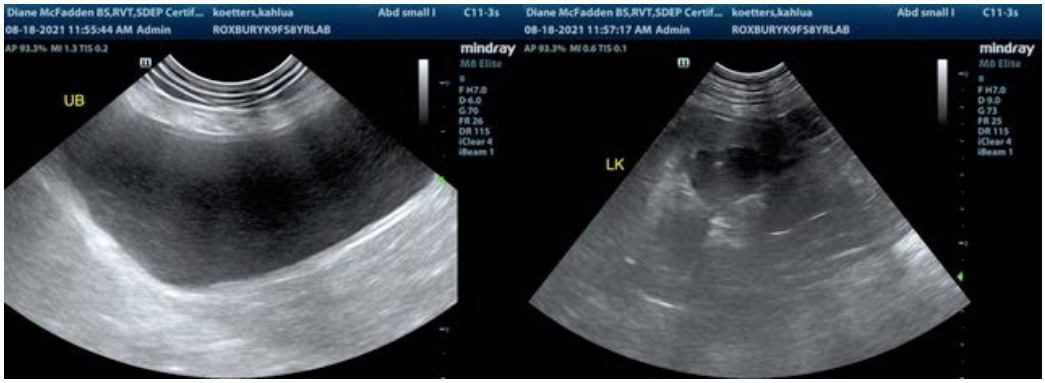

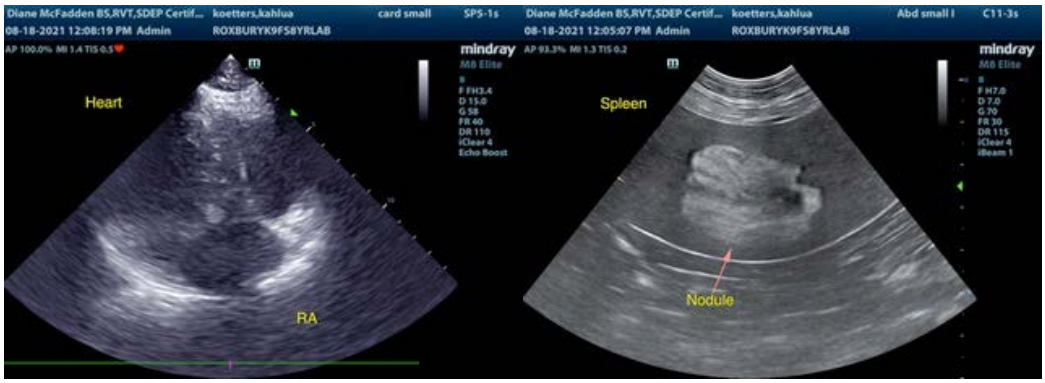

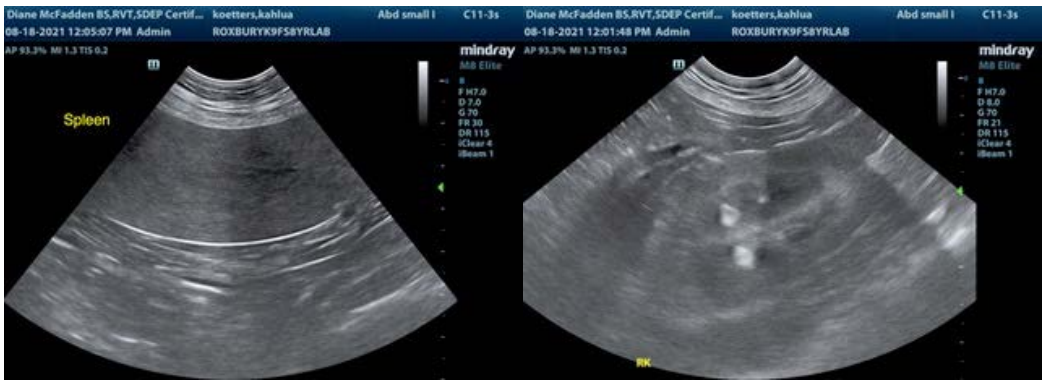

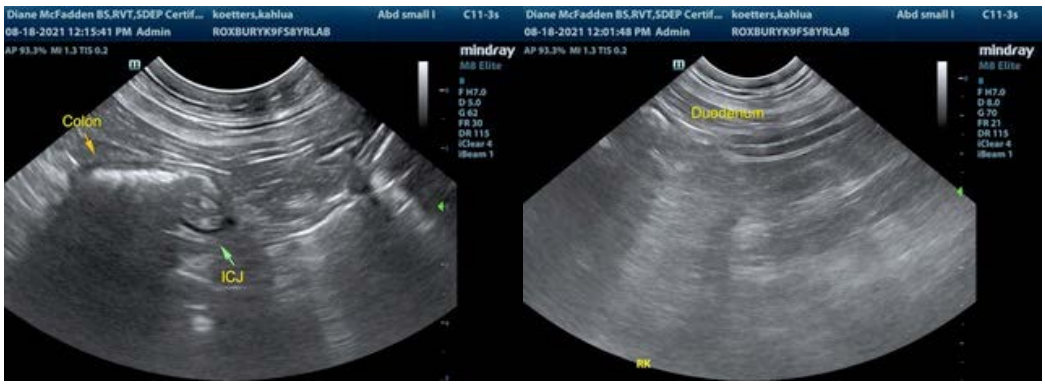

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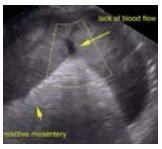

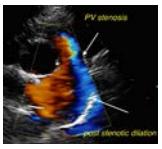

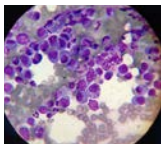
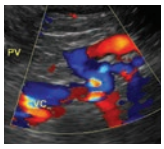

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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