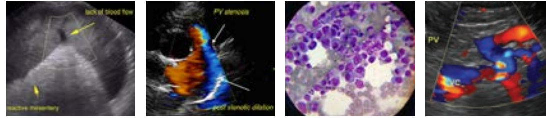


PATIENT
Pea Jay Donahue

SPECIES
Canine

BREED
Greyhound

SEX
Spayed Female

AGE
13 Years

WEIGHT

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

IMAGING PERFORMED BY
Heidi Putnam

HOSPITAL NAME
Eugene AH

REFERRING VET
Dr. Polk

INVOICE
24792

DATE
8/19/21

PRESENTING CLINICAL SIGNS

Acute lethargy, reduced appetite, and loose stool, hind end weakness
Abnormal PE/Chem/CBC/UA Results: Meds: DES one dose weekly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 area of the aortic trifurcation was free of pathology. No evidence of distal aortic or iliac thrombosis.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild non-uniform corticomedullary echogenicity noted with bilateral mild pyelectasia. mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney measured 7.0 cm. The right kidney measured 7.4 cm.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.9 cm length x 0.94 cm at the caudal pole. The right adrenal gland measured 3.1 cm x 1.1 cm at the caudal pole.

Spleen

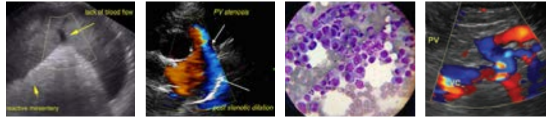
The spleen exhibited moderate generalized enlargement with asymmetrical capsule contour. Primarily finely textured parenchyma noted, which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Isoechoic soft tissue echo present in the splenic vein, consistent with splenic vein thrombosis extending into the spleen. Color doppler assessment of the spleen indicated subjective adequate blood flow. No distinct splenic masses. 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 mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended with mildly prominent to echogenic gallbladder walls and moderate, non-dependent yet non-organized echogenic luminal debris extending into the cystic biliary duct. The common bile duct was normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was empty. Gastric body wall measured 0.60 cm.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Duodenum wall measured 0.56 cm. Jejunum wall measured 0.40 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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

Generalized mildly non-uniform echogenic mesentery noted and mild peritoneal free fluid. No evidence of concurrent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with mild pyelectasia
- Bilateral mild adrenomegaly – unclear clinical significance, benign or stress hyperplasia, adenomatous change, or patient variant possible. No overt adrenal neoplasia.
- Generalized splenomegaly with non-homogeneous parenchyma, asymmetrical contour and splenic vein thrombosis – hyperplasia, hematopoiesis, splenitis, neoplasia possible.
- Mild chronic cholecystitis with moderate, non-organized luminal debris.
- Heterogeneous pancreas – patient or age related variant, potential low-grade or mild chronic inflammation.
- Acute gastroenterocolitis
- Generalized peritonitis exhibited by diffuse echogenic mesentery and mild peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous mineral passage, IV fluid therapy (if applicable) or potential low-grade chronic pyelonephritis. Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Pending splenic cytology, effusion analysis, cytology +/- culture and sensitivity (if evidence of inflammatory cells present) recommended. Non-septic, septic, or potential neoplastic effusion possible. Coagulation panel is recommended. Splenic neoplasia is favored, although not definitive. Assessment for evidence of cranial abdominal or subxiphoid pain associated with either the gallbladder or potentially pancreas suggested. Empirically, and pending additional diagnostics, medical therapy for acute gastroenteritis would be appropriate. Guarded prognosis.

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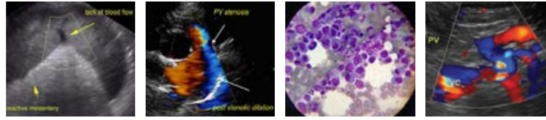

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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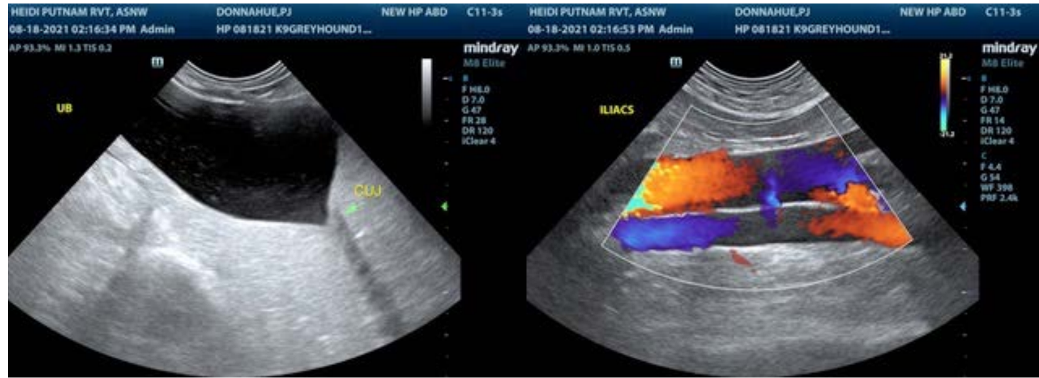

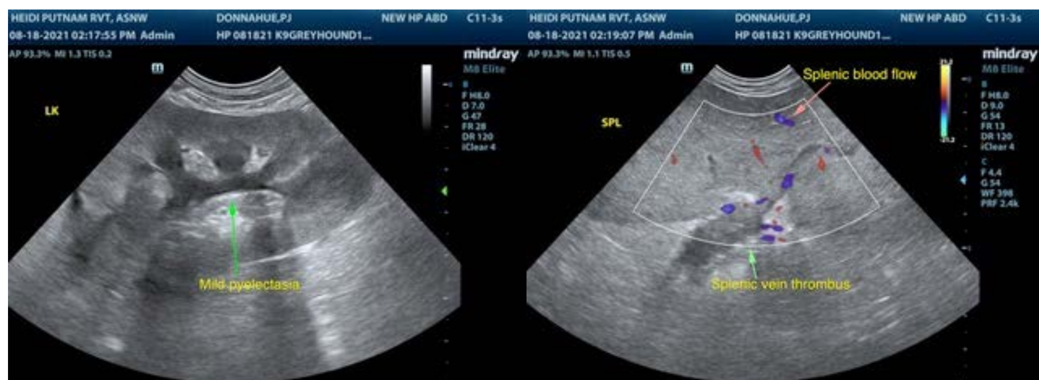

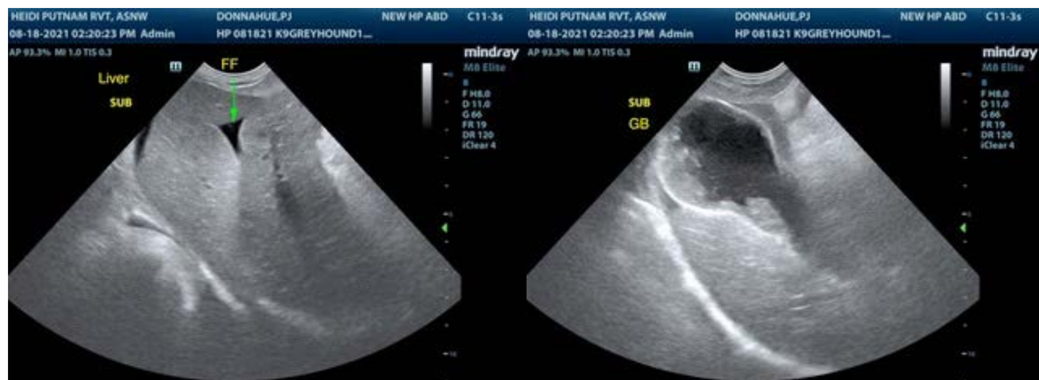

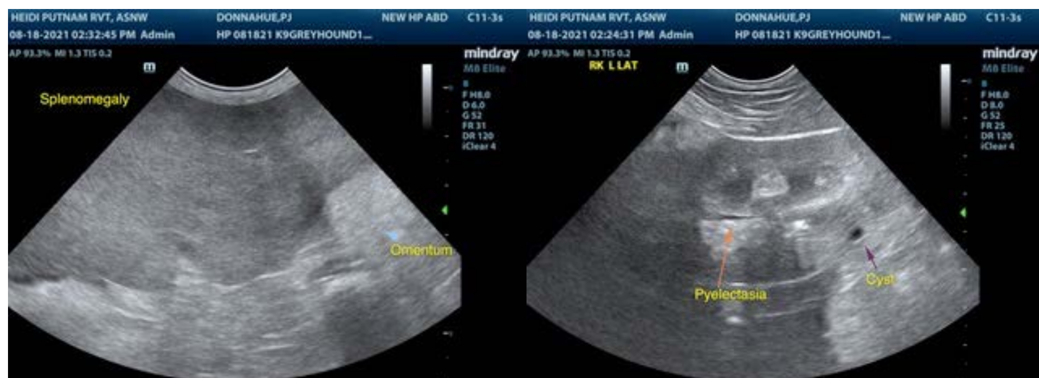

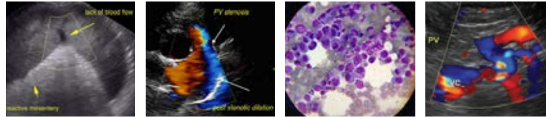

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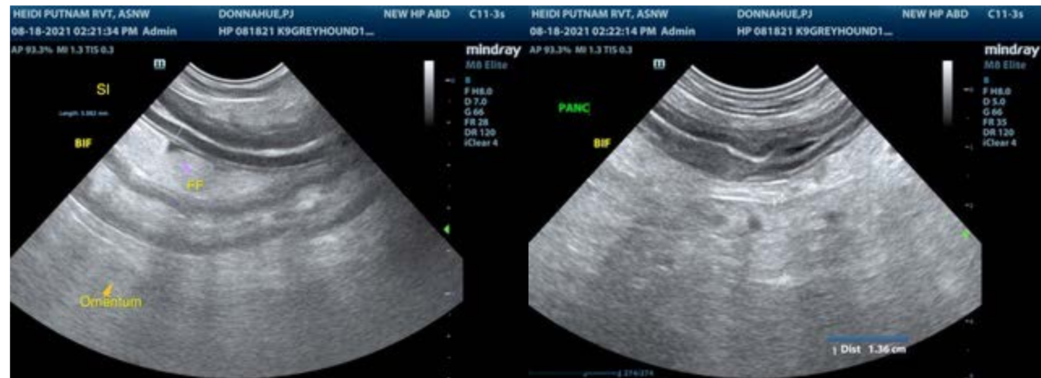

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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