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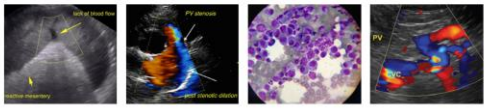
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Brutus Brennan

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

MN

AGE

9y, 5m

WEIGHT

29.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Hanson

REFERRING VET

Joanne Oscar, DVM

INVOICE

14768

DATE

8/2/23

PRESENTING CLINICAL SIGNS

Recheck echo. History chronic valvular` disease - Stage B2. History hepatopathy expansive splenic macro module/mass. Doing well at home. Previous bi-cavity exams on 8/29/22 (Lamy and Daniel). Having bi-cavity exams.

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 residual prostate was free of pathology.

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 minor bilateral pyelectasia, which is considered incidental. The left kidney measured 6.5 cm in length. The right kidney measured 7.0 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 0.54 cm width at the caudal pole and 0.49 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 0.52 cm width at the caudal pole and 0.52 cm width at the cranial pole.

Spleen

The spleen exhibited overall normal size with previously noted, static, similar-appearing, mildly expansive splenic macronodule to small mass measuring ~2.0 cm in diameter. Static, previously noted, mid-spleen, nondisruptive, hyperechoic splenic nodule was present and consistent with benign myelolipoma, measuring 1.1 cm in diameter. An additional, separate, nondisruptive, non-homogeneous, hypoechoic splenic nodule measuring 1.3 cm in diameter was present in the mid-cranial spleen.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement. 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 in size containing primarily anechoic content with mildly progressive, nonorganized, gallbladder sediment. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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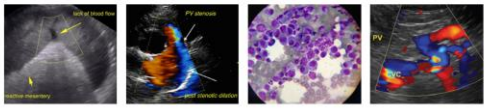

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Gastrointestinal

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 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

Intermittent mesenteric lymph nodes were present and considered incidental, not consistent with inflammatory or neoplastic criteria. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Persistent, subjectively static splenic macronodule to small mass and hyperechoic nodule consistent with benign myelolipoma
- Benign hepatopathy - static overall hepatic appearance compared to previous study
- Mildly progressive, nonorganized gallbladder sediment - not consistent with mucocele criteria
- Mild pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not previously done and assuming normal clotting status, FNA cytology of the nonhomogeneous, hypoechoic splenic nodules, using a 25 gauge needle, is recommended for further assessment.

Previously mentioned considerations for the nonhomogeneous to hypoechoic splenic nodules are still applicable. Correlation with recheck hepatic enzyme levels is suggested.

Hepatosupportive medications including Denamarin and Ursodiol, given the subjective mildly progressive gallbladder sediment, may prove beneficial.

Serial sonographic monitoring of the splenic nodules for evidence of progression and / or prophylactic to diagnostic splenectomy could be considered pending echocardiographic and anesthetic risk assessment.

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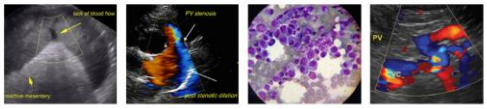

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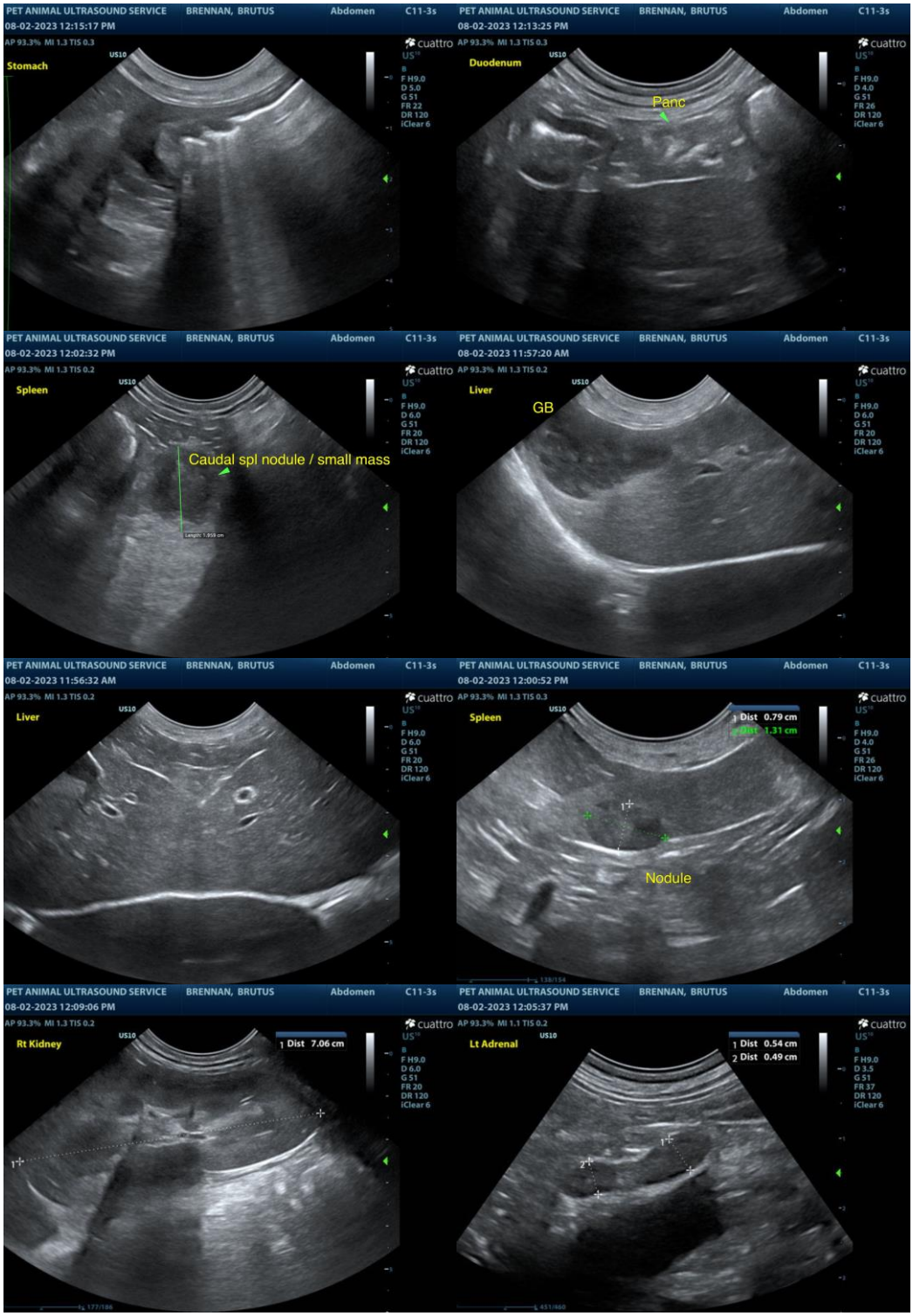

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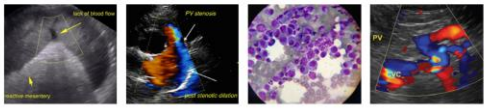

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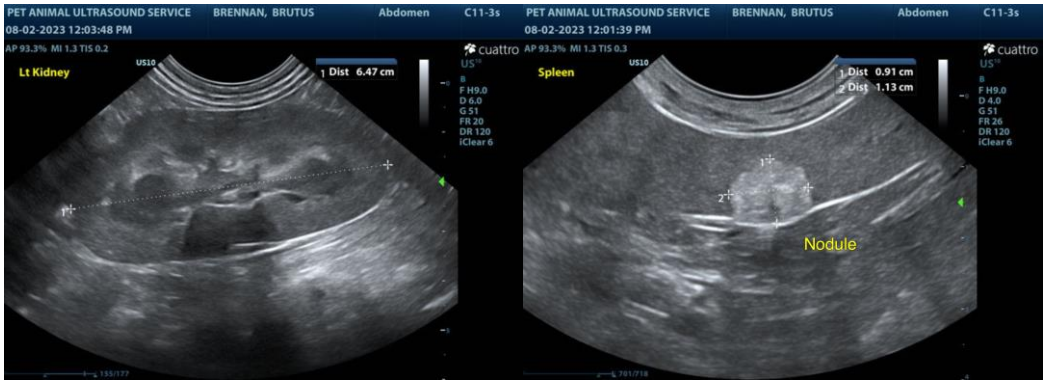

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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