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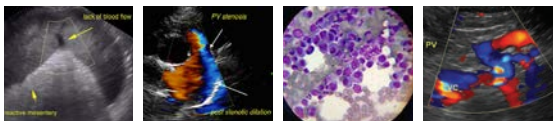


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Gwen Krumlauf

SPECIES

Canine

BREED

Boxer X

SEX

Spayed Female

AGE

10.5 Years

WEIGHT

65.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Scott Callahan

INVOICE

24859

DATE

8/23/21

PRESENTING CLINICAL SIGNS

BAR DENTAL CALCULI MASS IN AD ECG-VPC'S RADS-POSSIBLE SOFT TISSUE MASS, CRANIAL ABD, ENLARGED SPLEEN SPONDYLOSIS Radiographic Findings SOFT TISSUE MASS IN CRANIAL ABD, ENLARGED SPLEEN Primary Question/Differential to Be Answered in This Exam CAUSE OF VPC'S WHAT IS THE MASS IN THE ABD
Abnormal PE/Chem/CBC/UA Results: CBC, CHEM, T4 ALL WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

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. left kidney measured 6.2 cm. The right kidney measured 6.3 cm.

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 3.0 cm x 0.95 cm at the caudal pole. No overt pathology in the area of the right adrenal gland, although not definitively visualized owing to patient conformation.

Spleen

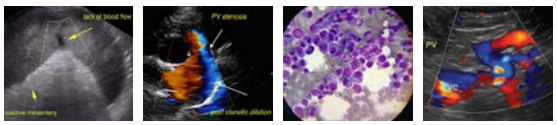
The spleen was enlarged with medial folding, yet exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured approximately 2.0 cm in width at the level of the hilus. The capsule was smooth and regular without apparent expansion. No distinct masses or nodules. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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 mild to moderate non-dependent to mildly inspissated echogenic, non-mineralized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.



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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 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

No evidence of omental masses, lymphadenopathy or peritoneal effusion.

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

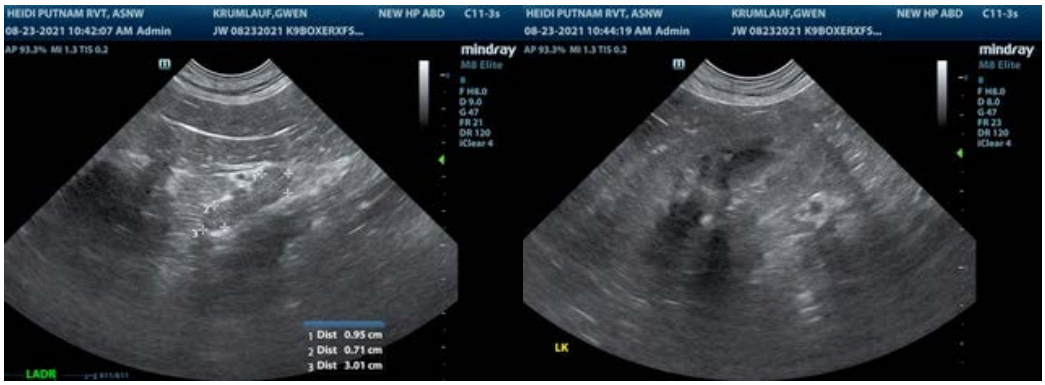
ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with folding, yet normal uniform parenchyma echogenicity and symmetrical contour.
- Mild to moderate gallbladder debris (non-mucocele)
- Gastric ingesta – probable post-prandial presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the spleen was non-specific. Considerations may include hyperplasia, hematopoiesis, incidental splenitis, while the possibility of infiltrative splenic neoplasia cannot be excluded. Potential splenic related VPCs are certainly possible.

Assuming normal clotting status, ultrasound guided FNA of the spleen using 25-gauge needle may be considered for screening cytology and further clarification. Minor potential for some degree of metabolic gastric stasis if documented NPO. No other evidence of intraabdominal pathology as an obvious cause of ventricular premature contractions. Correlation with potential full echocardiographic workup and 3-view chest radiographs to rule out evidence of thoracic pathology may be considered.



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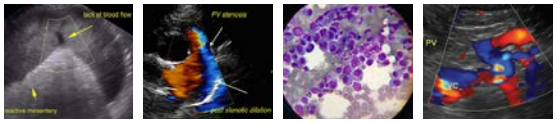

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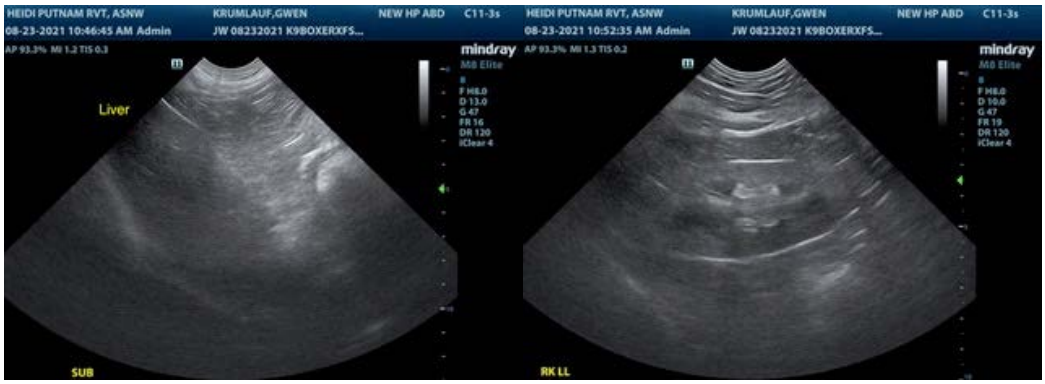

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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