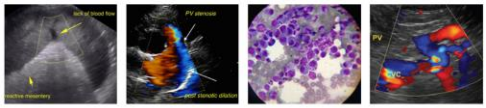


PATIENT

Patches Goulet

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

8yr

WEIGHT

15lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Barnstable Animal Hospital

REFERRING VET

Dr. Ware

INVOICE

11486ag

DATE

08/29/2022

PRESENTING CLINICAL SIGNS

New patient to us. Banfield records and radiographs suggested a possible mass in the abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Scant bilateral pyelectasia was present

The left kidney measured 5.0 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size with maintained symmetrical capsule contour and homogeneous to heterogeneous non-mineralized parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole and 0.68 cm width at the cranial pole. The right adrenal gland measured 0.73 cm width at the caudal pole and 0.49 cm width at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Well demarcated mildly hyperechoic nodules were present in the medial parenchyma. A moderately expansive non-homogeneous nodule was present in the caudolateral spleen measuring 1.4 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.

Liver

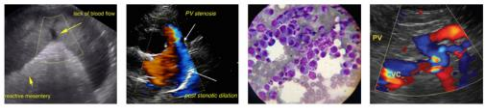
The liver presented increased in size. The parenchyma of the liver was mildly increased in echogenicity compared to the spleen and renal cortices. Intermittent discrete intraparenchymal nodules consistent with areas of hyperplasia or hematopoiesis were present. A solitary intraparenchymal cyst was present in the ventrocaudal liver. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder appeared to be mildly displaced caudally with primarily anechoic luminal content and mild non-dependent particulate to echogenic non-organized debris. 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.



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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

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

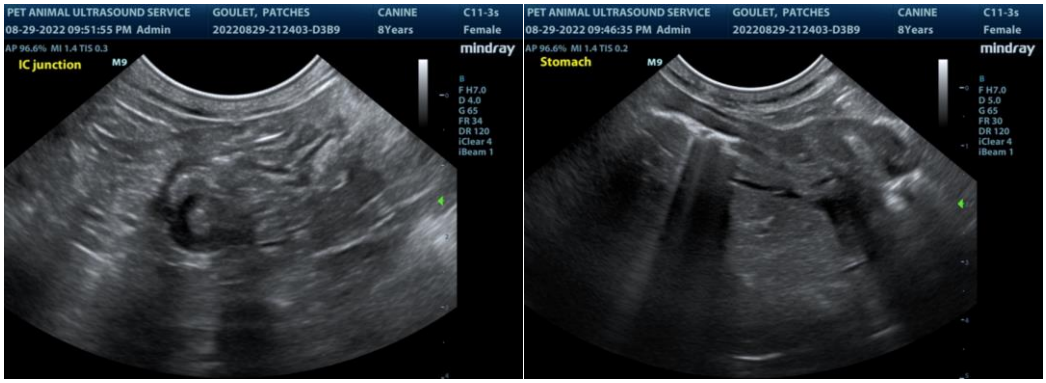
- Hepatomegaly with generalized parenchyma hyperechogenicity
- Mild gallbladder debris (non-mucocele)
- Mildly expansive non-homogeneous splenic nodule with concurrent medial splenic myelolipoma
- Mild age-related renal changes with scant bilateral pyelectasia and cortical cysts
- Mildly prominent bilateral adrenal glands-nonspecific
- Minor pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intra-abdominal mass was present in this study. Potential mass effect on radiographs owing to hepatomegaly is possible. The overall liver was non-specific with considerations including vacuolar hepatopathy, hepatitis/cholangeohepatitis, lipidosis or fibrosis with neoplasia considered less likely.

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia.

Ultrasound guided hepatic parenchyma and splenic nodule FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.



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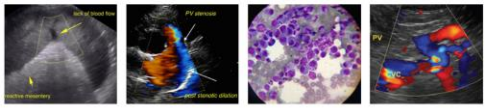

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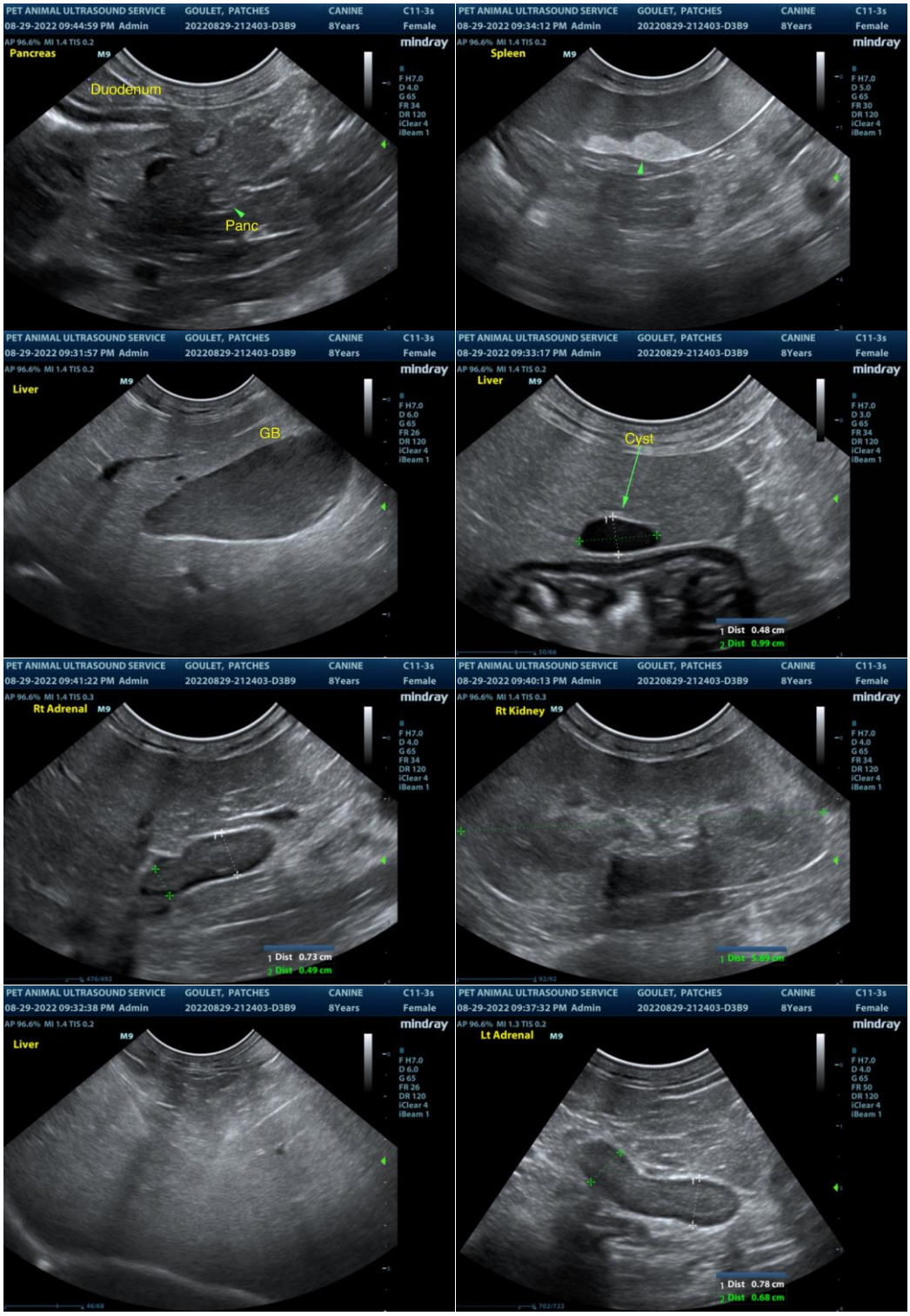

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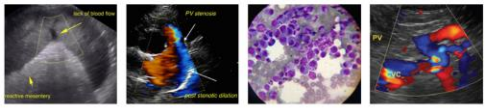

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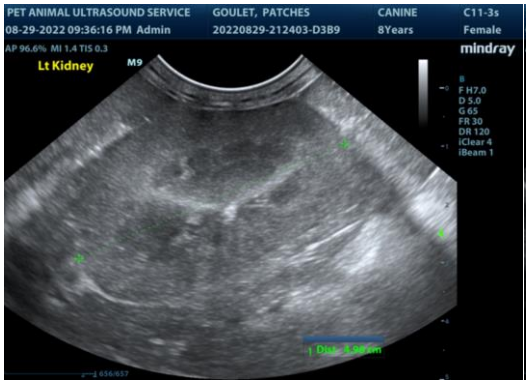

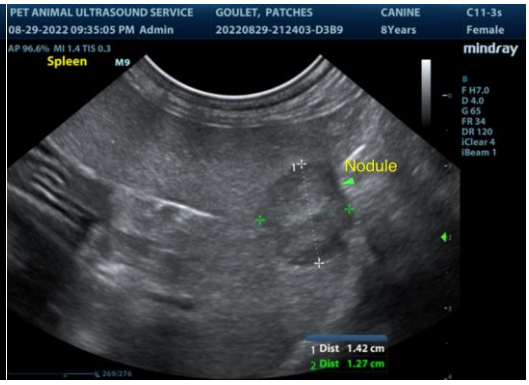

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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