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Clinical Sonography & Telecytology
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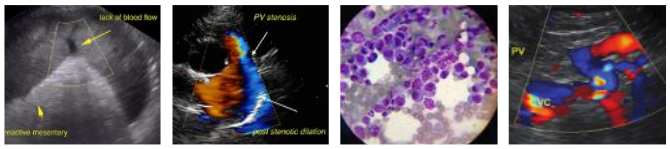


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Alex Oraha

SPECIES
Canine

BREED
Lab Mix

SEX
MN

AGE
13

WEIGHT
49

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

IMAGING PERFORMED BY
Reser

HOSPITAL NAME
Harvest Hills Veterinary Hospital

REFERRING VET
Sieger

INVOICE
14494ag

DATE
08/07/2023

PRESENTING CLINICAL SIGNS

Decreased appetite over last 1-2 months, acutely worse over the last week, some diarrhea, drinking normally, did notice some blood in urine over the weekend, no dysuria, losing more weight, previous mild anemia and elevated sdma/bun and was presenting for recheck labwork initially

Abnormal PE/Chem/CBC/UA Results: 8/7/23 - PE - pendulous abdomen, spleen palpates large CBC - mild anemia, likely non regenerative (hct 34, plt 83, manual count about 100,000) BUN - 29 (was 34), SDMA - 18 (previously 20) UA - usg 1.010, sediment - wbcs 2-3+, rods 2+ coagulation profile and urine culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild right kidney pyelectasia was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was mildly enlarged based on caudal pole width and body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.3 cm width in the cranial pole and 1.0 cm width in the caudal pole. The right adrenal gland was not definitively visualized.

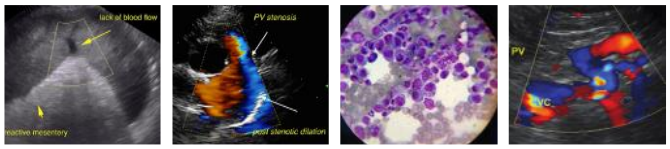
Spleen

The spleen exhibited generalized moderate to possible marked enlargement with areas of capsule asymmetry owing to several to multipole variably sized isoechoic non-homogenous macronodules to masses. The largest of the macronodules/masses in the cranial spleen measured 10 cm in diameter.

Liver/Gallbladder

The liver presented potentially mildly enlarged in size. 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 with primarily anechoic luminal content and mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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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 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 probable cystic lymph node noted caudal to the left kidney. No other evidence of overt lymphadenopathy. The probable cystic lymph node measured 2.3 cm in diameter.

Small pockets of mild volume peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged folded spleen exhibiting several to multiple isoechoic non-homogenous macronodules/masses.
- Possible mild hepatomegaly- subjectively benign.
- Chronic renal changes with mild right kidney pyelectasia.
- Probable cystic mesenteric lymph node caudal to left kidney- likely benign.
- Mild volume peritoneal free fluid.
- Mild left adrenomegaly- nonspecific, suspect adenomatous change.
- Sonographically unremarkable visualized GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right kidney pyelectasia may be owing to chronic renal changes or potential pelvic scarring possibly owing to previous calculi passage. Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Considerations for the spleen may include hyperplasia, hematopoiesis, splenitis or neoplasia. No obvious evidence of major organ intra-abdominal metastasis. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Assuming no evidence of thoracic pathology or cardiomegaly, laparotomy with splenectomy, gross inspection of the perisplenic abdominal cavity and liver would be warranted.

Reassessment of a manual PLT recommended prior to surgical considerations. As needed GI support recommended.

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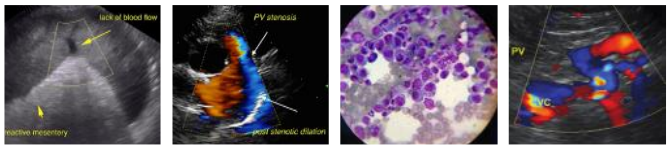

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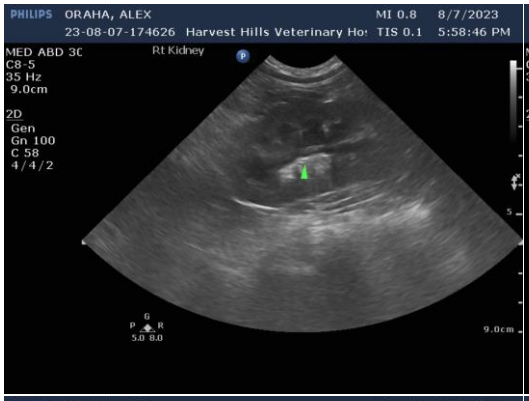

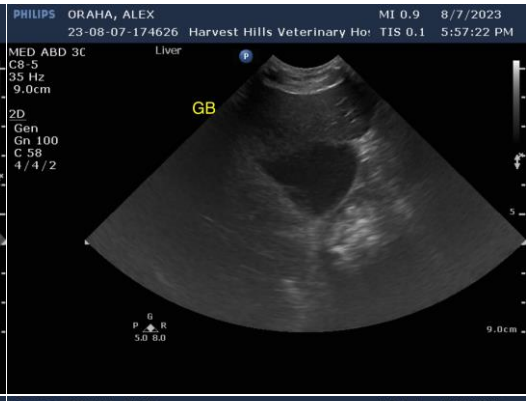

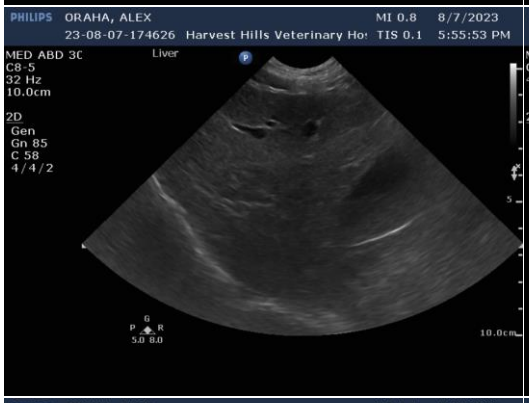

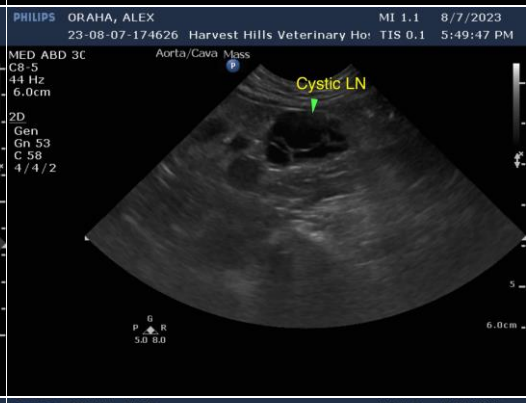

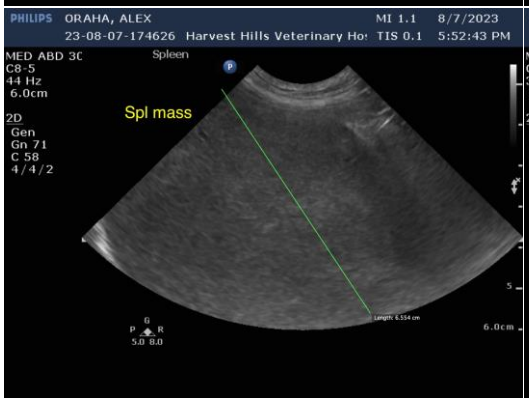

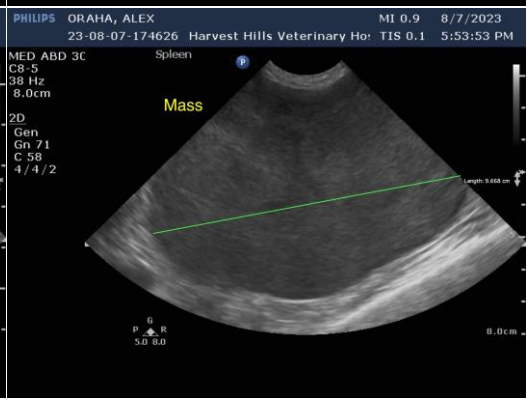

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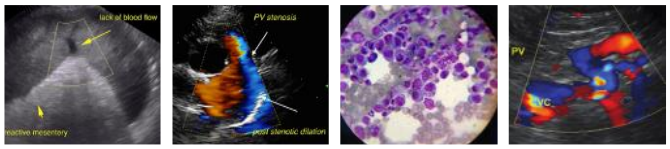

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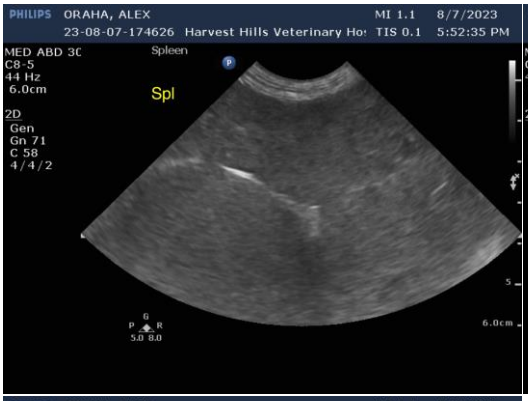

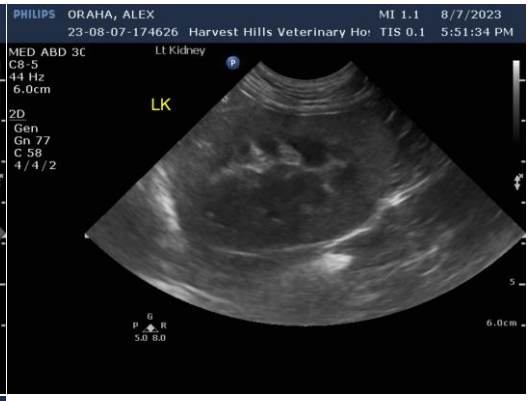

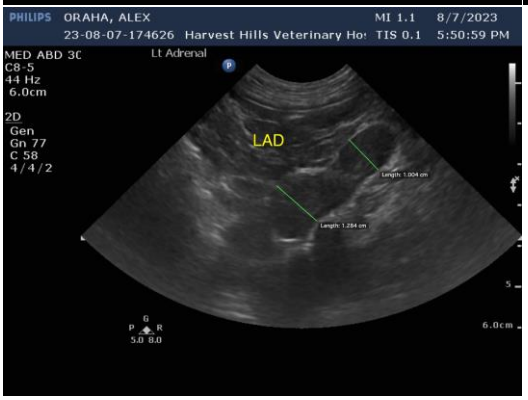

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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