

**PATIENT**

Briggs Kerr

SPECIES

Canine

BREED

Border Collie Mix

SEX

NM

AGE

8 years

WEIGHT

66 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Amanda Trammell

INVOICE

14532

DATE

8/9/22

PRESENTING CLINICAL SIGNS

Presented for dental scaling/polishing. Pre-anesthetic profile revealed elevated ALKP. Dental was not performed; o' approved low dose dexamethasone test, results were not consistent with Cushing's disease

Abnormal PE/Chem/CBC/UA Results: ALKP - 1670 (RI = 23-212) Low dose dexamethasone suppression: mild elevation of baseline cortisol - 185 (RI = 15-110); normal suppression at 4 and 8 hours post dexamethasone

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 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 corticomdullary 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 no evidence of pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 8.1 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 2.5 cm length x 0.66 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.0 cm length x 0.46 cm width at the caudal pole. No evidence of adrenal pathology was noted.

Spleen

A mildly expansive, solid to nonhomogeneous mass involving the caudal spleen with secondary capsule expansion and disruption was present without areas of cavitation and measured approximately 5.1 cm diameter. Concurrent hyperechoic small nodules were noted in the medial parenchyma and adjacent to the hilus, consistent with benign myelolipomas. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

The liver presented 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

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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild, non-dependent, mildly congealed, mildly hyperechoic, nonorganized debris. The gallbladder, peripheral gallbladder, and common bile duct were sonographically normal without evidence of inflammatory criteria.

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 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 were evident.

Free Abdomen

No evidence of perisplenic or peritoneal free fluid was noted. The perisplenic omentum was of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly expansive, solid, caudal splenic mass
- Concurrent benign splenic myelolipomas
- Vacuolar hepatopathy pattern - subjectively benign
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

No overt evidence of hepatic neoplastic or metastatic criteria was noted. Three-view chest radiographs are recommended to assess for or rule out thoracic pathology as well as assessment of cardiopulmonary status. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Laparotomy with splenectomy and hepatic biopsies, assuming normal clotting status, could be considered. Continued monitoring of ALP levels, as well as sonographic monitoring of the splenic mass for evidence of progression, would be a more conservative approach.

No anesthetic contraindications, given presumed normal BUN, glucose, cholesterol, and albumin levels, which indicate normal hepatic functionality.

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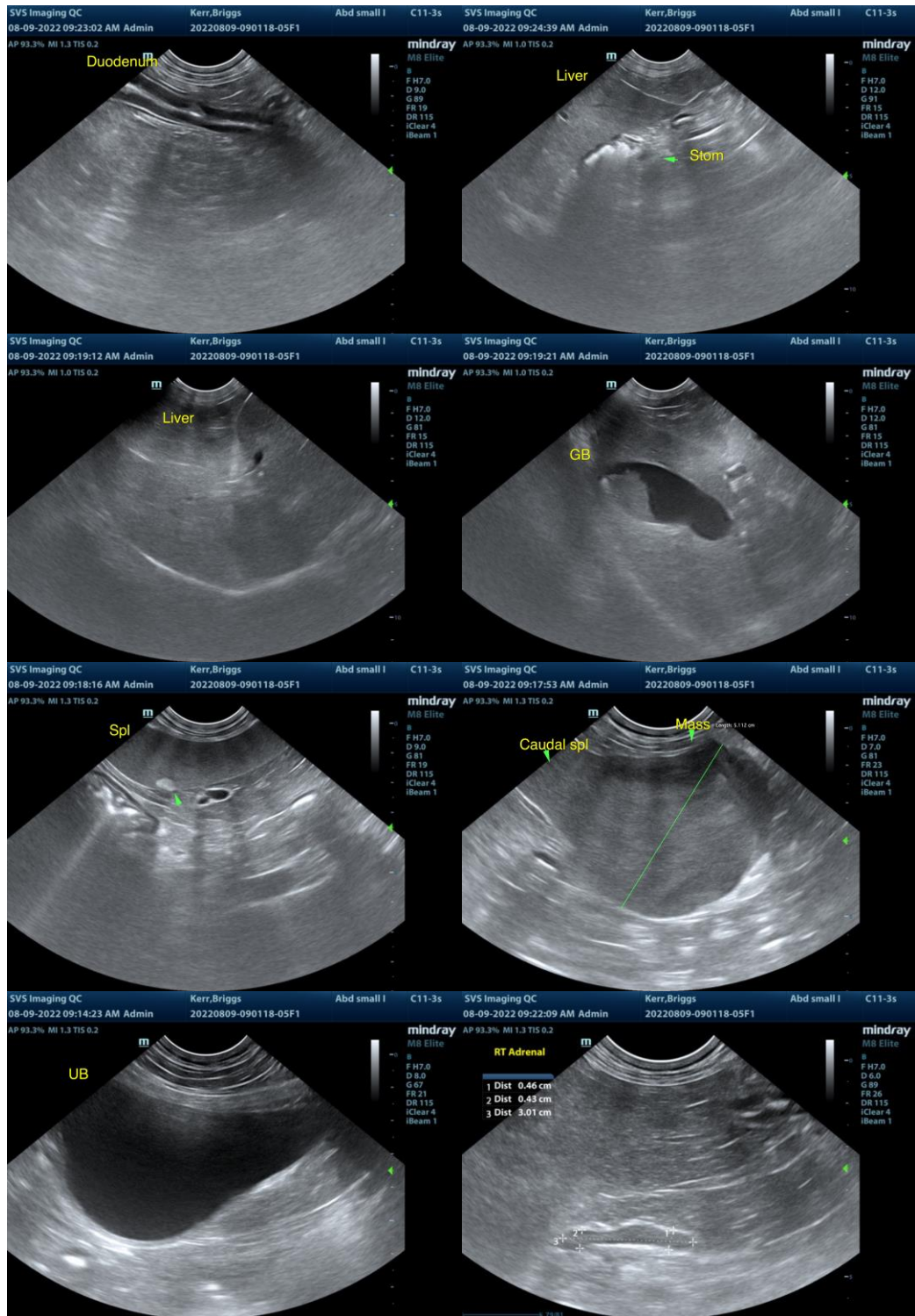
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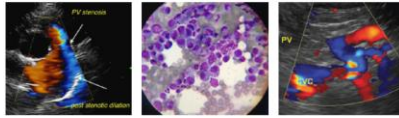
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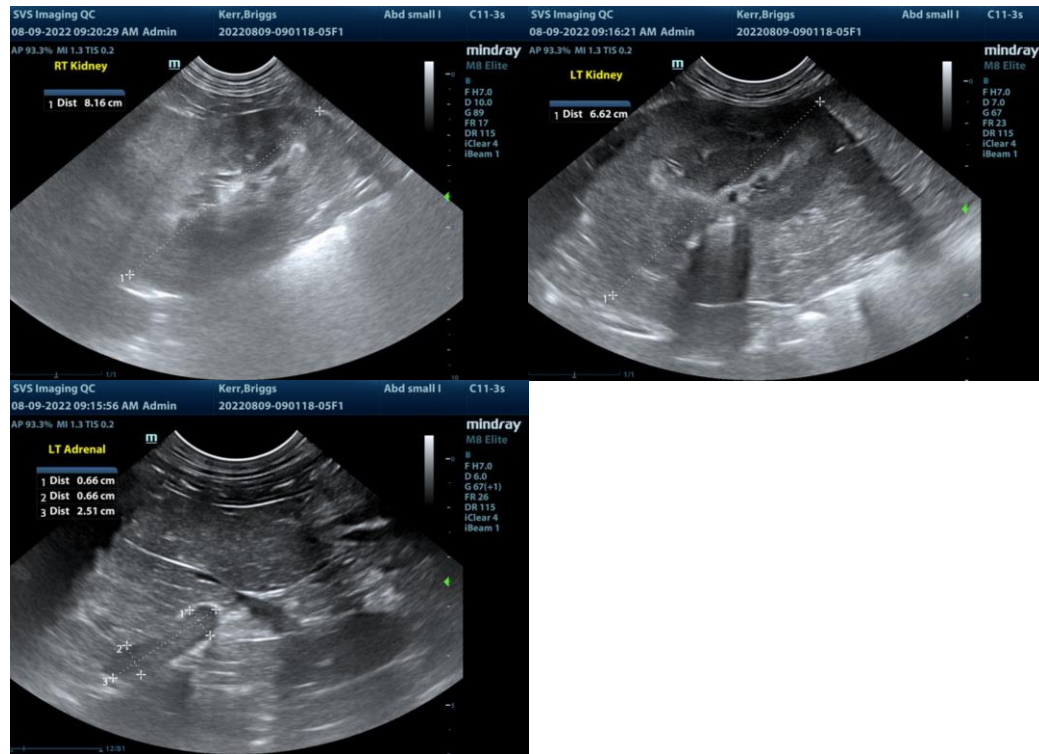
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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