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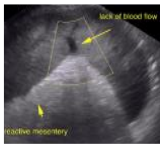
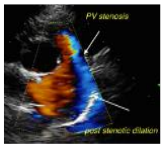
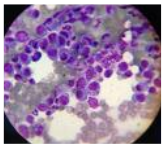
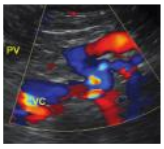

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1-800-838-4268 info@sonopath.com

PATIENT

Luciana Burgess

SPECIES

Canine

BREED

AUstralian Shepherd

SEX

F/S

AGE

9y, 11m

WEIGHT

48.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Fricke

INVOICE

17409

DATE

9-22-22

PRESENTING CLINICAL SIGNS

P became anorexic 6 days ago, vomiting- unable to keep food or water down. Some intermittent eating in this time, but overall significantly decreased appetite. Softer than normal stool. Abdominal radiographs showed enlarged spleen and liver. P is on joint support supplements and omega fatty acids. Splenic and liver aspirates taken today.

Abnormal PE/Chem/CBC/UA Results: Sept 2022 panel show AlkPhos 301, BUN 36, Phos 2.3, CPK 43, PLT 156, Lymphocytes, 31 MA 7.7 May 2022 MSU thyroid panel showed elevated Thyroid Stimulating Hormone (CLIA) 0.72

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 was noted.

Both kidneys were normal in size and margination. Moderate loss of corticomedullary border demarcation noted in both kidneys, primarily owing to increased renal medullary echogenicity and subjective pinpoint hyperechoic medullary mineralization. The left kidney measured 5.6 cm in length. The right kidney measured 6.1 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 0.61 cm width at the caudal pole and 0.52 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 0.77 cm width at the caudal pole.

Spleen

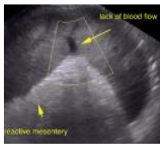
The spleen was enlarged with mild scalloping contour and diffuse micronodular parenchyma in a “honeycomb” pattern. The splenic presentation is strongly consistent with infiltrative disease, such as lymphoma with the possibility of severe benign changes, i.e., hyperplasia, hematopoiesis or splenitis. Scant perisplenic free fluid was present.

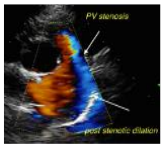
Liver/ Gallbladder

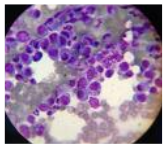
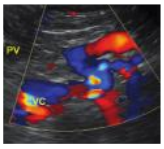
The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 were evident.

Free Abdomen

A solitary mildly enlarged, hypoechoic to swollen mesenteric lymph node was present with subtle perilymphatic hyperechoic mesentery, measuring 2.6 cm x 1.4 cm.

Other

A rapid view of the heart was normal.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly, exhibiting diffuse nodular changes- consistent with neoplastic criteria with primary concern for splenic lymphoma versus other round cell neoplasia.
- Nonspecific hepatomegaly
- Mild gallbladder debris
- Bilateral nonspecific chronic renal changes, exhibiting hyperechoic medullary echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatomegaly is nonspecific and may indicate benign vacuolar hepatopathy, although potential for multicentric round cell neoplasia, involving the spleen and liver is possible. Correlation with a pending hepatosplenic cytology with potential for oncology consult. No overt evidence of gastrointestinal pathology or mechanical/metabolic ileus. As needed GI support is recommended.

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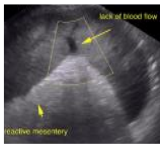
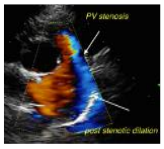
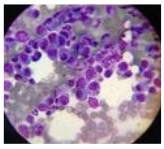
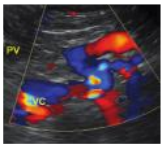

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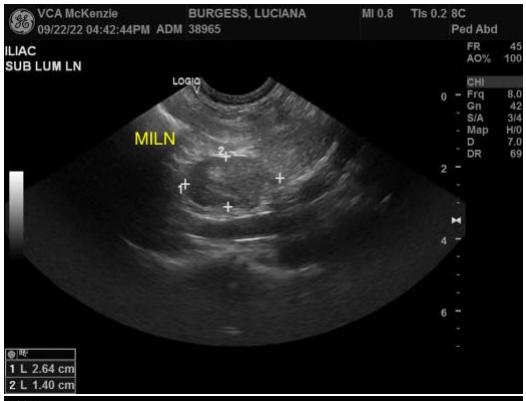

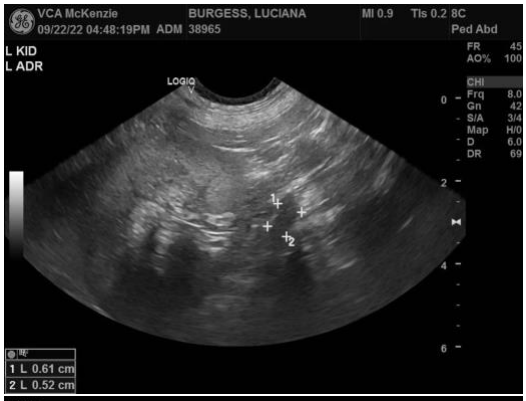

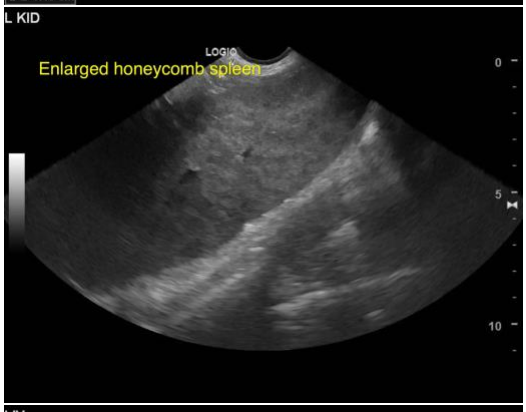

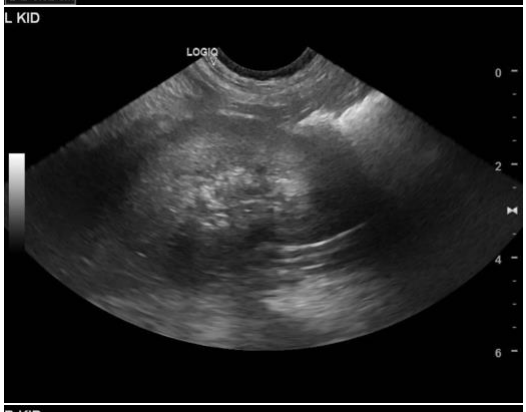

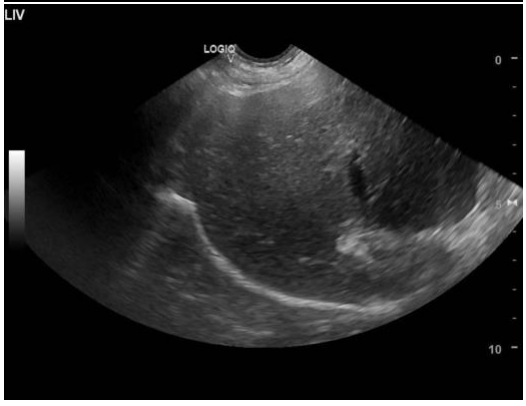

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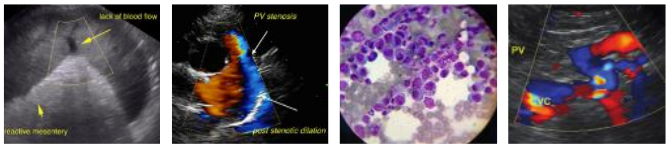

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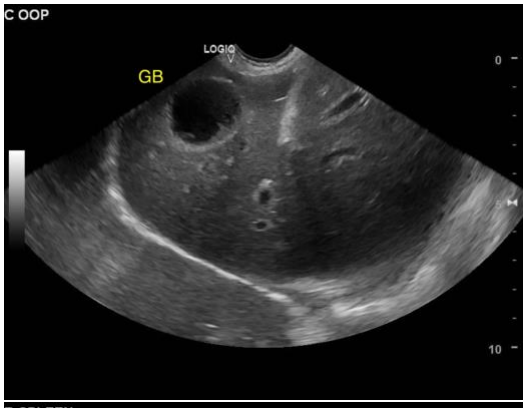

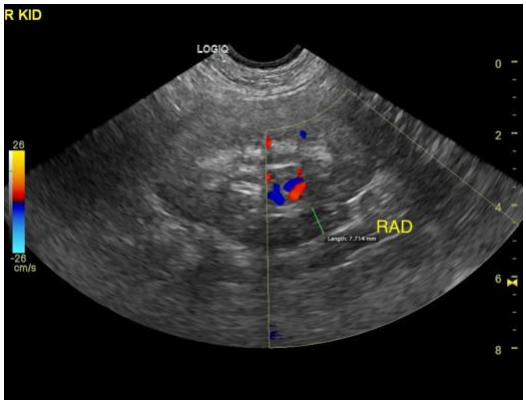

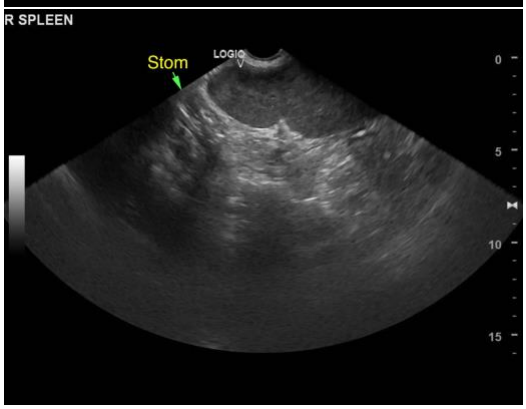

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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