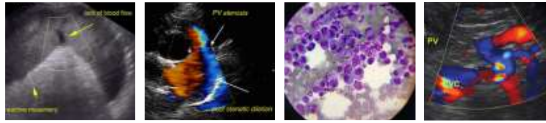


PATIENT

Lizzy Cobb

SPECIES

Canine

BREED

Scottish Deerhound

SEX

Spayed Female

AGE

7 years

WEIGHT

88 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

South Willamette VC

REFERRING VET

Dr. Willaman

INVOICE

12346

DATE

9/29/21

PRESENTING CLINICAL SIGNS

Presented for decreased to no appetite, no V/D. Mass palpated mid abdomen, but likely folded spleen. Low grade fever (103). Current Medications omeprazole, maropitant, amoxicillin Radiographic Findings lateral and dv abdominal, lateral thorax. stomach and most of small intestines in cranial abdomen. (P has history of gastropexy after bout of gastric dilatation in 2018). Spleen folded over mid abdomen lateral thorax - lung fields and cardiac silhouette normal
Abnormal PE/Chem/CBC/UA Results: Stress leukogram, monocytosis, hemoconcentration. Cpl, 4dx SNAP normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate sediment was present without evidence of calculus formation. The sediment may suggest mild cellular or crystalline debris or possible mild mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Mild loss of corticomedullary border demarcation was present. The left kidney measured 8.4 cm in length. The right kidney measured 8.0 cm in length.

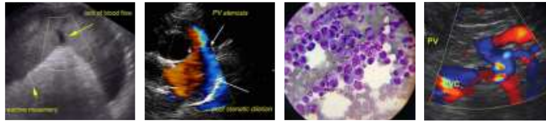
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.42 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 2.4 cm length x 0.37 cm width at the caudal pole.

Spleen

The spleen exhibited generalized enlargement with folding. The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No splenic masses or nodules were noted.



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Liver/ Gallbladder

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 evidence of hepatic congestion. The gallbladder was non-distended in size with mild gallbladder debris, likely secondary to fasting or nonclinical cholestasis, and is considered incidental. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained anechoic fluid was present. The gastric body wall width measured 0.54 cm.

The visualized 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. The jejunum wall width measured 0.30 cm.

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

Small pockets of scant concurrent peritoneal free fluid were noted around the spleen and in the caudal abdomen, adjacent to the urinary bladder.

Transdiaphragmatic view of the caudal thorax revealed pleural effusion. Overt masses in the transdiaphragmatic view of the caudal thorax were not definitively evident.

Subjective assessment of the heart revealed no overt evidence of left or right heart cardiomegaly, concurrent pericardial effusion, or obvious tumors.

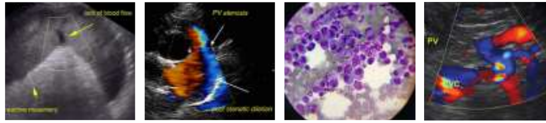
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific splenomegaly with folding
- Gastritis / gastroenteritis pattern with mild gastric stasis
- Transdiaphragmatic pleural effusion with concurrent scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the spleen may include congestion, hematopoiesis, hyperplasia, patient variant, Incidental splenitis, while the possibility of splenic neoplasia cannot be excluded.



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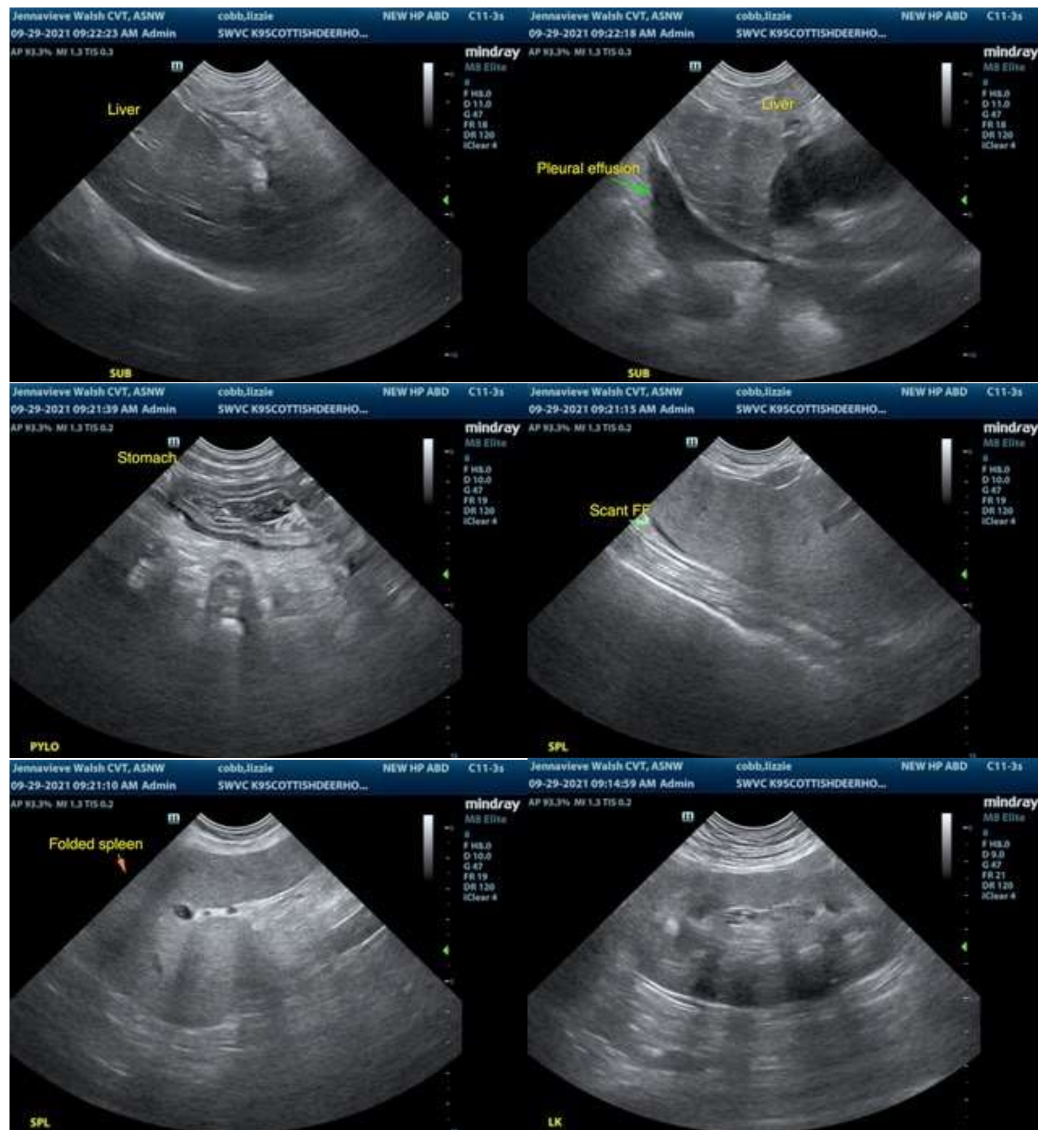
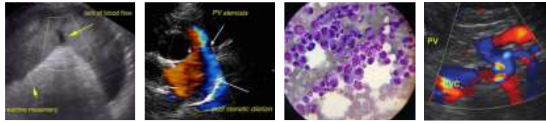
Assuming normal clotting status, ultrasound guided FNA of the spleen using a 25-gauge needle may be considered for screening cytology, primarily to ensure only benign changes are present and rule out potential for neoplasia. Recheck three view chest radiographs for correlation is suggested. If possible, thoracocentesis for effusion analysis, cytology, +/- C/S Is recommended. Assessment of albumin levels is suggested.

No overt evidence of overt structural gastrointestinal pathology or mechanical obstruction was noted. Continued as-needed gastrointestinal support is recommended.





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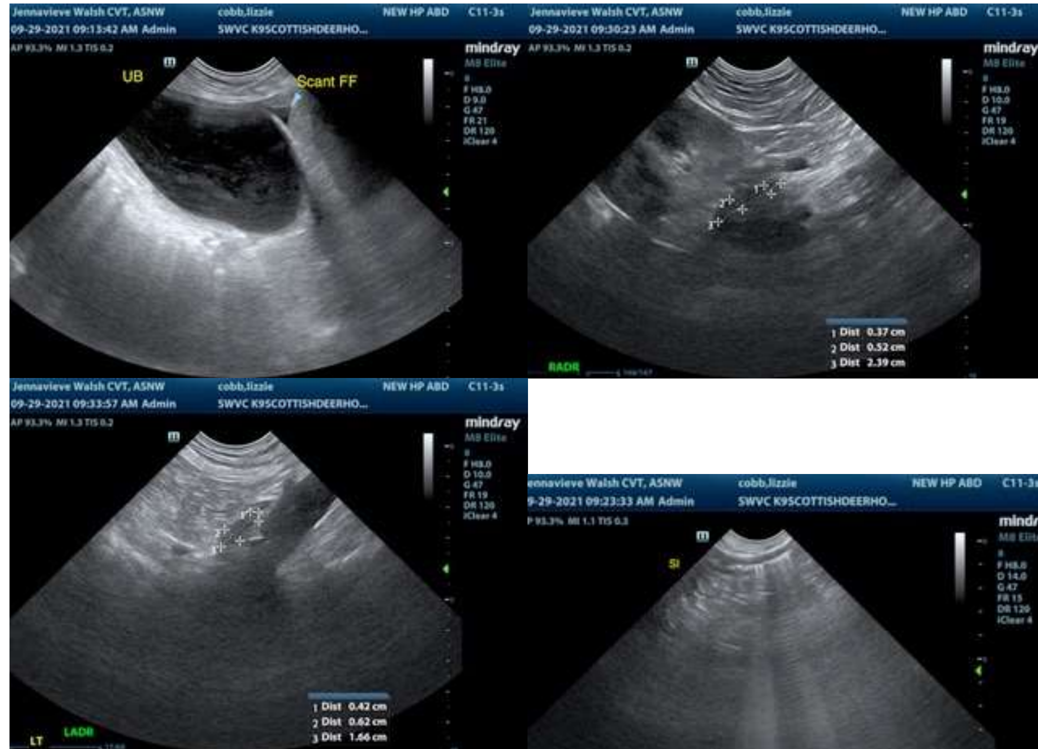

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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