



PATIENT

Shorty Linton

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

12 Years 5 Months

WEIGHT

4.75 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Peterson

INVOICE

25968

DATE

9/30/21

PRESENTING CLINICAL SIGNS

IMHA r/o abdominal neoplasia Post-transfusion on immunosuppression. No other reported medical conditions.

Abnormal PE/Chem/CBC/UA Results: Lab/trends: HCT - 8% 9rDVM) 4DX - neg Slide agglutination - positive Crossmatch - incompatible with pRBCs DEA negative Current PE: QAR, MM icteric, pale, heavy dental calculus, thoracic auscultation tachycardia with a 2/6 murmur, tachypnea with normal BV sounds, Abdominal palpation nonpainful, skin is quite icteric

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

No evidence of pathology in the area of the residual prostate or aortic trifurcation.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm. The right kidney measured 4.1 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm length x 0.44 cm at the caudal pole. The right adrenal gland measured 1.3 cm length x 0.36 cm at the caudal pole.

Spleen

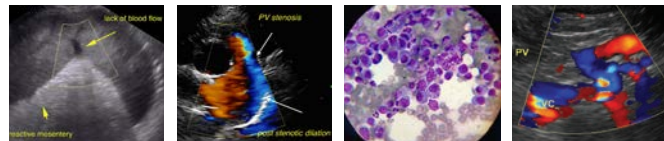
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Multiple echogenic nodules were present along with echogenic medial parenchyma adjacent to the medial capsule. The cranial aspect of the spleen exhibited mild asymmetrical enlargement with isoechoic to homogeneous parenchyma compared to mid to caudal spleen. The area of mild cranial splenomegaly measured approximately 3.0 cm x 2.0 cm. 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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate, non-dependent, echogenic, yet non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.



PATIENT	<i>Gastrointestinal</i>
Shorty Linton	The stomach exhibited mild to moderate distention with retained, primarily anechoic fluid. The visualized gastric walls were sonographically unremarkable. Gastric body wall measured 0.30 cm. No evidence of retained ingesta, foreign material, or mechanical pyloric outflow obstruction.
SPECIES	
Canine	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. Jejunum wall measured 0.32 cm.
BREED	
Chihuahua	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
Neutered Male	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
AGE	<i>Free Abdomen</i>
12 Years 5 Months	No omental masses, lymphadenopathy or peritoneal effusion.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
4.75 kg	<ul style="list-style-type: none"> • Mild symmetrical cranial splenomegaly with benign echogenic nodules • Mild hepatic parenchymal remodeling – subjectively benign. • Moderate gallbladder debris (non-mucocele) • Bilateral mild chronic renal changes • Hypomotile stomach
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The mild cranial splenomegaly was not overtly consistent with neoplastic criteria, with considerations including hyperplasia, hematopoiesis, regional splenitis, with less likely potential for splenic neoplasia. The echogenic nodules are most consistent with benign myelolipomas, nodular hyperplasia, with potential for areas of capsular fibrosis.
IMAGING PERFORMED BY	
Ebert	
HOSPITAL NAME	Assuming normal clotting status, ultrasound guided FNA of the cranial spleen for screening cytology using 25-gauge needle could be considered.
Wilvet Salem	The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis. Ursodiol therapy may be considered.
REFERRING VET	The retained gastric fluid is suspected to be metabolic in nature without evidence of mechanical gastric outflow obstruction.
Dr. Peterson	Overall, non overt evidence of intraabdominal neoplastic criteria as a cause of the hemolytic anemia. If not done, 3-view chest radiographs would be suggested to rule out occult thoracic pathology.
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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)
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