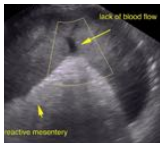
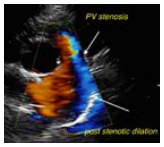
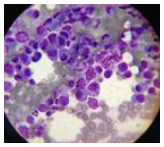
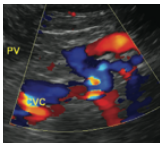
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Ellie Kindergan

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

9 years

WEIGHT

83.5 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

42449

DATE

11/10/22

PRESENTING CLINICAL SIGNS

History: Referred for ultrasound due to mild increase total Ca (11.5) and globulins (4.1) on bloodwork. U/A - SpGr 1.015, else unremarkable. Labwork was run due to an increase in thirst and ongoing issues with anxiety.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to (3.0) cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is (6.8) cm in length. The right kidney is (7.3) cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (8.6) mm at the cranial pole and (4.8) mm at the caudal pole. The right adrenal gland height is (5.6) mm at the cranial pole and (6.5) mm at the caudal pole.

Spleen

The spleen appears subjectively, diffusely enlarged. The capsular margins are irregular and the parenchyma is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

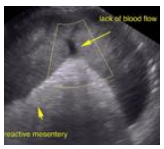
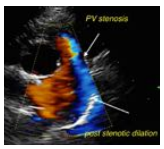
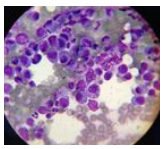
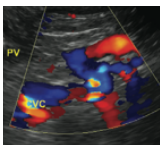
Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is (4.6) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures (6.7) mm. The jejunal wall measures up to (3.5) mm. . Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to (1.6) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Subjectively enlarged spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The significance of the appearance of the spleen is uncertain and may be incidental. If hypercalcemia persists or if other symptoms develop, then FNA of the spleen can be considered to rule out occult neoplasia. There is no clear cut cause for hypercalcemia or polyuria and polydipsia on today's ultrasound. Additional recommendations include:

- Hypercalcemia profile including ionized calcium, PTH and PTH-RP
- Rectal exam if not already performed.
- Three view chest radiographs
- Thorough dietary history to rule out possible vitaminosis D
- Resting cortisol level or urine cortisol to creatinine ratio to screen for hypoadrenocorticism if suspected
- Fungal serology if indicated by geography and clinical signs

Given the mild elevation in total calcium in this patient, it is certainly possible that the result is spurious. The elevation in globulins is also mild. Recheck both of these values in 1-2 months would be a reasonable course of action.

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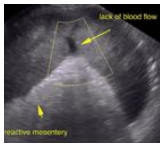

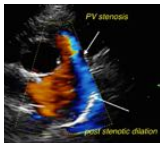

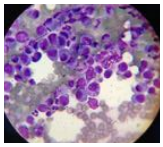
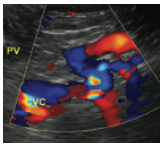

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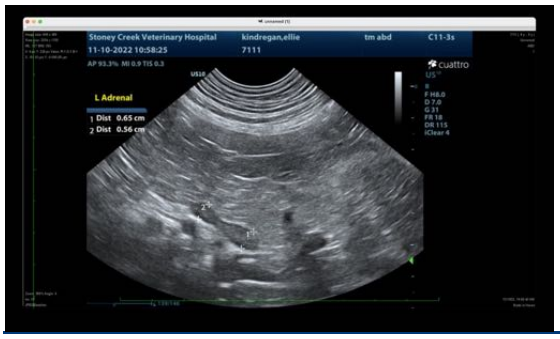
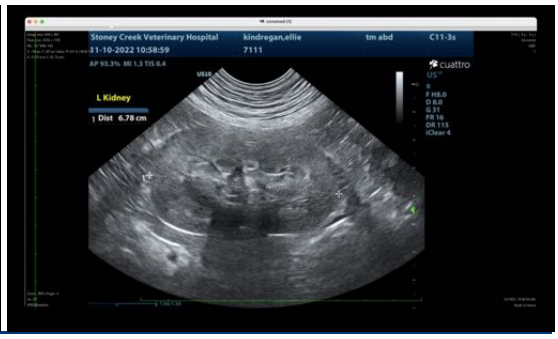
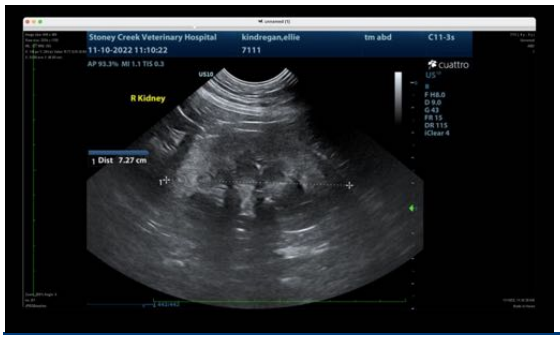
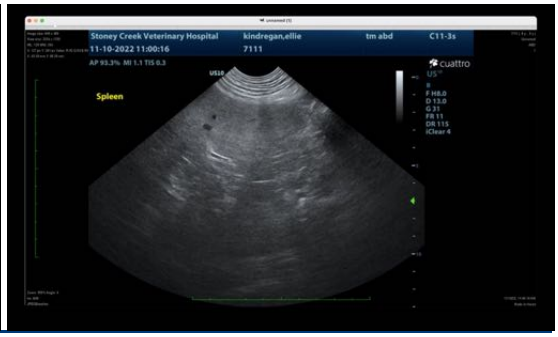


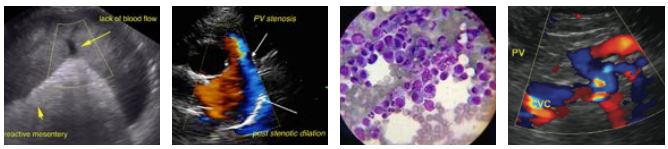






The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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