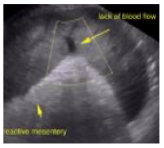
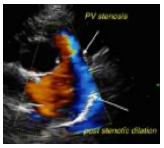
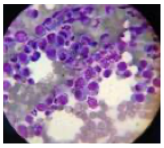
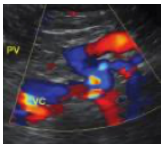
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Lucy Hanley

SPECIES
Canine

BREED
Labradoodle

SEX
Female Spayed

AGE
10 years

WEIGHT
23.5 kg

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

IMAGING PERFORMED BY
Dr. Laura de Cordon

HOSPITAL NAME
Mason Dixon Animal EH

REFERRING VET
Dr. Laura de Cordon

INVOICE
12909

DATE
4.30.23

PRESENTING CLINICAL SIGNS

History: 9-day history of high fever, high wbc count, weight loss/anorexia, occasional vomiting, and lethargy. Normal stools. Known to eat human food and miscellaneous material. Abdomen painful on palpation. Xylitol poisoning at 18 months, bilateral cruciate repair, arthritis

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 6.4 cm in length. The right kidney is 6.6 cm in length.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.1 mm at the cranial pole and 4.7 mm at the caudal pole. The right is not distinctly visualized, but the region appears unremarkable.

Spleen

The splenic parenchyma is diffusely mottled with large, hypoechoic nodules, and has a scalloped border. There is a 2.9 x 3.6 cm inhomogeneous mass located within the body of the spleen. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. The spleen is surrounded by hyperechoic omental fat and small pockets of free fluid.

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 and a small amount of echogenic sludge. The gallbladder is surrounded by a hypoechoic halo, consistent with gallbladder wall edema. The wall is otherwise thin and continuous with no evidence of rupture. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach is mildly distended with hypoechoic fluid. The gastric wall is 5.6 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

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. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.3 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.

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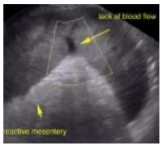
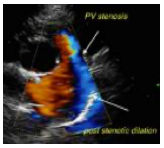
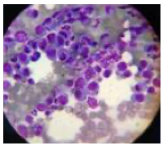
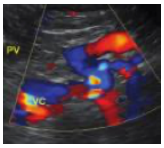

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Free Abdomen

There is focal free fluid present with the abdomen in the region of the liver and spleen, as well as the bladder apex. The associated omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis. The visualized portion of the heart exhibits appropriate systolic function, with no masses or effusions noted.

ULTRASONOGRAPHIC FINDINGS

Findings

- Diffusely mottled spleen, with scalloped borders and an inhomogeneous mass
- Regional peritonitis
- Gallbladder wall edema

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the spleen are concerning for neoplastic disease, including lymphoma, mast cell disease, and other infiltrative neoplasia. A splenic hemangiosarcoma is also possible. Fine-needle aspirate of the spleen would be recommended, preceded by pre-medication with diphenhydramine. Ultimately, a splenectomy could be considered. Three-view chest radiographs would also be recommended.

The significance of the gallbladder wall edema is uncertain. Possible causes include a reaction secondary to histamine release, such as from systemic mast cell disease; bacterial cholangitis. (However, this seems unlikely in the absence of elevated liver blood values); Dexdomitor sedation (if this was used for the ultrasound), in which case the gallbladder wall edema would be an incidental finding.




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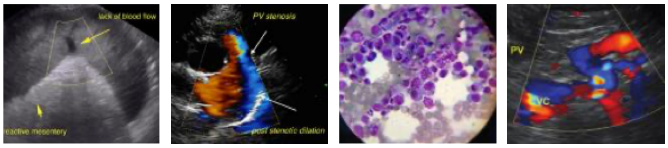

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com