



PATIENT

Jax Hettwer

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

Neutered Male

AGE

12 Years

WEIGHT

30 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

North Oakland Visiting
Vet

INVOICE

19022

DATE

12/5/22

PRESENTING CLINICAL SIGNS

History: Not acting well. Decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Please see attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal is size (5.77 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (6.03 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.6 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.54 cm at cranial pole and 0.6 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. Near the head of the spleen, an approximately 2.0 cm x 3.0 cm, irregularly shaped, hypoechoic nodule is noted. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

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The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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There is no evidence of peritoneal effusion.

SEX

Hypoechoic right medial iliac lymphadenopathy is noted, measuring 1.3 cm long x 0.5 cm thick. Additionally, pancreaticoduodenal lymphadenopathy is noted with a representative node measuring 0.85 cm thick.

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

- Hypoechoic hepatomegaly-This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

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- Hypoechoic splenic nodule. This may represent a benign lesion, such as nodular hyperplasia, extramedullary hematopoiesis, etc. However, given the concurrent pathology, infiltrative neoplasia, such as round cell neoplasia should also be considered.

30 Pounds

- Cranial abdominal and medial iliac lymphadenopathy. Both reactive lymphadenopathy, as well as infiltrative neoplasia, such as lymphoma are differentials and cannot be differentiated without tissue sampling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Beth Johnson, DVM
DACVIM

Given this patients reported pancytopenia, combined with the ultrasound pathology described above, infiltrative neoplasia such as round cell neoplasia should be ruled out, as well as infectious disease. Therefore, recommendations include a fine needle aspirate of the liver +/- the spleen, if patients coagulation status is appropriate, as well as a bone marrow cytology and comprehensive infectious disease testing.

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Additionally, if not already evaluated, a rectal exam and thorough perianal area examination is recommended given the medial iliac lymphadenopathy.

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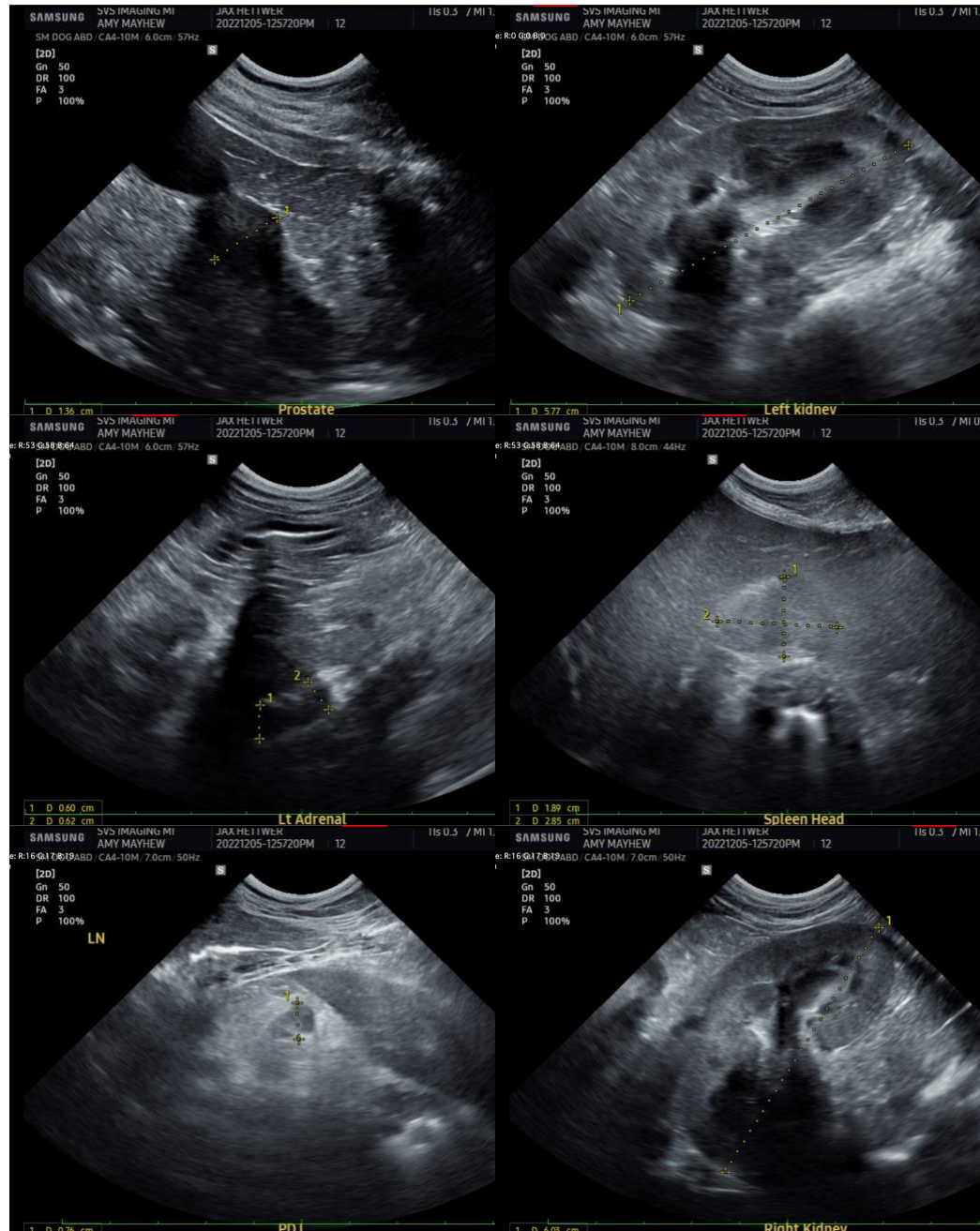
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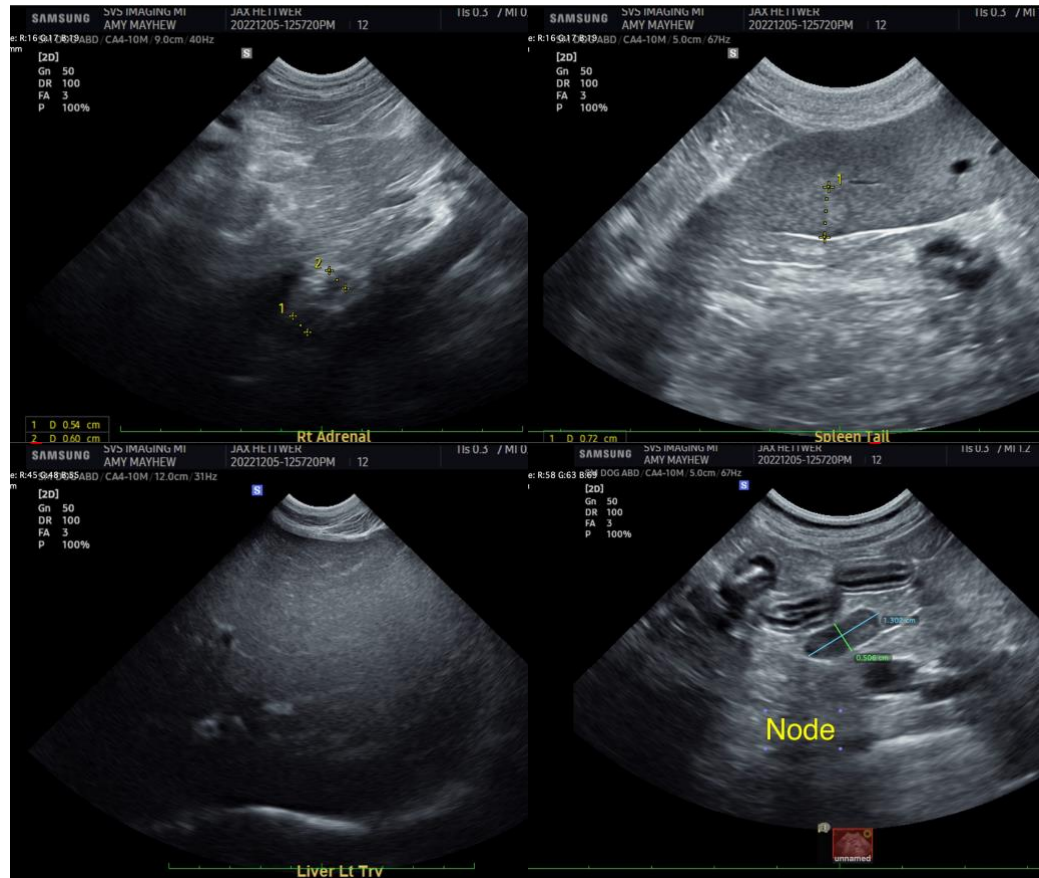
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com