



PATIENT PRESENTING CLINICAL SIGNS

Jax Maslonka (Emp Pet)

History: Vomiting for 10 days, chronic intermittent diarrhea
 Medication: i/d, Carafate, Prilosec

SPECIES

Canine

Labs: Potassium 5.3, Creatinine 1.5, Calcium 9.9, Total protein 4.5, Globulin 1.9. Urine Spec Gravity 1.055, Unremarkable previous CBC

BREED

GSD

SEX

Neutered Male

AGE

3 years

WEIGHT

86.4 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The residual prostate exhibited mild prominent size yet homogenous parenchyma and maintained symmetrical capsule contour, measuring 2.2 cm in diameter.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.8 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

Both adrenal glands were indistinctly visualized, potentially owing to isoechoic parenchyma echogenicity or possible subnormal size. The left adrenal gland subjectively measured 0.39 cm at the cranial pole and 0.5 cm at the caudal pole. The right adrenal gland subjectively measured 0.4 cm at the caudal pole.

Spleen

The spleen exhibited potential for mild generalized enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

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 signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet prominent wall layering. The lumen of the stomach was empty with Mild luminal gas. The gastric body wall measured up to 0.95 cm.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

VCA Northside AH

REFERRING VET

Dr. Russell

INVOICE

13375

DATE

1.10.2022



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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. Wall thickness measured 0.33 cm.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

BREED

GSD

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 was evident.

SEX

Neutered Male

Free Abdomen

AGE

3 years

Intermittent focal, mildly prominent to enlarged mid abdominal mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.7 cm x 0.95 cm. No effusion present.

WEIGHT

86.4 Pounds

ULTRASONOGRAPHIC FINDINGS

- Mildly gastric thickening with unremarkable small bowel
- Nonspecific mild splenomegaly
- Intermittent mesenteric lymphadenopathy- lymphoid hyperplasia or reactive lymphadenitis suspected. Potential for early neoplastic lymphadenopathy possible yet thought less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The potential for mild splenomegaly is not consistent with overt neoplastic criteria with patient variant, hyperplasia, hematopoiesis or incidental splenitis suspected.

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The thickened stomach may suggest gastritis, while potential for ulceration or early infiltrative process cannot be definitively excluded.

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Given potential for subnormal bilateral adrenal size and patients clinical signs, resting cortisol +/- ACTH stimulation test (if resting cortisol <2.0) recommended. If occult Addisons disease is ruled out, gastrointestinal endoscopy for further assessment and potential for biopsies, would be warranted.

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Pending additional diagnostics, continued supportive care for gastritis/gastroenteritis recommended.

The prostate was not overtly consistent with pathology and likely a patient variant.

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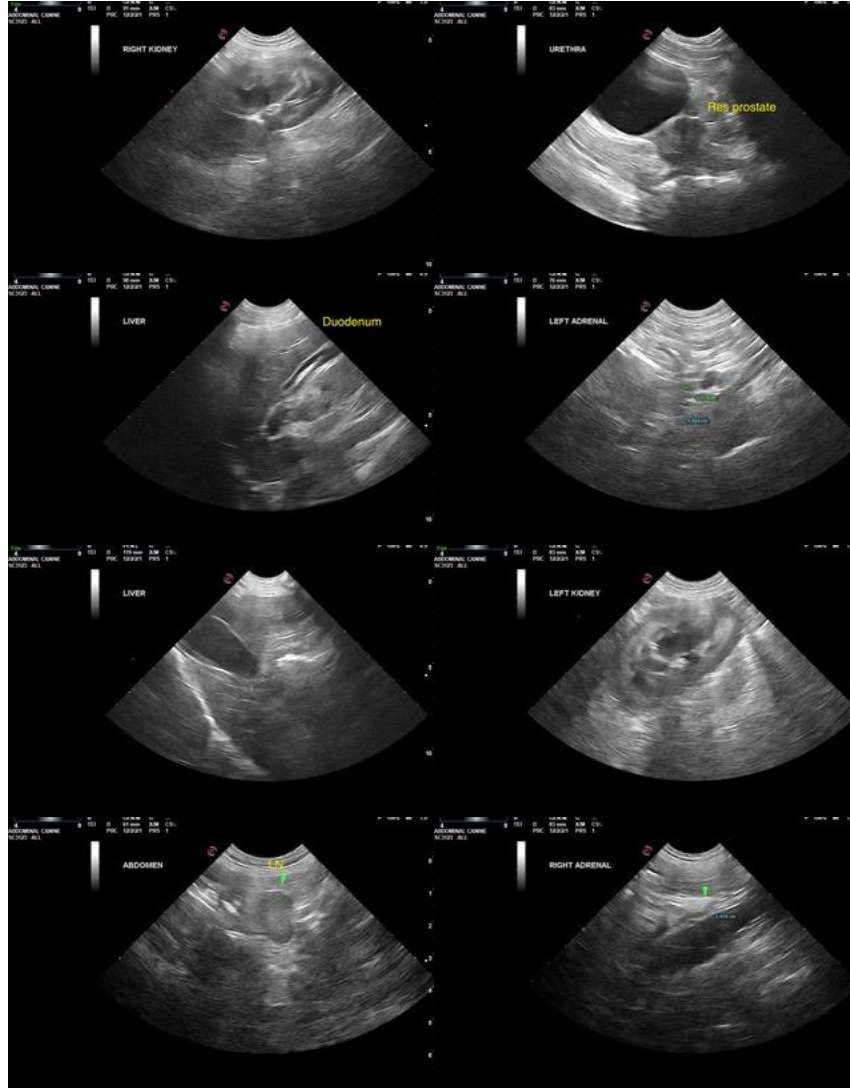
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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