



PATIENT

Kolby Sheldon

SPECIES

Canine

BREED

Aussie Doodle Mix

SEX

M/N

AGE

15 yrs, 6 mos

WEIGHT

37.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Clinic of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

15973

DATE

1/26/23

PRESENTING CLINICAL SIGNS

lethargic, not eating, azotemia, significant anemia, PCV dropped from 35% to 25%, mild regen. anemia, mild neutrophilia hematuria and bacteria in U/A r/o neoplasia, bleeding
Abnormal PE/Chem/CBC/UA Results: 1.24.23 : WBC- 19.4(HI), RBC - 3.3(LO) HEMOGLOBIN - 7.9(LO), HCT- 25%(LO), NEU - 83(HI), MONO - 2(LO), EOS- 0 (LO), ABS. NEU. 16102(HI), RETICULOCYTES - 1.5(HI)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

No evidence of medial Iliac or sublumbar lymphadenopathy.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was markedly enlarged with asymmetrical capsule contour and nonhomogeneous, hypoechoic splenic parenchyma exhibiting multifocal, variably sized, non-disruptive, mildly hyperechoic nodules with an example measuring 0.8-1.0 cm in diameter. Although Color Doppler assessment of the spleen was not utilized, probable adequate splenic vascularity. The spleen extended into the cranial abdomen directly effacing the mid to left caudal liver, as well as caudally to the approximate level of the iliac trifurcation.

Liver/ Gallbladder

The liver was moderate to markedly enlarged with symmetrical to swollen hepatic contour and generalized mild reduced hepatic parenchyma echogenicity exhibiting areas of moderate coarse to nonuniform echotexture. No distinct hepatic masses or nodules were noted. Subjective normal hepatic vascular volume. The gallbladder was non-distended in size containing primarily anechoic content with moderate, inspissated, hyperechoic gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.



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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.

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

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Pancreas

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 were evident.

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Free Abdomen

Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic, and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.7 cm in diameter. Scant pockets of primarily perihepatic to perisplenic free fluid were noted with associated primary perisplenic to perihepatic hyperechoic omentum.

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ULTRASONOGRAPHIC FINDINGS

- Infiltrative hepatosplenic neoplasia pattern
- Intermittent mildly enlarged yet hypoechoic to swollen mesenteric lymphadenopathy
- Moderate inspissated gallbladder debris (non-mucocele)
- Mild age-related kidneys, sonographically unremarkable urinary bladder
- Scant primarily perisplenic / perihepatic free fluid and associated hyperechoic mesentery

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle +/- Benadryl and vitamin K pretreatment, given the anemia, screening hepatosplenic FNA cytology is warranted for further assessment and possible oncology consult. Benign etiologies for the hepatosplenic presentation are possible yet thought less likely.

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Color Doppler assessment of the spleen may be considered to assess for evidence of decreased splenic vascularity. However, multicentric neoplasia is strongly suspected. An extremely guarded to likely unfavorable long-term prognosis is indicated.

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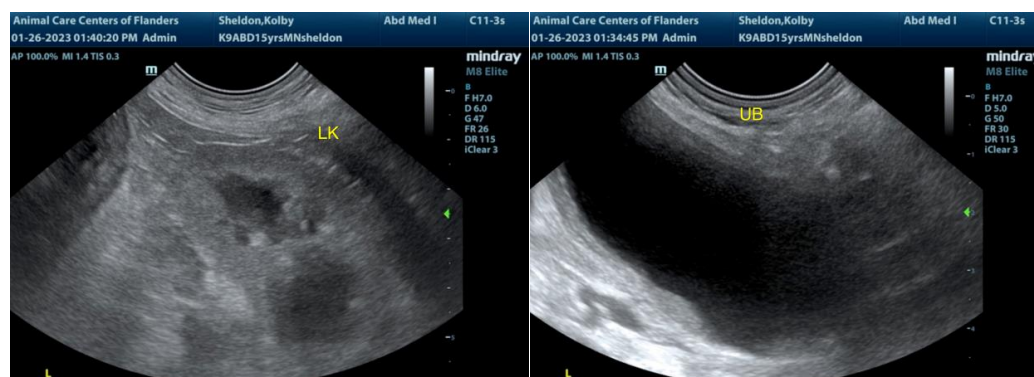
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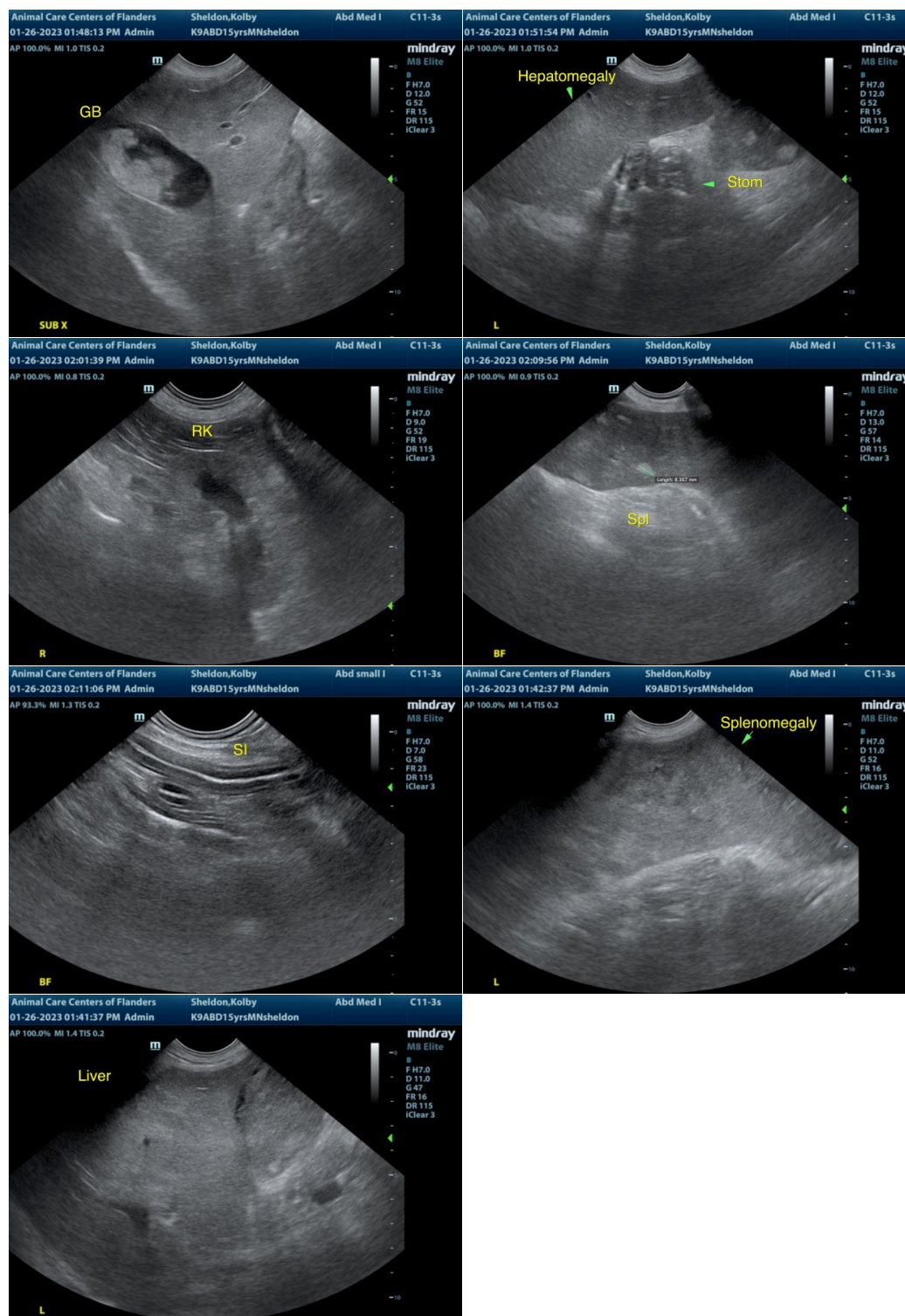
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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