



PATIENT PRESENTING CLINICAL SIGNS

Kevin Beck History: Hx of wt loss and inappetence for past 2 weeks Sedated exam 1/24/23: CE WNL Currently: Cerenia

SPECIES Abnormal PE/Chem/CBC/UA Results: Regenerative anemia, Coombs negative, Slide agglutination negative Anaplasma negative, Ehrlichia negative, Lyme negative Radiographs: abdominal rads - NSF, possibly splenomegaly
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Lab/Hound Mix **Urinary System**

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.
Neutered Male

AGE The area of the residual prostate appeared normal and free of pathology.

7 Years 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 6.4 cm in length. The right kidney measured 6.8 cm in length.

WEIGHT **Adrenal Glands**
65 Pounds

INTERPRETED BY The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.48 cm width at the caudal pole.

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.52 cm width at the caudal pole.

IMAGING PERFORMED BY **Spleen**

Amanda Crook-SDEP Certified Clinical Sonographer The spleen exhibited subjective mild 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. No masses or nodules were noted.

HOSPITAL NAME **Liver**
Rivers Edge PMC

REFERRING VET 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.
Dr. Stern

INVOICE **Gastrointestinal**

20784 The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild luminal gas and retained ingesta.

DATE

1/27/23



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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.

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

SPECIES

Canine

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 was evident.

BREED

Lab/Hound Mix

Free Abdomen

A visualized medial iliac lymph node was isoechoic to adjacent tissue, exhibiting symmetrical contour and homogenous parenchyma and normal width to length ratio (<0.5). The lymph node measured 1.8 cm x 0.6 cm. No other additional medial iliac or sublumbar lymphadenopathy or masses were noted. No omental masses, lymphadenopathy or evidence of pericardial effusion was noted.

SEX

Neutered Male

Other

A brief subjective echo revealed overtly normal cardiac structure and function. No evidence of pericardial effusion or cardiac tumors. Ill-defined nonhomogenous peripheral nodule was noted cranial to the heart, which appeared to be surrounded by aerated lung, measuring 3.3 cm in diameter. No overt evidence of pleural effusion.

AGE

7 Years

WEIGHT

65 Pounds

ULTRASONOGRAPHIC FINDINGS

- Mild symmetrical homogenous splenomegaly- nonspecific, yet subjectively benign, otherwise sonographically normal abdomen
- Suspect cranial-peripheral pulmonary nodule with adjacent aerated lung, possible cranial thoracic lymph node or other.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant abdominal visceral pathology as a definitive cause of the regenerative anemia. Sonographically, the appearance of the spleen is suggestive of benign criteria, i.e., reactive hyperplasia, hematopoiesis, possible incidental splenitis with infiltrative neoplastic criteria thought less likely. Assuming normal clotting status, and using a 25-gauge needle, and potentially dependent upon current hematocrit levels. Screening splenic FNA cytology could be considered primarily to ensure only benign changes are present. Three-view chest radiographs are recommended if not done. Concurrent FNA cytology of the suspected cranial peripheral pulmonary nodule is recommended for further assessment.

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Sonographer

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REFERRING VET

Dr. Stern

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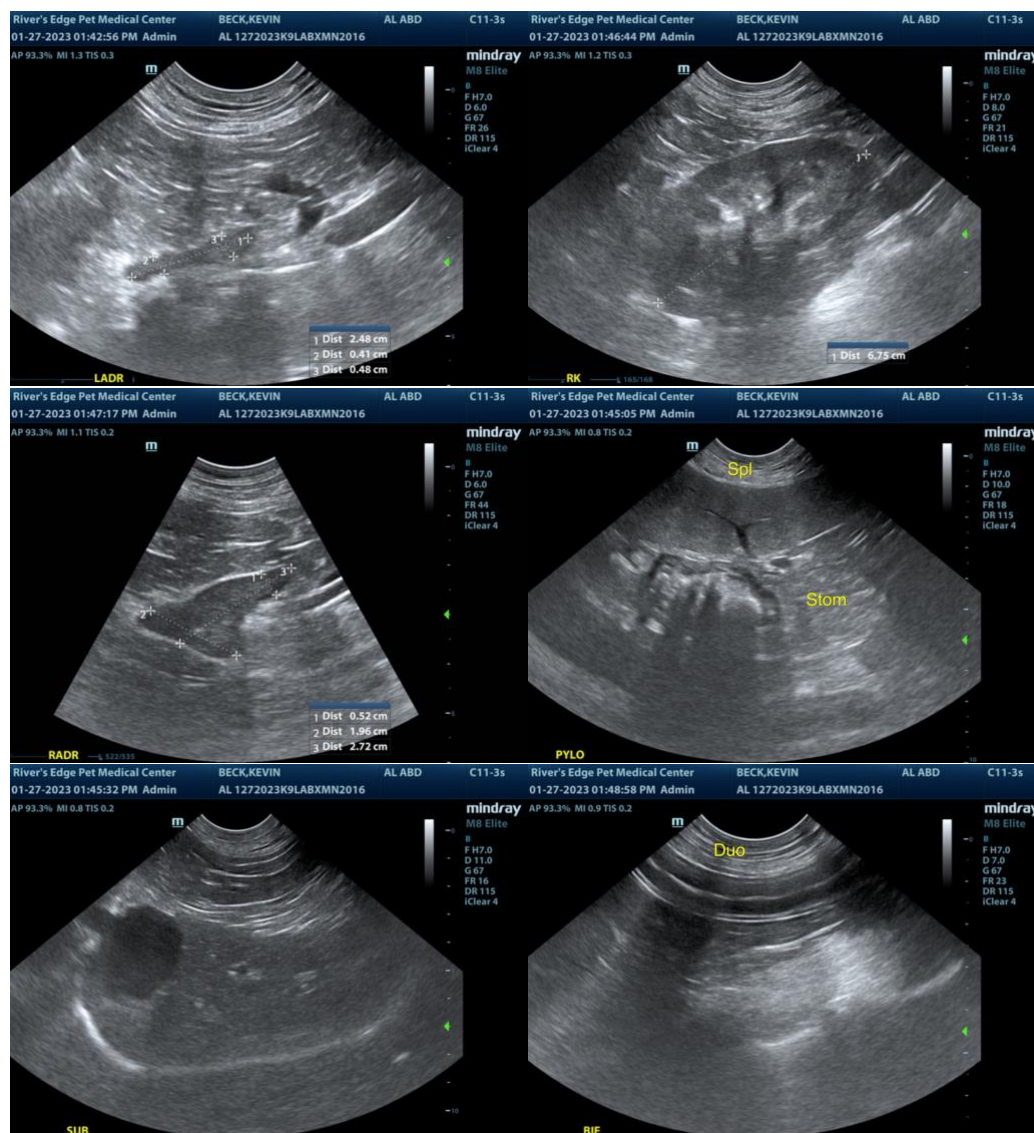
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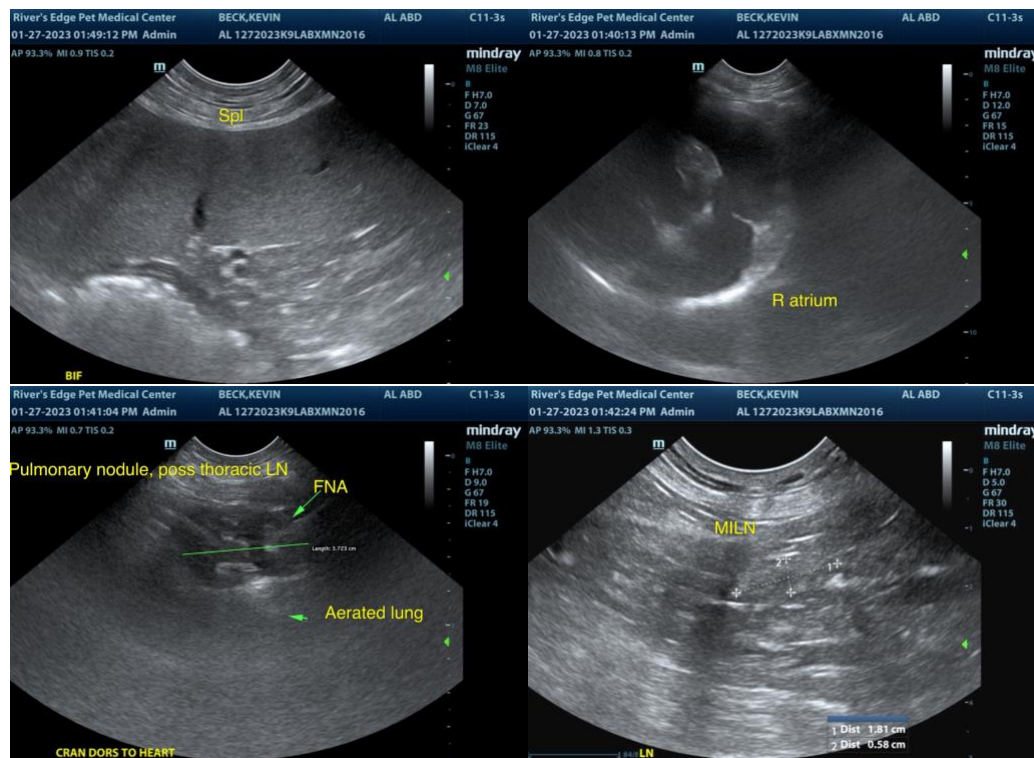
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com