



**PATIENT**

Pocket Rommel

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

FS

**AGE**

11 years

**WEIGHT**

22.0

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. Kristin Wineinger

**INVOICE**

13205

**DATE**

1/28/22

**PRESENTING CLINICAL SIGNS**

Presented to SOAR for routine PT appointment on 12/28/21. Dr. Rowley expressed concern for progressive and significant muscle atrophy, possible palpable mass in abdomen. Carprofen 25mg BID PRN for pain and supplements

Abnormal PE/Chem/CBC/UA Results: See attached recent labwork from 1/20/22: History of mild ALT elevation (around 200) since 2017 with occasional mild elevations in GGT. Also reran CBC today due to low WBC per O's request Rads performed under anesthesia for dental cleaning and extractions 9/2021. Splenomegaly and hepatomegaly noted. Heterogenous bone opacity in stomach (patient fed raw/homemade diet including organ meat and bone meal - unsure if this material was from diet fed or from hunting rodents). Splenomegaly was attributed to use of acepromazine as premed.

**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.

The area of the aortic trifurcation was free of pathology.

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 5.9 cm in length. The right kidney measured 5.9 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.59 cm width in the cranial pole and 0.52 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in the cranial pole and 0.75 cm width in the caudal pole.

**Spleen**

The spleen exhibited subjective generalized enlargement and generalized splenic parenchyma heterogeneity with caudal parenchymal, mildly expansive to mixed echogenic nodule. The nodule appeared to mildly distort the associated splenic capsule, yet without evidence of parenchymal escape. The nodule measured 2.7 cm in diameter. Normal splenic vascularity was present.

**Liver/ Gallbladder**

The liver exhibited subjective mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to



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mildly swollen in margination. Intermittent, subtly hypoechoic, non-expansive parenchymal nodules were present. No overt evidence of hepatic congestion was noted. The gallbladder was non-distended in size mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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The stomach presented intact wall layering with a normal wall layer ratio. Mild retained subtly shadowing ingesta was present in the stomach, likely consistent with mild retained food. The gastric body wall width measured 0.50 cm.

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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. The duodenum wall with measured 0.45 cm. The jejunum wall width measured 0.33 cm.

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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**

No overt omental masses, lymphadenopathy or peritoneal effusion were present.

**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

- Bilateral chronic renal changes
- Mild splenomegaly exhibiting generalized nonhomogeneous parenchyma with caudal, mildly expansive, mixed echogenic nodule - suspect benign splenic changes such as hyperplasia, hematopoiesis, caudal nodular hyperplasia, or myelolipoma
- Mild hepatomegaly exhibiting intermittent discreet parenchymal nodules - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The potential for splenic neoplasia cannot be definitively excluded, yet though less likely. Assuming normal clotting status, ultrasound-guided FNA of the spleen, specifically the caudal splenic nodule, using a 25-gauge needle for screening cytology primarily to ensure only benign changes are present, may be considered.

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Likewise, hepatic FNA using a 25-gauge needle for screening cytology, primarily to assess for evidence of inflammatory cells, may be considered.



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Although nonspecific, the liver may indicate low-grade to chronic inflammatory hepatopathy, given the ALT elevation, with suspected areas of discrete nodular to regenerative hyperplasia or hematopoiesis. Potential for hepatic neoplastic criteria is considered unlikely. Hepatosupportive medications including Ursodiol may prove beneficial.





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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.**

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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