

**PATIENT**

Rudy Voss

**SPECIES**

Canine

**BREED**

Schnauzer Mix

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

17 Pounds

**INTERPRETED BY**R. McKenzie Daniel, DVM,  
DABVP (Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Bock- Vanaria

**INVOICE**

20373

**DATE**

1/4/23

**PRESENTING CLINICAL SIGNS**

History: Chronic cough for several months and hyporexia. Had mucous slightly bloody diarrhea during scan today. Current meds: Entyce 30mg/ml 0.8mls SID, Vetmedin 2.5mg 1 tab morning and 1/2 tab evening, Furosemide 20mg 1/2 tab BID

Abnormal PE/Chem/CBC/UA Results: Grade 4/6 murmur loudest on the L side; no tracheal sensitivity; clear lungs; shallow breathing; cough elicited on abdominal palpation. X-rays revealed cardiomegaly and increased lung opacity around the bronchi. Possible mass effect in the cranial abdomen--poor serosal detail. BP: 164/91 105, 161/92 108, 140/102 111

**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 were noted. Aortic trifurcation was normal.

The residual prostate 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 5.5 cm in length. The right kidney measured 5.7 cm in length. Pinpoint medullary mineral was present in both kidneys.

**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 2.1 cm length x 0.69 cm width in the caudal pole. The right adrenal gland measured 2.2 cm length x 0.61 cm width in the caudal pole. No adrenal tumors were noted.

**Spleen**

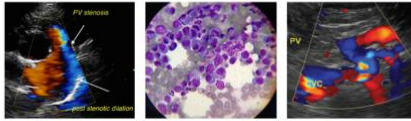
The spleen was normal. in size, exhibiting potential for mild folding, which is not indicative of underlying splenic pathology and potential patient variant. Generalize mild splenic parenchyma heterogeneity was noted. A solitary discrete nonhomogenous nondisruptive mid splenic nodule was noted, measuring 2.0 cm in diameter. The nodule did not distort the splenic capsule. Splenic vascularity was normal. Pinpoint hyperechoic splenic foci were noted, which may indicate pinpoint areas of splenic microinfarction, fibrosis or mineralization and considered benign.

**Liver**

The liver exhibited subjective mild generalized enlargement. Symmetrical to mildly swollen hepatic contour was noted. Uniform normoechoic hepatic parenchyma was noted, exhibiting mild coarse echotexture. Evidence of mildly dilated hepatic vasculature was noted at the level of the hepatic vein caudal vena cava junction with concurrent mildly prominent cranial abdominal caudal vena cava.

The gallbladder was non-distended in size with anechoic content with mild nonorganized hyperechoic sludge. The cystic and common bile ducts were normal.

**Gastrointestinal**

**PATIENT**

Rudy Voss

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.

**SPECIES**

Canine

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.

**BREED**

Schnauzer Mix

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft fecal matter was present in the colon lumen with lumen dilation.

**SEX**

Neutered Male

***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

***Free Abdomen***

No evidence of omental masses, lymphadenopathy or ascites.

**AGE**

13 Years

**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific nonhomogenous splenic nodule- hyperplasia, hematopoiesis, focal splenitis, small hematoma, potential for emerging neoplastic criteria cannot be excluded.
- Mild chronic renal changes
- Hepatomegaly, exhibiting evidence of mild yet compensated hepatic vascular congestion
- Mild gallbladder debris- not consistent with mucocele criteria
- Mild pancreatic remodeling- suspect age/patient variant, potential for low-grade/chronic pancreatitis
- Overtly normal gastrointestinal tract with suspect mild colitis

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****HOSPITAL NAME**

SVS Imaging QC

Although nonspecific, the mild evidence of hepatic congestion may suggest some degree of increased pulmonary pressure. Correlation with echocardiogram is suggested. However, if present, the lack of ascites suggests that possible increased pulmonary pressure is compensated.

**REFERRING VET**

Dr. Bock- Vanaria

Potential for low grade/chronic pancreatitis may be suspected, if evidence of cranial abdominal subxiphoid discomfort on palpation. Correlation with a spec cPL could be considered if clinically indicated.

**INVOICE**

20373

Empirical therapy for colitis, if recurrent or persistent mucus to bloody diarrhea, with as needed gastrointestinal support may be indicated. Potential for more generalized inflammatory gastroenterocolonopathy cannot be definitively excluded.

**DATE**

1/4/23

Assuming normal clotting status and using a 25-gauge needle, screening FNA cytology of the splenic nodule for further assessment is warranted. Sonographic monitoring of the splenic nodule for evidence of progression with initial recheck in 3-4 weeks would be a more conservative approach.



**PATIENT**

Rudy Voss

**SPECIES**

Canine

**BREED**

Schnauzer Mix

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

17 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

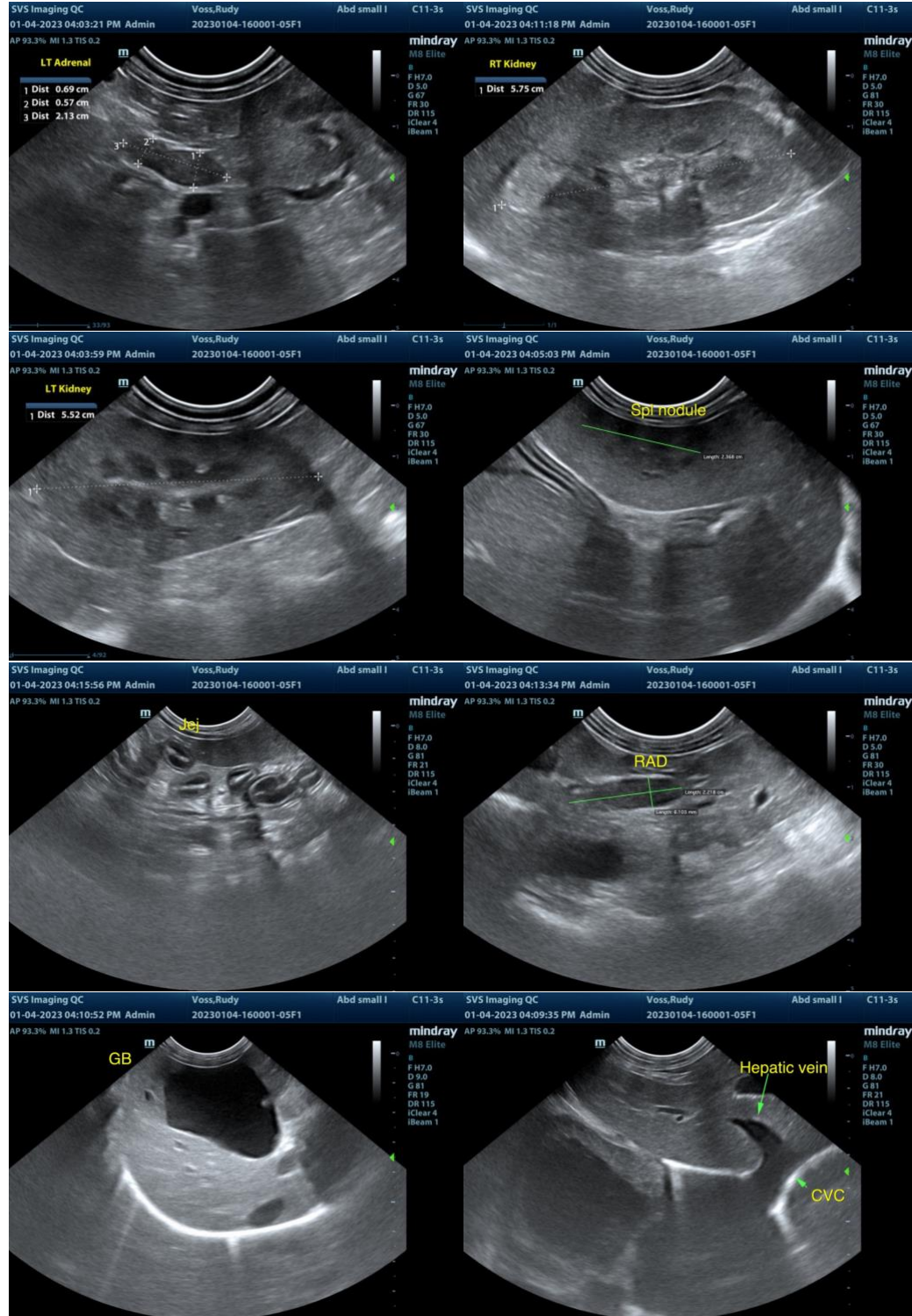
Dr. Bock- Vanaria

**INVOICE**

20373

**DATE**

1/4/23





**PATIENT**

Rudy Voss

**SPECIES**

Canine

**BREED**

Schnauzer Mix

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

17 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

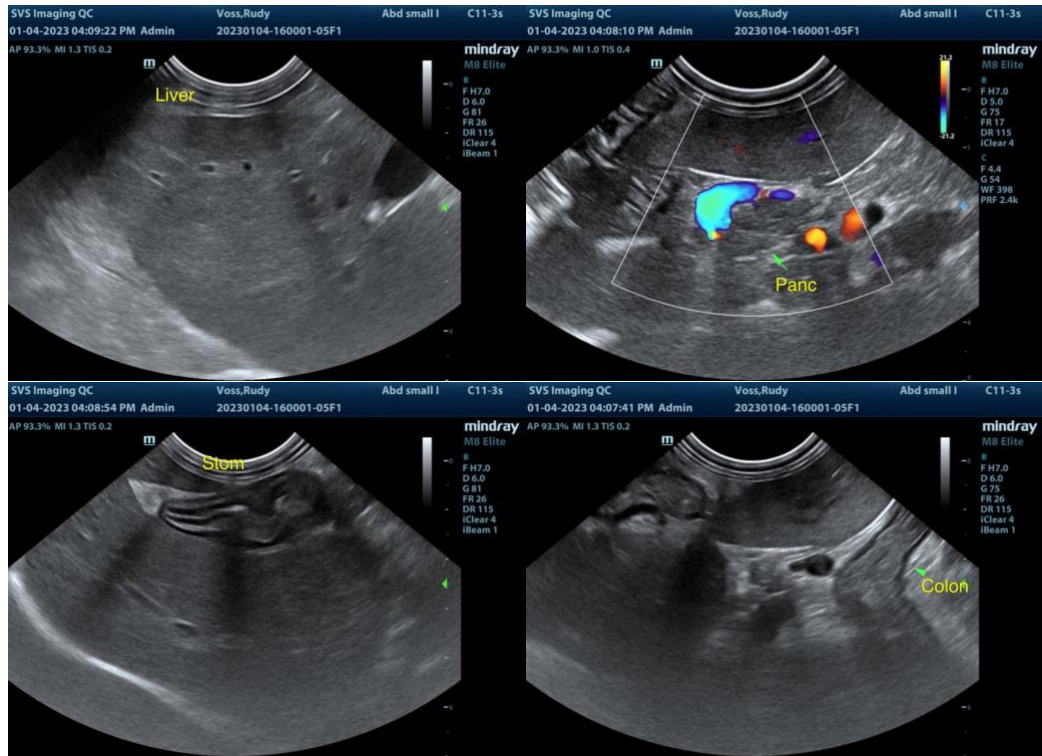
Dr. Bock- Vanaria

**INVOICE**

20373

**DATE**

1/4/23



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