



PATIENT

Mamas Nickel

SPECIES

Canine

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

5.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

34021

DATE

1/6/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for not eating or drinking. O stated P is FIV+ and has been eating less for the past couple weeks. P has not eaten or drank anything for a couple days. O stated P might have slightly less energy than usual, but is getting around and jumping up on the couch without issue. Previous Health Concerns: FIV +

Abnormal PE/Chem/CBC/UA Results: BUN - 12.9 L; TP - 5.3 L; Glu - 159 H; ALT - 173 H; ALP - 316 H; BE - -6.64 L; Ca - 1.17 L; Lac - 3.61 H; BUN - 11 L; Glu - 144 H Rads: Hepatomegaly, enlarged spleen, thorax wnl

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.

Both kidneys were normal in size. Mild asymmetrical right kidney margination noted. Normal margination in the left kidney. Maintained 1:3 cortex/medulla ratio in both kidneys. No evidence of retroperitoneal inflammation or pyelectasia. The left kidney measured 4.0 cm. The right kidney measured 4.3 cm.

Adrenal Glands

No overt pathology noted in the area of the left and right adrenal glands.

Spleen

The spleen exhibited mild generalized enlargement with maintained symmetrical capsule contour and finely textured homogeneous parenchyma. The spleen measure 1.2 cm in width at the level of the hilus. A solitary, non-expansive, subtle hypoechoic nodule was noted in the medial parenchyma adjacent to the hilus, measuring 0.5 cm in diameter.

Liver

The liver presented enlarged in size. 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 mildly swollen in margination. No distinct masses or nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. 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. Gastric body wall measured 0.25 cm.

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. Jejunum wall measured 0.20 cm.

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



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Pancreas

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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.

SPECIES

Free Abdomen

Canine

Scant free fluid noted primarily around the medial spleen and the caudal liver margins. No evidence of lymphadenopathy. No omental masses noted.

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ULTRASONOGRAPHIC FINDINGS

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- Mild splenomegaly with solitary non-expansive, subtly hypoechoic nodule – hyperplasia, focal to generalized hematopoiesis, focal to generalized splenitis, congestion owing to sedation with potential for emerging splenic neoplasia possible.
- Hepatomegaly exhibiting uniform parenchyma – metabolic/vacuolar hepatopathy, inflammatory hepatic parenchymal disease or hepatobiliary process given the ALT elevation, hepatic neoplasia, or congestion owing to sedation possible.
- Sonographically unremarkable gastrointestinal tract/pancreas

AGE

6 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatosplenic FNA using 25-gauge needle is warranted for screening cytology, primarily to assess for benign or inflammatory changes and rule out potential for possible neoplasia given the patient's vague clinical signs. Overt evidence of gastrointestinal structural pathology was not noted. Potential for low-grade pancreatitis may be present, yet sonographically normal. Correlation with spec fPL or GI panel to include TLI, PLI, cobalamin and folate may be considered if evidence of weight loss. As needed gastrointestinal support recommended.

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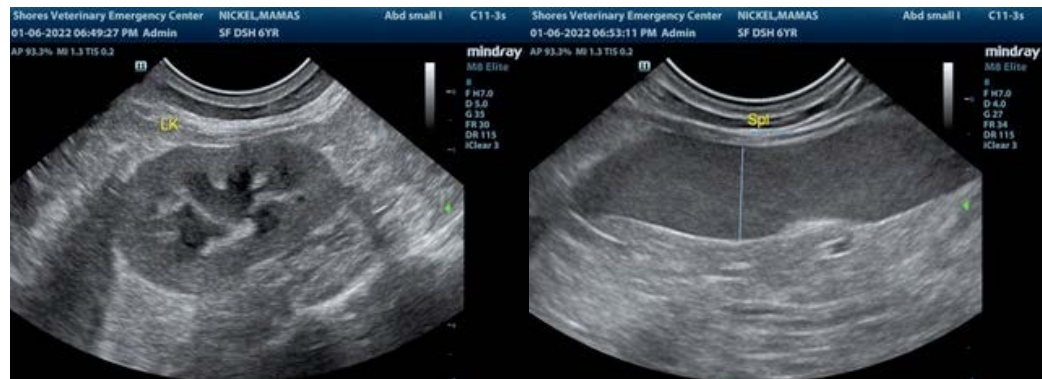
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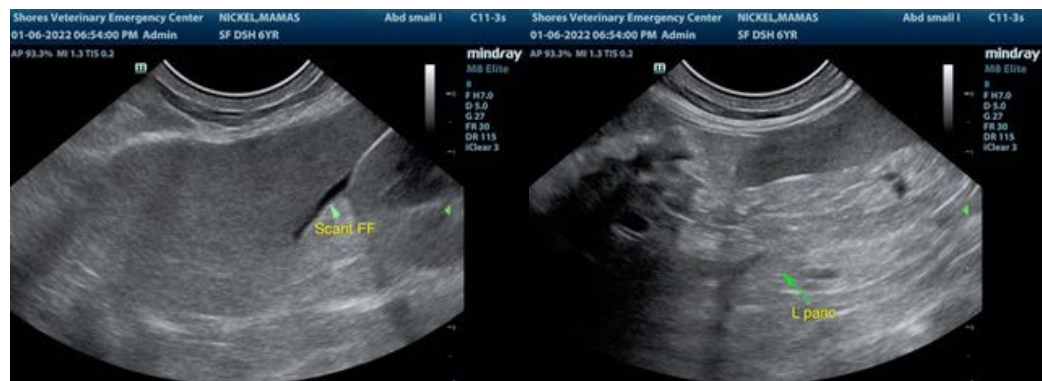
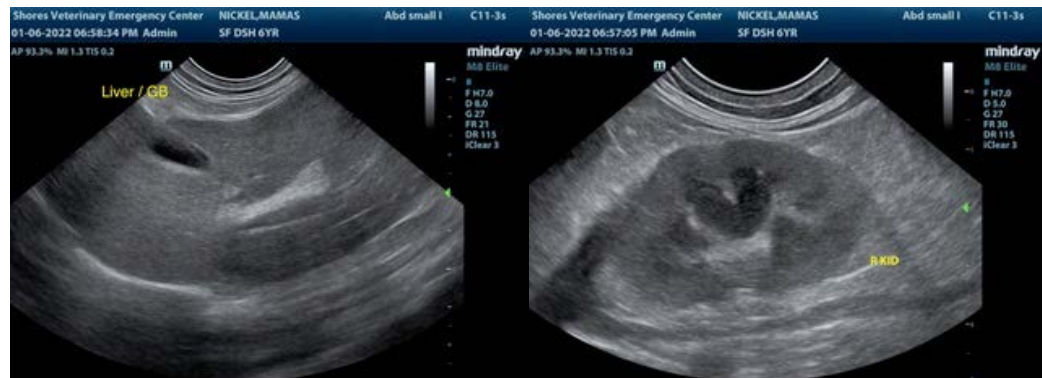
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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