

**PATIENT**

Murphy Perez

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

7yr

WEIGHT

54lb

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

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Taylor

INVOICE

12608ag

DATE

01/06/2023

PRESENTING CLINICAL SIGNS

Sudden and significant weight loss - 15 lbs over a couple months. Only wanting to eat some food. Labs and rads WNL, intermittent diarrhea.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 7.5 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.62 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole.

Spleen

The spleen exhibited generalized enlargement and multiple variably expansive to echogenic macronodules to small masses with associated regional distortion of the splenic capsule. No evidence of parenchymal escape was observed. An example of a hypoechoic splenic nodule measured 2.0 cm in diameter. An example of a cranial splenic mass measured 3.0 cm in diameter. Normal splenic vascularity was present.

Liver/Gallbladder

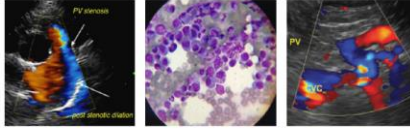
The liver exhibited generalized enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Intermittent to multiple non-disruptive discretely hyperechoic intraparenchymal nodules were present, an example measuring 2.4 cm in diameter. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. The hepatic and portal vasculature were normal in appearance. 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.

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 an empty lumen.

**PATIENT**

Murphy Perez

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

7yr

WEIGHT

54lb

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

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Taylor

INVOICE

12608ag

DATE

01/06/2023

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.

Free Abdomen

No peritoneal effusion was present. Generalized mild non-uniform normoechoic omentum was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size measured 1.3 cm in length.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Multiple variably sized to variably echogenic splenic macronodules/small masses
- Hepatomegaly exhibiting parenchyma hypoechoogenicity with intermittent non-specific intraparenchymal nodules
- Overtly normal GI tract/colon
- Intermittent mildly prominent to hypoechoic mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic macronodules/small masses are sonographically consistent with neoplastic criteria i.e. sarcoma, round cell neoplasia or other. Concern for multicentric hepatosplenic neoplasia is warranted. No obvious evidence of GI involvement was observed.

Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment and potential oncology consult.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

A very guarded to potentially unfavorable prognosis is indicated pending sampling.



PATIENT

Murphy Perez

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

7yr

WEIGHT

54lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

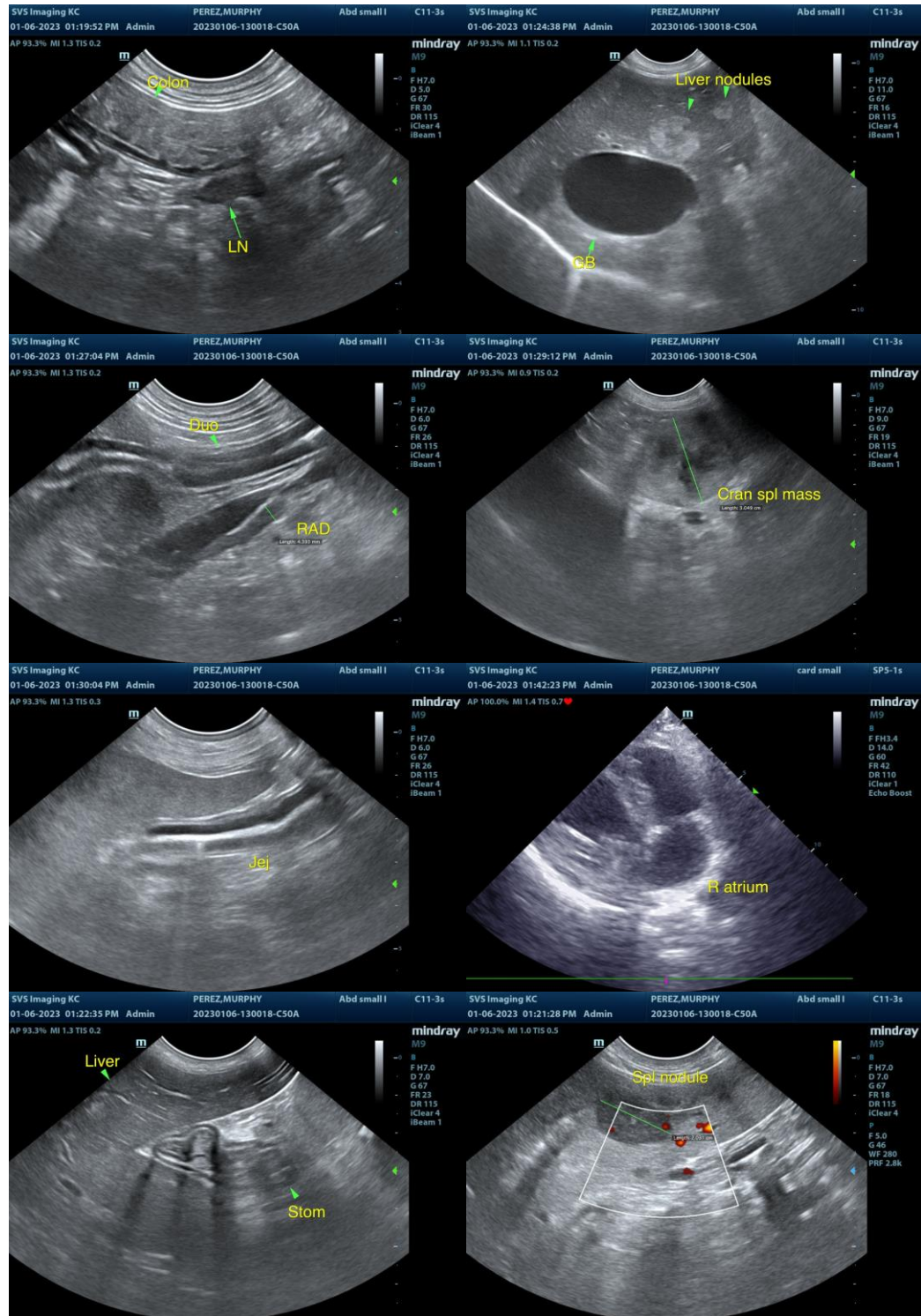
Dr. Taylor

INVOICE

12608ag

DATE

01/06/2023



IMAGING PERFORMED BY

SVS Mobile Imaging KC 816-401-5010
svsimagingkc@gmail.com



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Murphy Perez

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

7yr

WEIGHT

54lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

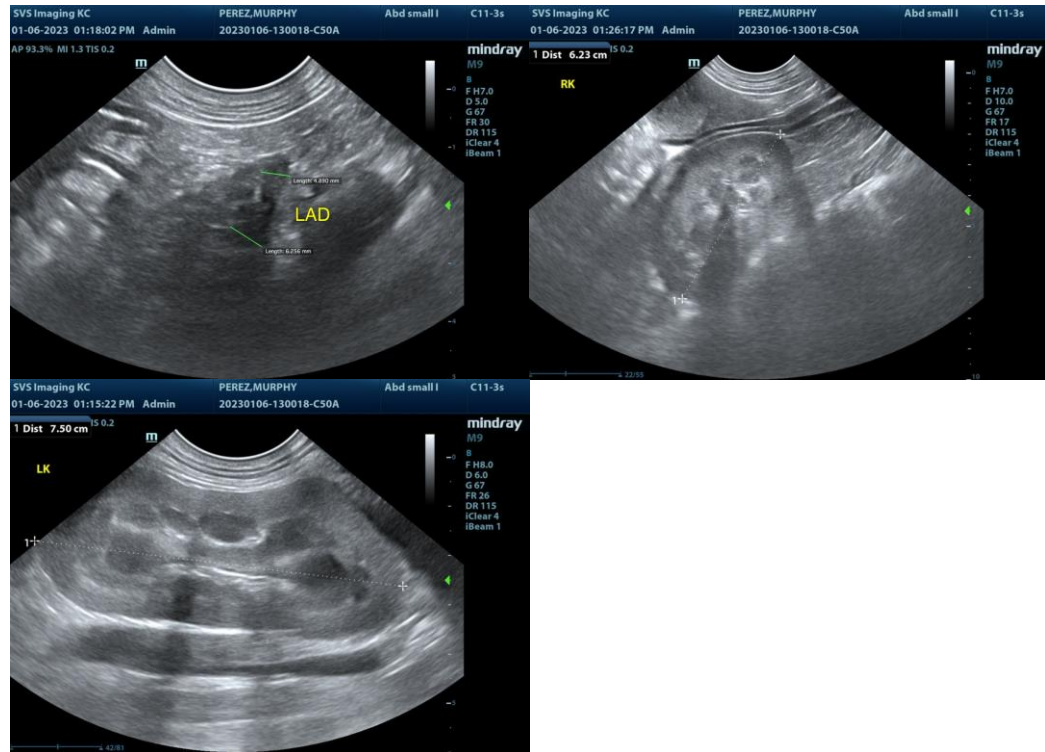
Dr. Taylor

INVOICE

12608ag

DATE

01/06/2023



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com