



**PATIENT PRESENTING CLINICAL SIGNS**

Carma Nicholes Decreased appetite, diarrhea, vomiting, weight loss, lethargy.

Abnormal PE/Chem/CBC/UA Results: WBC 44, PLT 234, HCT 41, ALT 470, ALP 398

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Pitbull

**SEX**

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. Mild left kidney pyelectasia was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.5 cm in length

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The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

**WEIGHT**

70

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 3.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width at the caudal pole and 3.4 cm length.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited variable enlargement, most notable in the mid to cranial spleen with rounded to symmetrical contour. Generalized parenchyma heterogeneity was present including intermittent discretely hypoechoic non-disruptive mid to cranial nodules. Subjective mildly contracted caudal splenic parenchyma with capsule asymmetry and mixed echogenic to non-homogenous caudal parenchyma was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

Easton AH

**Liver/Gallbladder**

The liver presented mildly 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**REFERRING VET**

Dr. Nankman

**INVOICE**

12630ag

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

**DATE**  
 01/09/2023

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.



**PATIENT**

Carma Nicholes

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**

Pitbull

**Free Abdomen**

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

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Brief transdiaphragmatic assessment of the caudal thorax revealed mild non-homogenous caudal thoracopulmonary nodule to small mass measuring 5.5 cm in diameter. No overt evidence of significant pleural effusion, although minor pleural effusion is possible.

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**ULTRASONOGRAPHIC FINDINGS**

- Variable splenomegaly exhibiting parenchyma heterogeneity, non-disruptive hypoechoic splenic nodules and caudal splenic mixed echogenic parenchyma-incidental hyperplasia, hematopoiesis, infection/ splenitis, regional chronic infarct, atypical myelolipomas or infiltrative neoplasia all potentials
- Hepatopathy-nonspecific yet subjective benign, vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, toxin or other hepatopathy possible with infiltrative neoplasia though less likely
- Mild chronic renal changes with minor left kidney pyelectasia
- Overtly normal GI tract/colon
- Caudal thoracopulmonary nodule/small mass

**WEIGHT**

70

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment. A CBC pathology review +/- flow cytometry given the lymphocytosis could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult pancreatic or intestinal disease as a contributing factor. Ideally FNA cytology of the caudal thoracopulmonary mass for further assessment recommended although likely precluded given the depth and location. Pending additional diagnostics, thoracic CT may be indicated.

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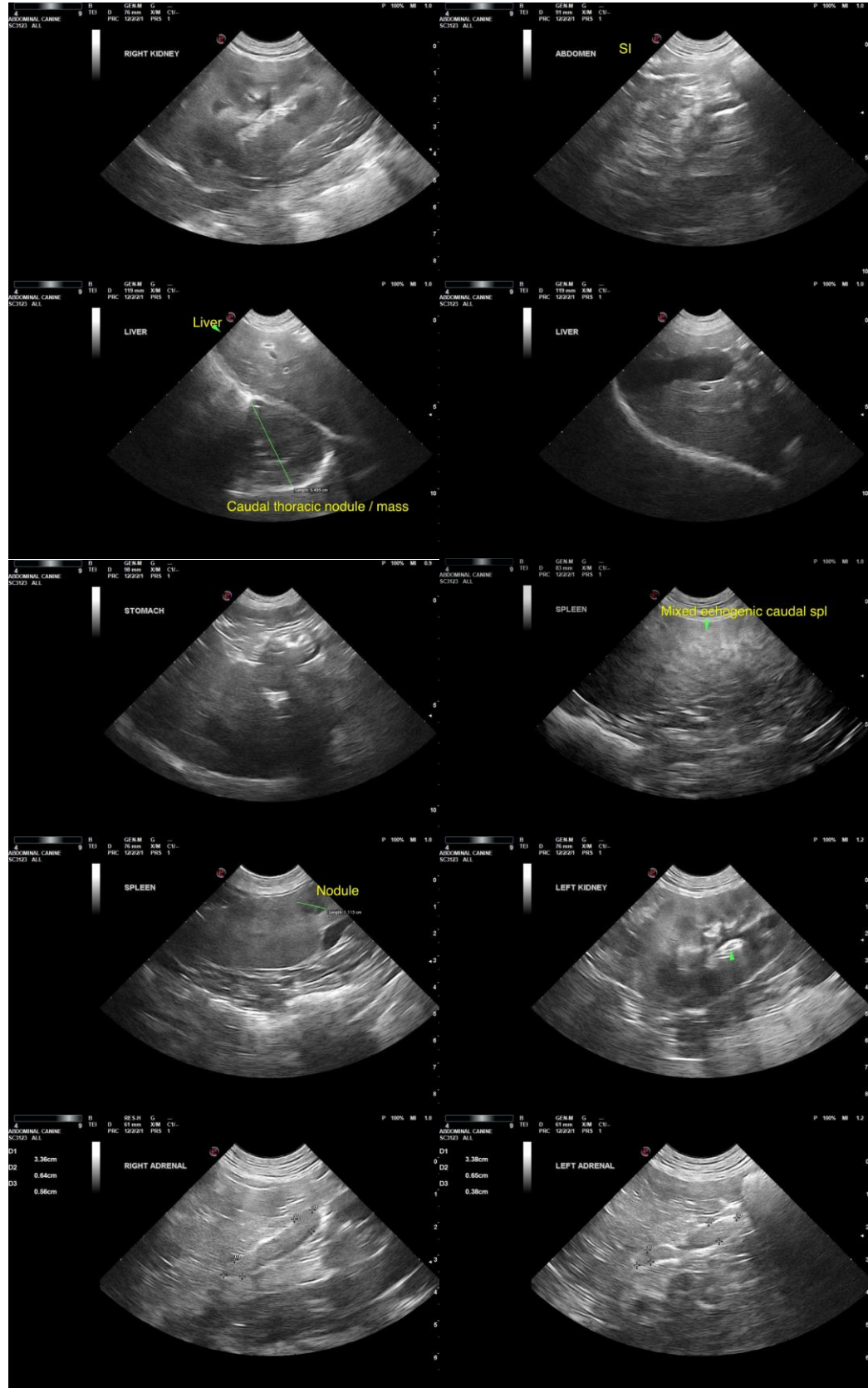
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**PATIENT**

Carma Nicholes

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.

**SPECIES**

Canine

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.

**BREED**

Pitbull

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