



PATIENT

Simon Sanders

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

13 Years

WEIGHT

79.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Not Provided

INVOICE

26186

DATE

10/11/21

PRESENTING CLINICAL SIGNS

icteric, weight loss, vomiting, decreased appetite. Current meds: cerenia on 10/10, gabapentin, amoxi, metronidazole, denamarin
Abnormal PE/Chem/CBC/UA Results: ALT 3710, ALP >3954, glob 4.2, chol > 450, GGT 69, Tbili12.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

No evidence of pathology in the area of the residual prostate.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 7.6 cm. The left kidney measured 7.1 cm.

The area of the aortic trifurcation was free of pathology.

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 3.5 cm length x 0.78 cm at the caudal pole. The right adrenal gland measured 2.8 cm length x 0.69 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver exhibited overall subjective mild generalized enlargement. Decreased parenchyma echogenicity noted with mild to moderate coarse echotexture and intermittent subtle hypoechoic parenchymal nodules. Example of liver nodule measured 1.4 cm and 2.2 cm. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. No evidence of concurrent inflammation or peripheral inflammation. The cystic duct and common bile ducts were normal without evidence of dilation

Gastrointestinal

The visualized gastric walls were sonographically unremarkable with intact wall layering and without overt evidence of mural hypertrophy. The stomach contained a mild to moderate amount of retained echogenic fluid and chyme without evidence of mechanical pyloric outflow obstruction. Gastric body wall measured 0.37 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to



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generalized intestinal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Jejunum wall measured 0.32 cm.

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

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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.

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Free Abdomen

Several enlarged hepatic lymph nodes were present. Example measured 2.3 cm in diameter. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with intermittent subtle parenchymal nodules
- Mild gallbladder debris (non-mucocele), no evidence of post-hepatic obstruction
- Concurrent hepatic lymphadenopathy
- Acute gastroenteritis pattern with gastric and segmental to generalized intestinal ileus

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include neoplasia, hepatitis (viral, bacterial, Leptospirosis, toxin), congestion, reactive hepatopathy, with potential areas of nodular to regenerative hyperplasia or hematopoiesis. The hepatic lymphadenopathy may indicate concurrent reactive hyperplasia, lymphadenitis, or neoplastic lymphadenopathy. Hepatic neoplasia is favored in this case, yet not definitive.

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Further assessment may include ultrasound guided FNA of the liver (assuming normal clotting status) +/- Leptospirosis titers/PCR if clinically indicated. If potential round cell neoplasia is confirmed in the liver, early gastrointestinal involvement may be possible. Continued gastrointestinal and hepatic support is recommended pending hepatic sampling, which is considered essential in this case. 3-view chest radiographs recommended to rule out occult thoracic or esophageal pathology.

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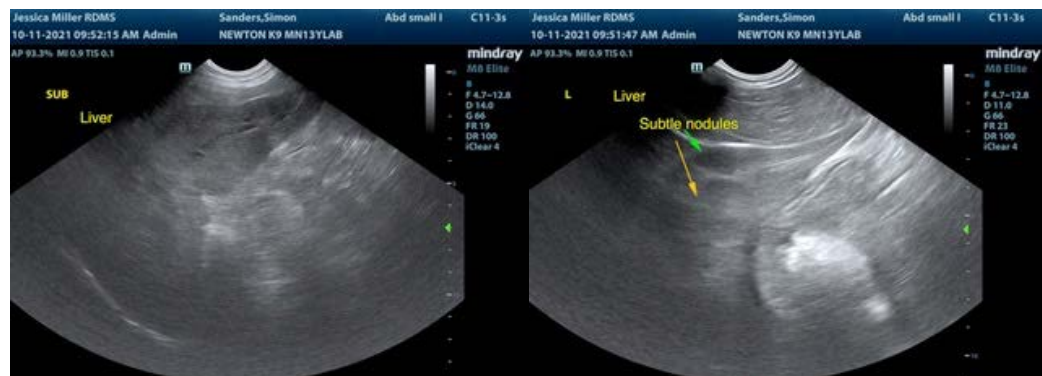
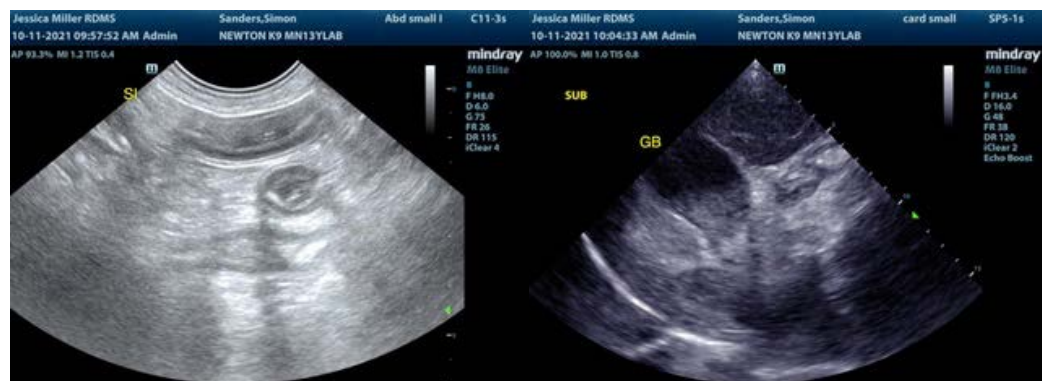
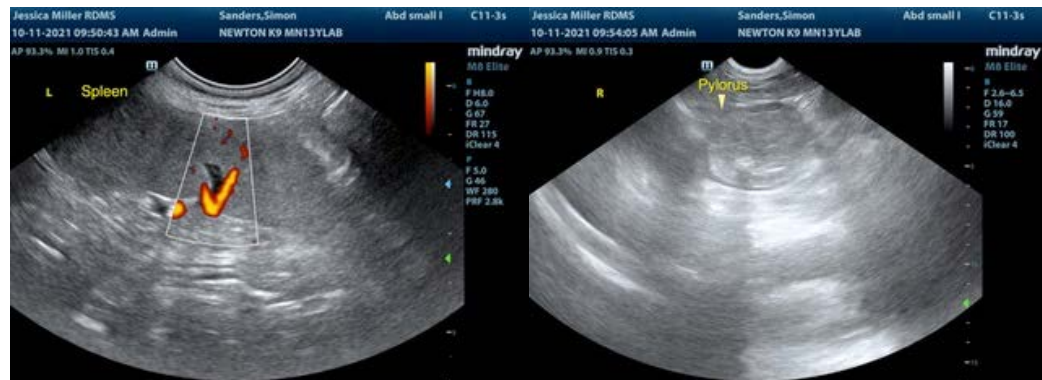
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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