



PATIENT

Kiai Vullien

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

9 years

WEIGHT

59 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

12355

DATE

10/12/21

PRESENTING CLINICAL SIGNS

-Patient has been having a few urinary accidents in the home in the last couple of weeks.
Abnormal PE/Chem/CBC/UA Results: Urine analysis is wnl except six weeks ago the USG was >1.040, now it is 1.009 since signs began. CBC, chems, T4 are 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia or overt pyelonephritis. The left kidney measured 6.8 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left adrenal gland exhibited mild subjective subnormal size, measuring 0.46 cm width at the cranial pole and 0.44 cm width at the caudal pole. The right adrenal gland was not definitively visualized, subjectively measuring 0.4 cm width at the caudal pole.

Spleen

The spleen exhibited subjective mild generalized enlargement yet maintained symmetrical capsule contour. The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No splenic masses or nodules were noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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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.

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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.

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

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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 were evident.

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Free Abdomen

Mildly enlarged, hypoechoic, mid to lateral abdominal mesenteric lymph nodes were noted adjacent to and caudal to the kidneys. The lymph nodes exhibited symmetrical to rounded margins with atypical width: length ratio (>0.5). An example of the lymph nodes measured 2.2 cm x 1.9 cm. Subtle perilymphatic echogenic to reactive mesentery was noted. No effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable bilateral kidneys, urinary bladder, and visible proximal urethra
- Potential mild subnormal bilateral adrenal glands - nonspecific
- Mid to lateral mesenteric lymphadenopathy - reactive hyperplasia, lymphadenitis, or early neoplastic lymphadenopathy possible
- Subjective mild splenomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subjective mild splenomegaly is not definitive and may be a normal patient variant with potential for hyperplasia, hematopoiesis, incidental splenitis, or other benign etiology. Potential for emerging splenic neoplasia, although though less likely, cannot be definitively excluded.

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Assuming normal clotting status and using a 25-gauge needle, splenic and if accessible lymph node FNA for screening cytology +/- C/S is recommended. If the patient is exhibiting PU/PD, urine C/S, baseline UPC, resting cortisol +/- Leptospirosis titer / PCR if clinically indicated may be considered.

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Sonographic monitoring of the spleen and mesenteric lymph nodes with initial recheck In 2-3 weeks would be a more conservative approach.

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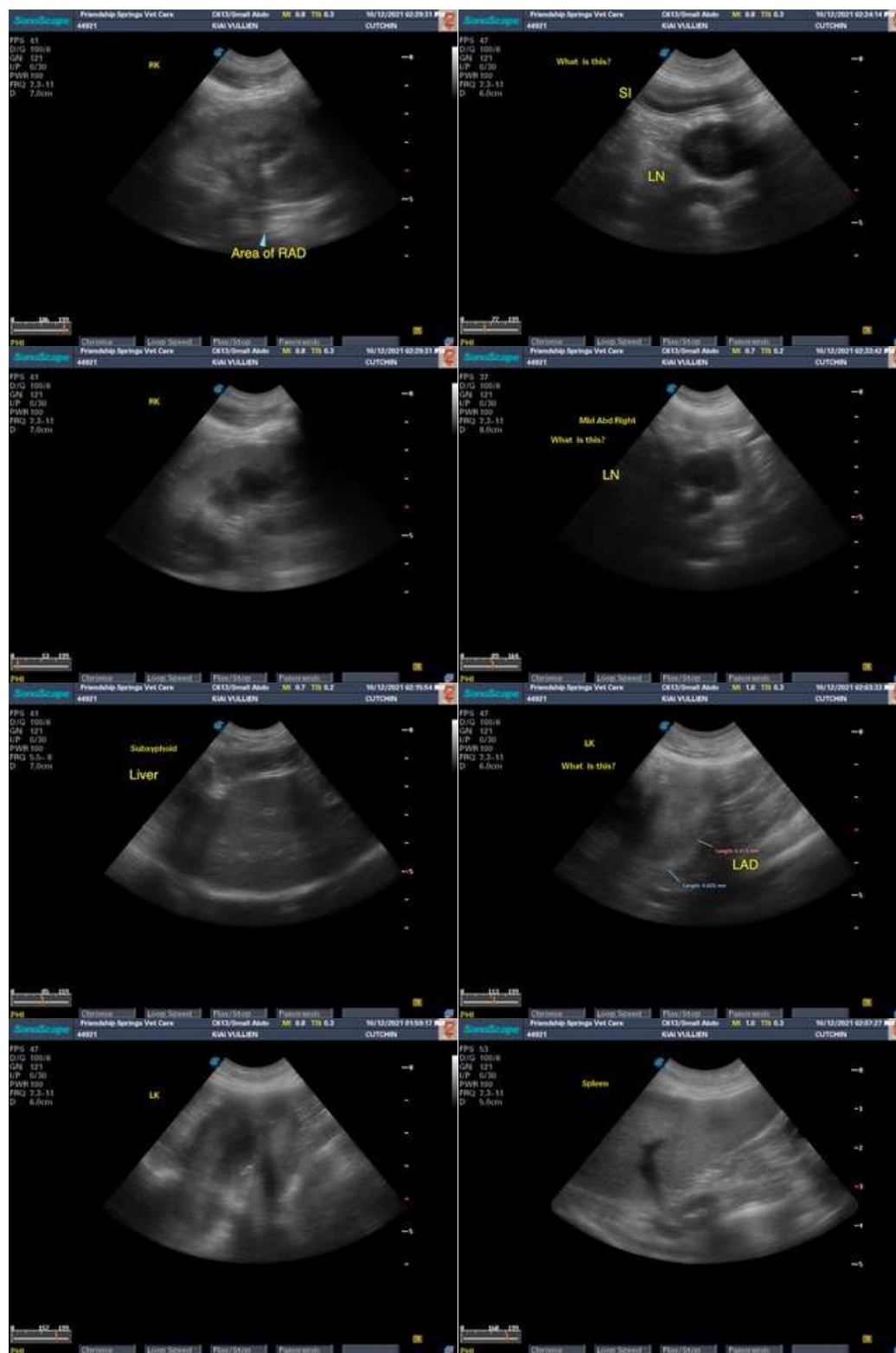
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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