



PATIENT	PRESENTING CLINICAL SIGNS
Hailey Leopard	Presented Oct 8 for diarrhea and vomiting, lost almost 3kg, grade 3 heart murmur. Hasn't seemed herself in a while - diarrhea: no blood seen or mucus noted. - vomiting: 1-2x daily Presented Oct 12 for recheck: not eating/ drinking/ lethargic - MM pale, jaundice - hasn't eaten in a week - Stay in clinic for diagnostic and treatment. IV fluids overnight meds: ampicillin
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Boxer	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.
FS	The area of the aortic trifurcation was free of pathology.
AGE	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 pelvic dilation. The left kidney measured 7.6 cm in length. The right kidney measured 7.6 cm in length.
8 years	
WEIGHT	Adrenal Glands
37.3 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.65 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 1.1 cm width at the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	The spleen was mildly enlarged with areas of capsule asymmetry and generalized nonhomogeneous parenchyma exhibiting discrete to indistinct hypoechoic nodular changes. Normal splenic vascularity was present.
IMAGING PERFORMED BY	Liver/ Gallbladder
Kelly Reschny	The liver was markedly enlarged with symmetrical yet swollen hepatic contour with generalized mild decreased hepatic parenchyma echogenicity and moderate coarse echotexture. No visualized hepatic masses were noted. The gallbladder was non-distended in size containing primarily anechoic content with mild hyperechoic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
Buck AH	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained echogenic fluid and chyme was present.
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PATIENT	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 diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.
Hailey Lepard	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	The pancreas was indistinctly visualized owing to regional peripancreatic increased omental artifact.
Boxer	Free Abdomen
SEX	Intermittent mid to cranial abdominal primarily perisplenic to perihepatic mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). Generalized primarily perihepatic to perisplenic mild hyperechoic mesentery was noted. Intermittent small pockets of scant peritoneal free fluid were noted. An example of the lymph nodes measured 2.2 cm length and 1.8 cm width. No omental masses were noted.
FS	
AGE	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
8 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
37.3 kg	<ul style="list-style-type: none"> • Heterogeneous to discretely nodular spleen • Marked hepatomegaly exhibiting generalized mild parenchyma hypoechogenicity • Mild gallbladder debris (non mucocele) • Gastroenteritis pattern • Intermittent hypoechoic to swollen perisplenic to perihepatic mesenteric lymph nodes, generalized primarily perisplenic / perihepatic hyperechoic mesentery
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP	Although sampling is required for further assessment, the hepatosplenic presentation is most suggestive of multicentric hepatosplenic infiltrative neoplasia with concurrent suspected neoplastic lymphadenopathy.
IMAGING PERFORMED BY	Assuming normal clotting status, hepatosplenic FNA cytology is recommended for further assessment with the potential for an oncology consult. As-needed GI support is recommended pending hepatosplenic sampling.
Kelly Reschny	
HOSPITAL NAME	
Buck AH	
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PATIENT

Hailey Leopard

SPECIES

Canine

BREED

Boxer

SEX

FS

AGE

8 years

WEIGHT

37.3 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Buck AH

REFERRING VET

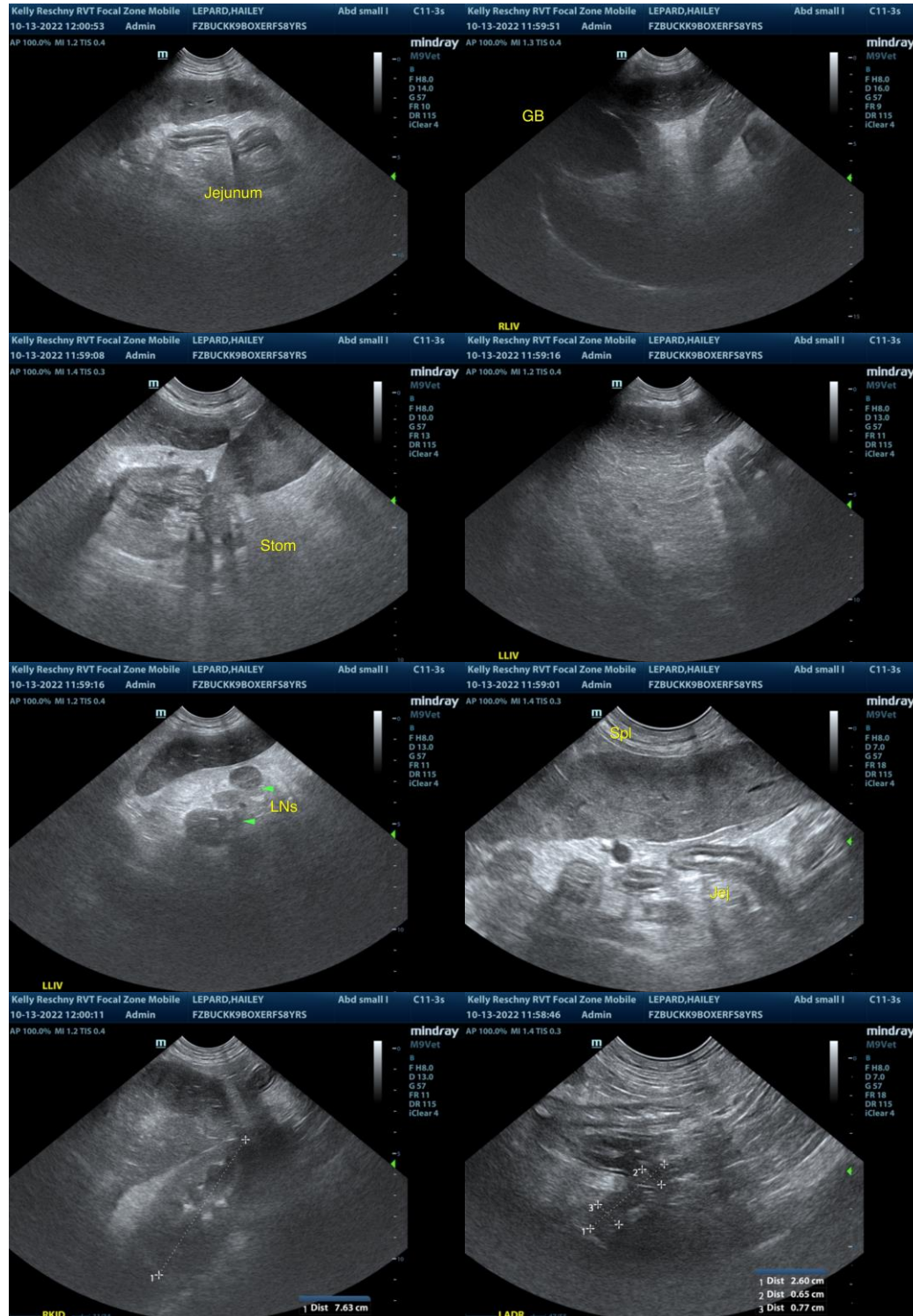
Dr. Sommers

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PATIENT

Hailey Leopard

SPECIES

Canine

BREED

Boxer

SEX

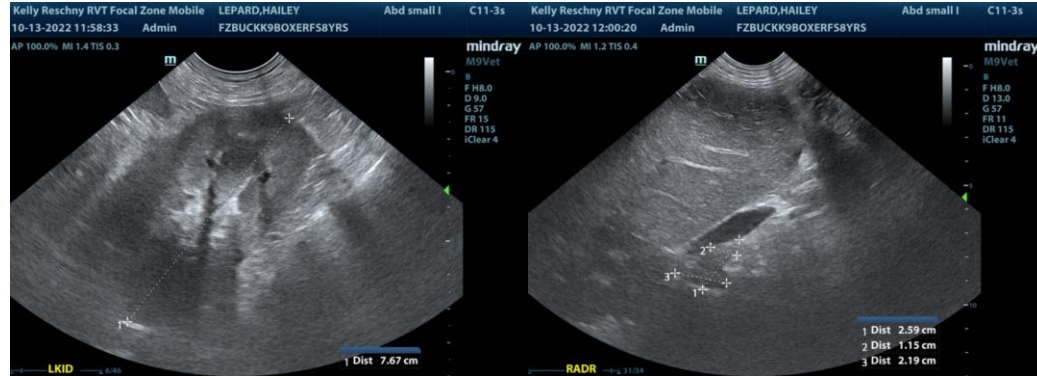
FS

AGE

8 years

WEIGHT

37.3 kg



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.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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