



PATIENT PRESENTING CLINICAL SIGNS

Nicky Beil Weight loss, PU/PD, icteric, diarrhea, hyperbilirubemia.
 Medication: Metronidazole

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Poodle Mix

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

SEX

MN

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

AGE

2010

The area of the residual prostate was free of pathology.

WEIGHT

19.3

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. Several right kidney cortical infarcts were noted. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.7 cm in length.

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R. McKenzie Daniel,
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 (Canine and Feline)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.51 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 2.1 cm length x 0.52 cm width at the caudal pole.

IMAGING

PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

The spleen exhibited marked generalized enlargement with areas of asymmetrical lateral and medial capsule contour. Generalized mild splenic parenchyma heterogeneity was present. A solitary mildly expansive hypoechoic to mixed echogenic mass lesion in the subjective mid-spleen measuring 2.5 cm in diameter was present. Normal splenic vascularity was present.

HOSPITAL NAME

Blue Ridge VC

REFERRING VET

Dr. Filchner

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. The gallbladder was mildly distended in size containing moderate non-dependent, mildly echogenic to focally hyperechoic luminal debris. Potential for possible cholelithiasis, although not definitive. The gallbladder walls were sonographically normal without overt evidence of inflammatory criteria and without overt evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

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PATIENT *Gastrointestinal*

Nicky Beil 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.

SPECIES 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.

Canine Normal visible colon wall layers were present. The colon was nondistended containing subjective formed fecal matter.

BREED *Pancreas*

Poodle Mix The pancreas was indistinctly visualized owing to regional peripancreatic increased omental artifact.

SEX *Free Abdomen*

MN Generalized hyperechoic mesentery with mild to moderate volume peritoneal free fluid were present. No omental masses or evidence of significant omental lymphadenopathy were noted.

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

2010 **ULTRASONOGRAPHIC FINDINGS**

WEIGHT *Primary Findings*

- 19.3
- Marked splenomegaly exhibiting asymmetrical contour, heterogeneous parenchyma, and solitary mildly expansive hypoechoic to mixed echogenic mass lesion - primary concern for infiltrative neoplastic criteria i.e., round cell neoplasia, sarcoma, or other, potential for marked hyperplasia, hematopoiesis, infection / splenitis, possible splenic abscess/ necrosis, all possible
 - Nonspecific hepatopathy - metabolic, reactive, vacuolar, inflammatory hepatopathy, potential for occult neoplasia cannot be definitively excluded
 - Distended gallbladder containing moderately nondependent echogenic to focal hyperechoic sludge, potential for emerging cholelithiasis
 - Overtly normal gastrointestinal tract / colon
 - Generalized peritonitis

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Secondary Findings

- Mild chronic renal changes with cortical infarcts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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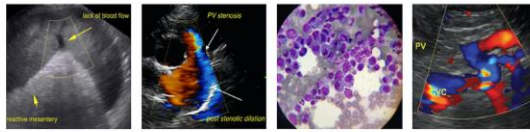
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Assuming normal clotting status, screening hepatosplenic (specifically hepatic mass) FNA cytology, as well as effusion analysis cytology +/- C/S for further assessment is warranted.

The gallbladder presentation was not obviously consistent with classic mucocele, although potential for very early or developing mucocele is possible.



PATIENT

Nicky Beil

Three-view chest radiographs are suggested to assess for evidence thoracic pathology. Pending sampling and effusion analysis, and assuming no evidence of thoracic pathology, exploratory laparotomy with expectation towards splenectomy, gross inspection of the gallbladder, +/- cholecystectomy as well as hepatic biopsies, assuming normal clotting status could be considered.

SPECIES

Canine

A guarded to very guarded prognosis is indicated.

BREED

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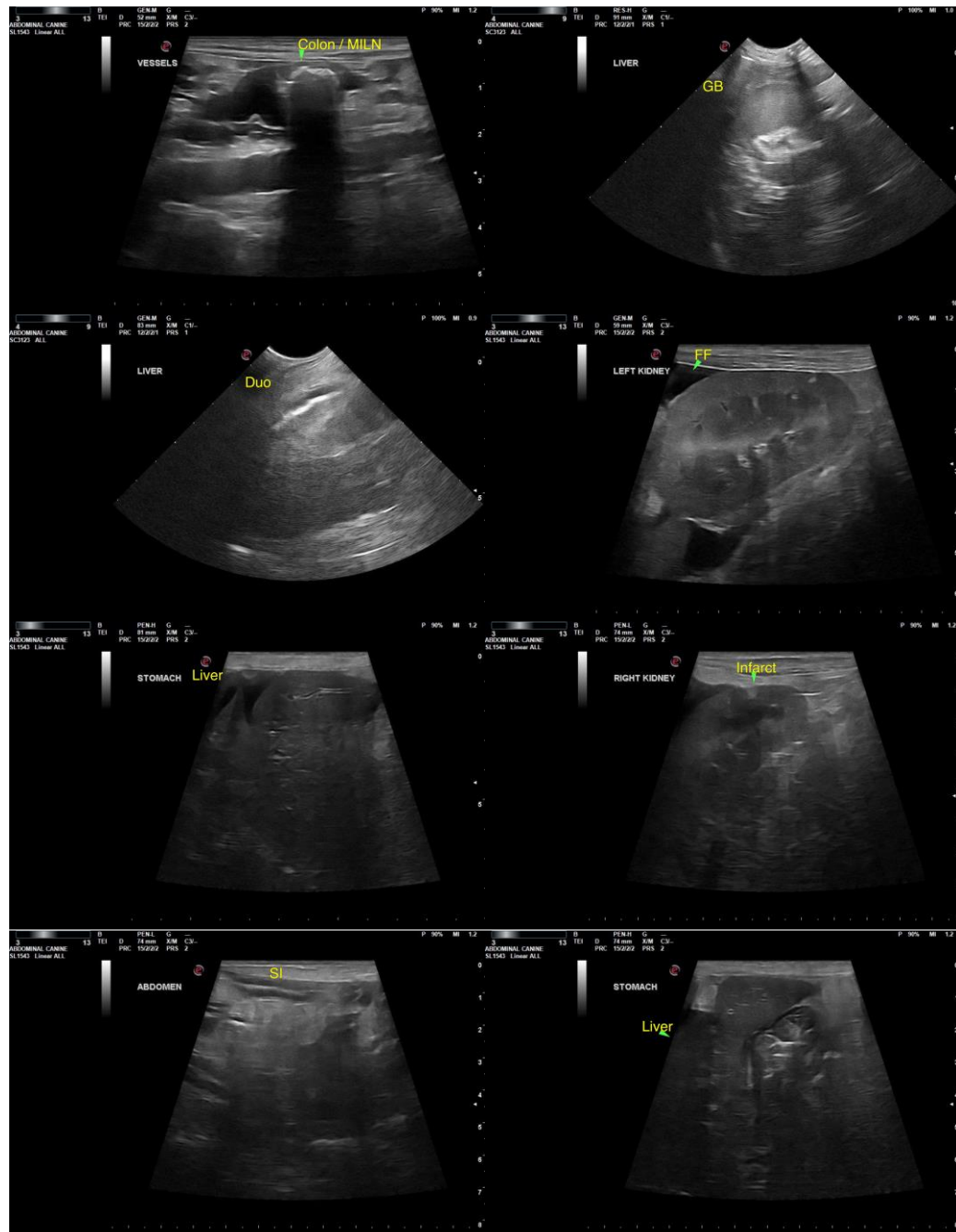
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PATIENT

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SPECIES

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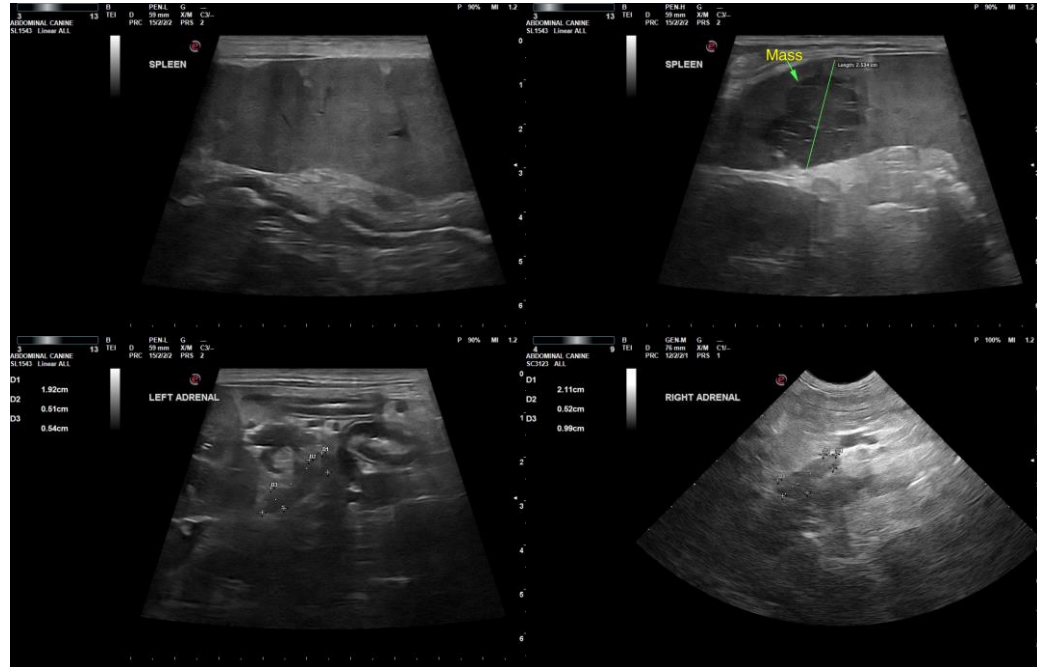
Poodle Mix

SEX

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WEIGHT

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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.

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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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