



PATIENT

Teddy Meier

PRESENTING CLINICAL SIGNS

Hx panting, pacing, decreased appetite, vomited a few times, and has had some weight loss (~ 4lbs). Possible mass palpable on abd palpation and x-rays but not noted on x-ray consult.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Initial BG was 58, low. Recheck in house was 89/normal. NOSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Golden Mix

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

MN

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. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 6.5 cm in length.

AGE

11.5yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

90lb

The area of the residual prostate appeared normal and free of pathology

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

INTERPRETED BY

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

Spleen

The spleen exhibited potential for regional mid to cranial generalized enlargement with a primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary non-disruptive well-demarcated non-homogeneous nodule was present in the lateral to cranio-lateral spleen measuring 3.0 cm in diameter. 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.

IMAGING PERFORMED BY

Amy Priest/Dr. Welch

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

HOSPITAL NAME

Long Valley Animal
Hospital

REFERRING VET

Dr. Welch

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor non-dependent mildly echogenic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

INVOICE

11899ag

Gastrointestinal

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.

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.

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Free Abdomen

No omental masses or peritoneal effusion was present.

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Focally enlarged mesenteric lymph nodes were present. 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. An example of lymph node size was 1.3 cm x 0.5 cm.

AGE

11.5yr

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

ULTRASONOGRAPHIC FINDINGS

- Subjective mild regional to generalized splenomegaly with solitary non-disruptive non-homogeneous nodule
- Mild hepatic parenchyma remodeling
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable visualized GI tract
- Mild non-specific mid abdominal benign/reactive mesenteric lymphadenopathy

WEIGHT

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The potential regional to generalized splenomegaly as well as the splenic nodule were non-specific with considerations including hyperplasia, hematopoiesis, small hematomas, focal splenitis, granuloma or similar while the possibility of emerging neoplasia cannot be excluded. Assuming normal clotting status and using a 25g needle, a splenic parenchyma and nodule FNA for screening cytology is warranted.

IMAGING PERFORMED BY

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No overt evidence of GI structural pathology was noted. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Sonographic monitoring of the splenic nodule and mesenteric lymphadenopathy with initial recheck in 4 weeks would be reasonable.

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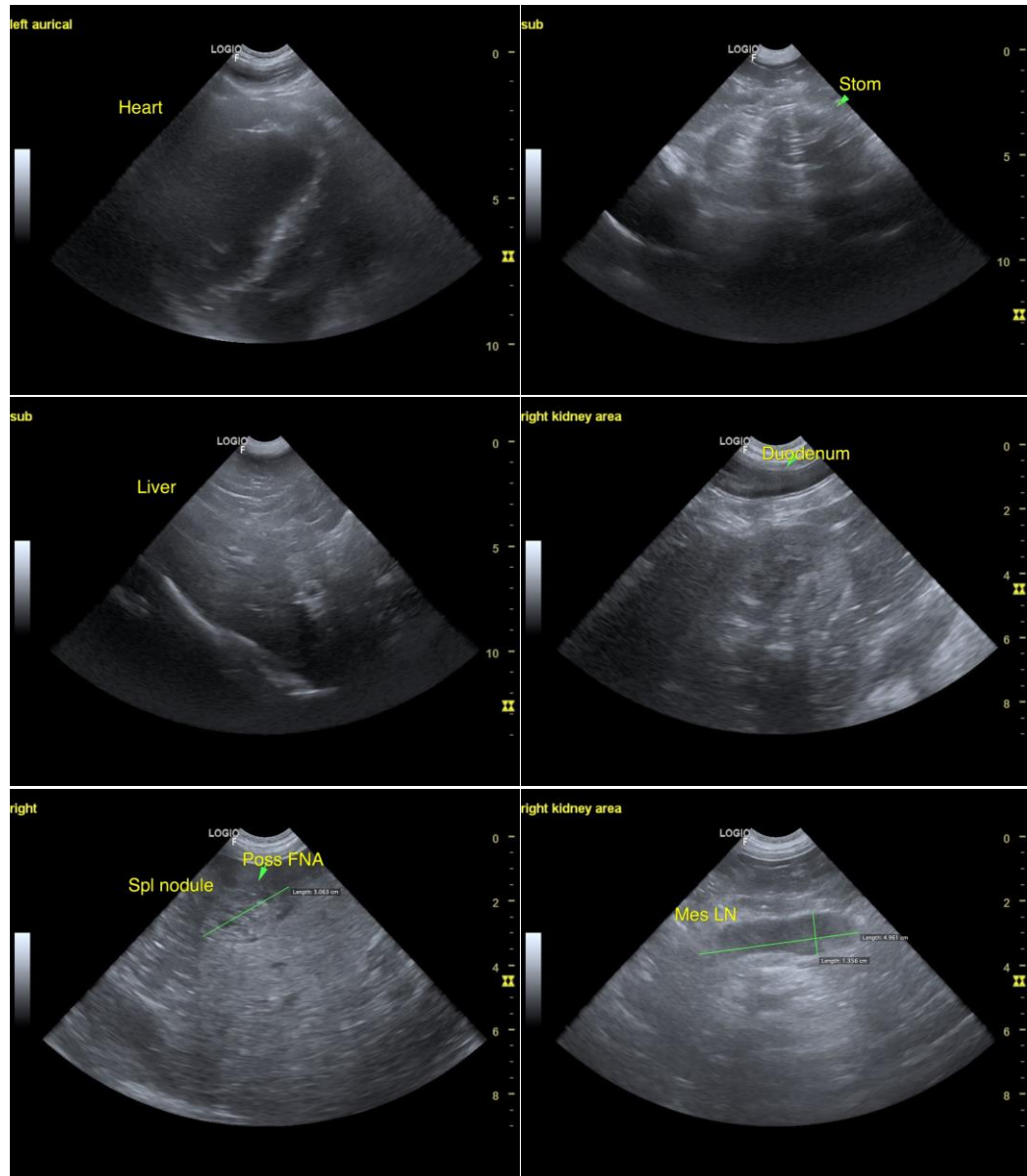
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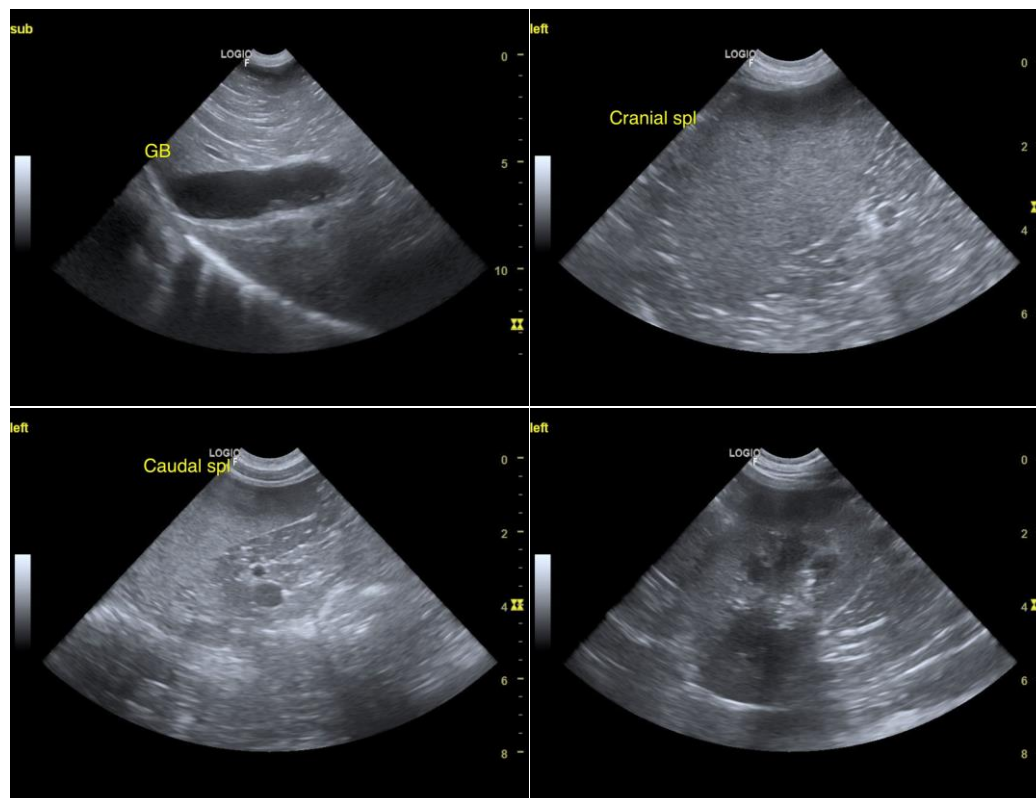
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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