



PATIENT PRESENTING CLINICAL SIGNS

Trixie Feyma

SPECIES

Canine

BREED

Border Collie Mix

SEX

FS

AGE

14yr

WEIGHT

78.8lb

1. Acute inappetence/lethargy over last 3 days with severe weight loss - r/o GI dysbiosis vs dietary indiscretion vs improper diet vs infectious (bacterial, viral, parasitic) vs IBD/food sensitivity vs FB obstruction vs organ dysfunction vs other 2. Severe periodontal disease (grade 4/4) 3. Otitis externa AS (erythema/sensitivity/dark brown exudate) - r/o bacterial/fungal vs allergy vs inflammatory/autoimmune 4. Aging changes OU (decreased lens clarity) 5. Significant diffuse muscle atrophy, most notable in pelvic limbs and epaxials - r/o primary aging vs secondary to internal dysfunction 6. Chronic sinusitis 7. Otherwise normal on exam Current Medications Clavamox, Provable, Gabapentin Primary Question/Differential to Be Answered in This Exam Significant weight loss and inappetence

Abnormal PE/Chem/CBC/UA Results: Rod-based UTI on UA - CBC - neutrophilia (23.72K), otherwise wnl -- linked - Chemistry - elevations in IP (5.3), TRIG (215), and AMY (1549), decreases in Ca (7.8), MG (1.1), CHOL (111), TP (4.4), and ALB (1.2), otherwise wnl -- linked - SDMA - HIGH at 33 ug/dL - T4 - LOW at 0.6 **likely euthyroid sick** - UA (free catch, pale yellow) - USG 1.012, pH 6.0, LEU 2+, PRO trace, BLD 2+, GLU/KET/BIL neg, UBG wnl, WBC >50/hpf, RBC 3/hpf, Rods present, Cocci suspect presence, Squamous epi cells 1-2/hpf, Non-squamous epi cells 3-5/hpf, otherwise wnl; Sediment microscopy shows >50 rods/hpf and WBCs >50/hpf, otherwise no crystalluria or major changes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.66 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. The left kidney measured 5.6 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.4 cm length and 0.74 cm width in the caudal pole. The right adrenal gland measured 1.8 cm length and 0.95 cm width in the caudal pole.

Spleen

A mass involving the spleen with secondary capsule expansion and disruption was present and measured 10 -11 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Dr. Berman

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| | |
|--|---|
| PATIENT | without areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. |
| Trixie Feyma | |
| SPECIES | Liver |
| Canine | 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 with mild non-dependent mildly hyperechoic non-organized debris. The cystic and common bile ducts were normal. |
| BREED | |
| Border Collie Mix | |
| SEX | Gastrointestinal |
| FS | The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid with no signs of ileus, obstruction or foreign material. |
| AGE | |
| 14yr | 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. |
| WEIGHT | |
| 78.8lb | The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation |
| INTERPRETED BY | Pancreas |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. |
| IMAGING PERFORMED BY | Free Abdomen |
| Jenna Walsh CVT | Generalized mild non-uniform hyperechoic mesentery was present around the small intestine and splenic mass. Mild volume peritoneal free fluid was present. |
| HOSPITAL NAME | ULTRASONOGRAPHIC FINDINGS |
| The Veterinary Hospital | <ul style="list-style-type: none"> • Splenic mass • Generalized gastroenterocolopathy- gastroenteritis, IBD, PLE, infectious disease or neoplasia all potentials • Cystitis pattern • Mild gallbladder debris (non-mucocele) • Possible low-grade pancreatitis • Bilateral chronic renal changes • Mild irregular to nodule right adrenal gland • Generalized hyperechoic mesentery and peritoneal free fluid |
| REFERRING VET | |
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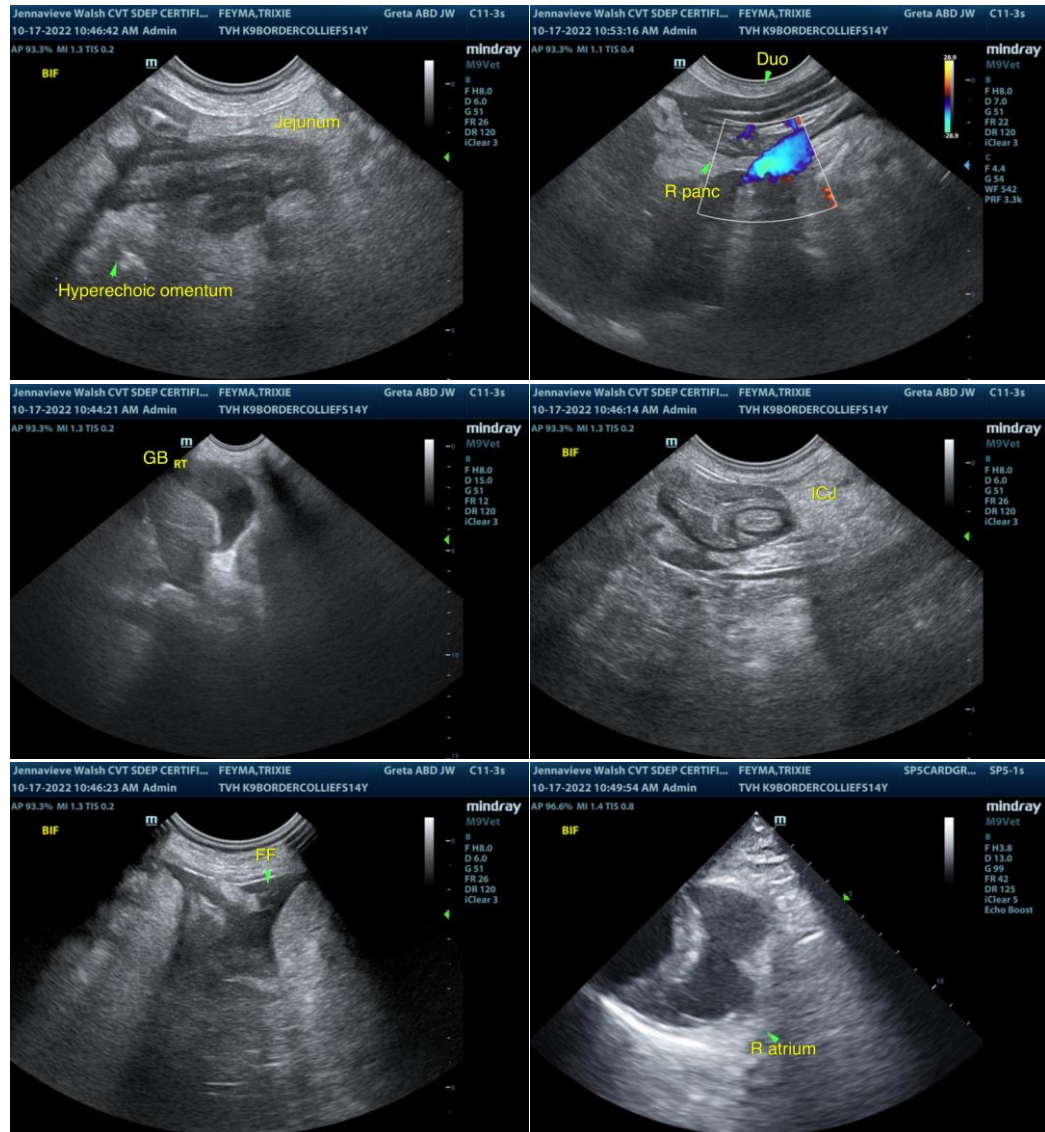
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Possible multifactorial component to the patient clinical signs and weight loss owing to splenic neoplasia as well as gastroenterocolic disease. Intestinal protein loss is considered most likely. A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

No obvious evidence of perisplenic or hepatorenal metastasis was present however potential for non-sonographically evident metastasis cannot be definitively excluded. A laparotomy with splenectomy, GI biopsies, gross inspection of the liver as well as the right adrenal gland may be considered.





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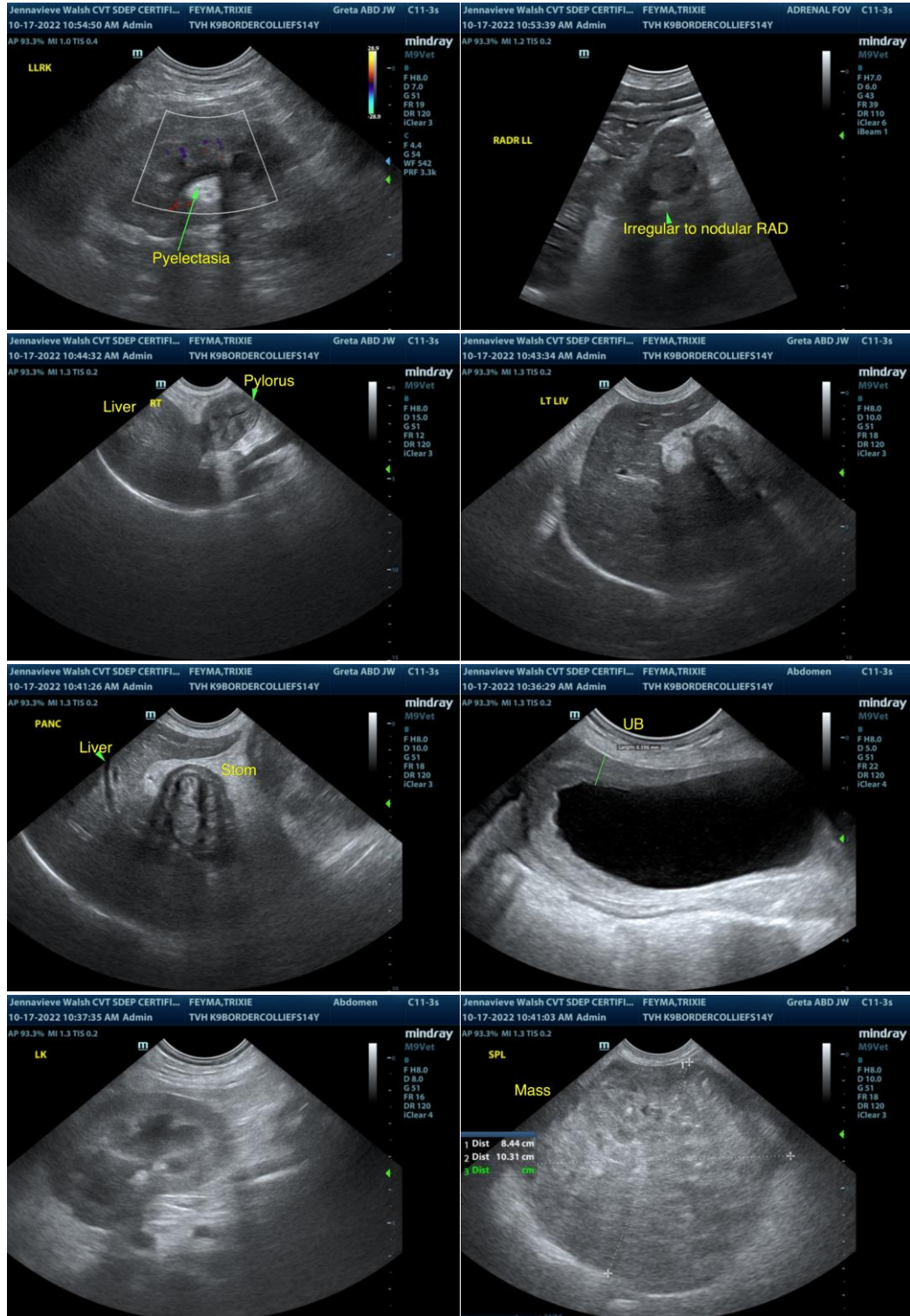
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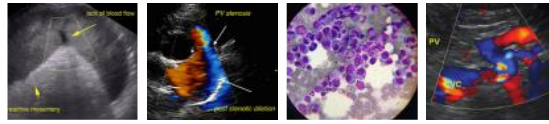
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The

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



PATIENT visible in the image/video clips provided.

Trixie Feyma 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.

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

Canine info@SonoPath.com

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