



PATIENT

Avery Knauss

SPECIES

Canine

BREED

GSHP

SEX

MN

AGE

10

WEIGHT

50

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Dr. Hunt

INVOICE

15265

DATE

10/26/22

PRESENTING CLINICAL SIGNS

On itra for blasto. ADR of late. Been on itra for about a yr now, still tests pos. Had possible seizure in the last day.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

No overt pathology was noted in the area of the residual prostate.

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 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 6.5 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 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 0.76 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with generalized mild splenic parenchyma heterogeneity. A solitary small nondisruptive hypoechoic nodule was noted in the mid-lateral spleen measuring 0.79 cm in diameter. The nodule did not distort the splenic capsule. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver presented mildly increased size with a maintained symmetrical capsule contour. The parenchyma of the liver was generalized increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a moderate coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No masses or nodules were noted. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, nonshadowing ingesta without signs of 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

An ill-defined, primarily homogeneous lesion in the area of the left pancreatic limb caudal to the stomach was present measuring approximately 3.5 cm in diameter. Mild surrounding hyperechoic mesentery was present. No evidence of peritoneal free fluid was noted.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Mild chronic renal changes
- Nonspecific splenic nodule - hyperplasia, hematopoiesis, focal splenitis, granuloma, small hematoma, emerging neoplastic nodule, all potentials
- Mild hepatomegaly exhibiting mild nonuniform parenchyma hyperechogenicity
- Ill-defined lesion area of left pancreatic limb with surrounding hyperechoic mesentery - regional pancreatitis, potential emerging pancreatic mass lesion, granuloma, overlying mesenteric lymph node or other
- Overtly normal gastrointestinal tract with mild gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Full CBC / Chemistry panel / Urinalysis is suggested to assess for evidence of hepatic enzyme elevations or other abnormalities. If accessible and assuming normal clotting status, FNA cytology of the ill-defined mass lesion in the area of the left pancreas +/- cytology of the splenic nodule and hepatic parenchyma is warranted. A spec cPL could be considered to assess for evidence of pancreatitis in correlation with the ill-defined lesion in the area of the left pancreatic limb.

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Sonographic monitoring of the potential pancreatic lesion and splenic nodule pending additional diagnostics would be a more conservative approach.

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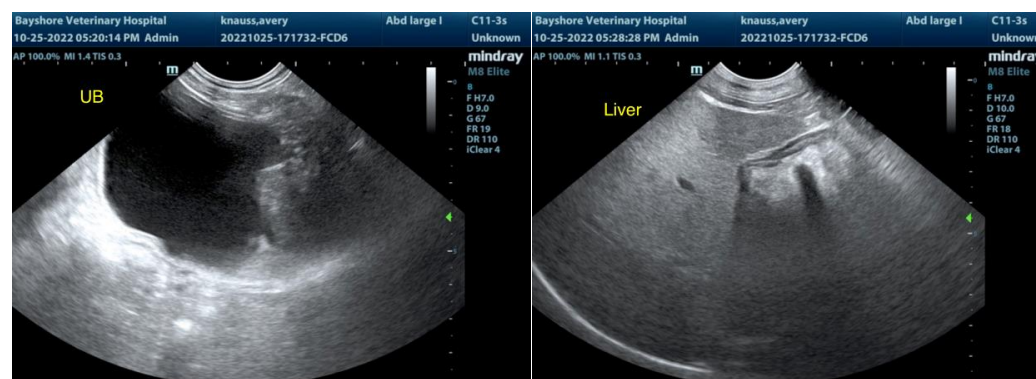
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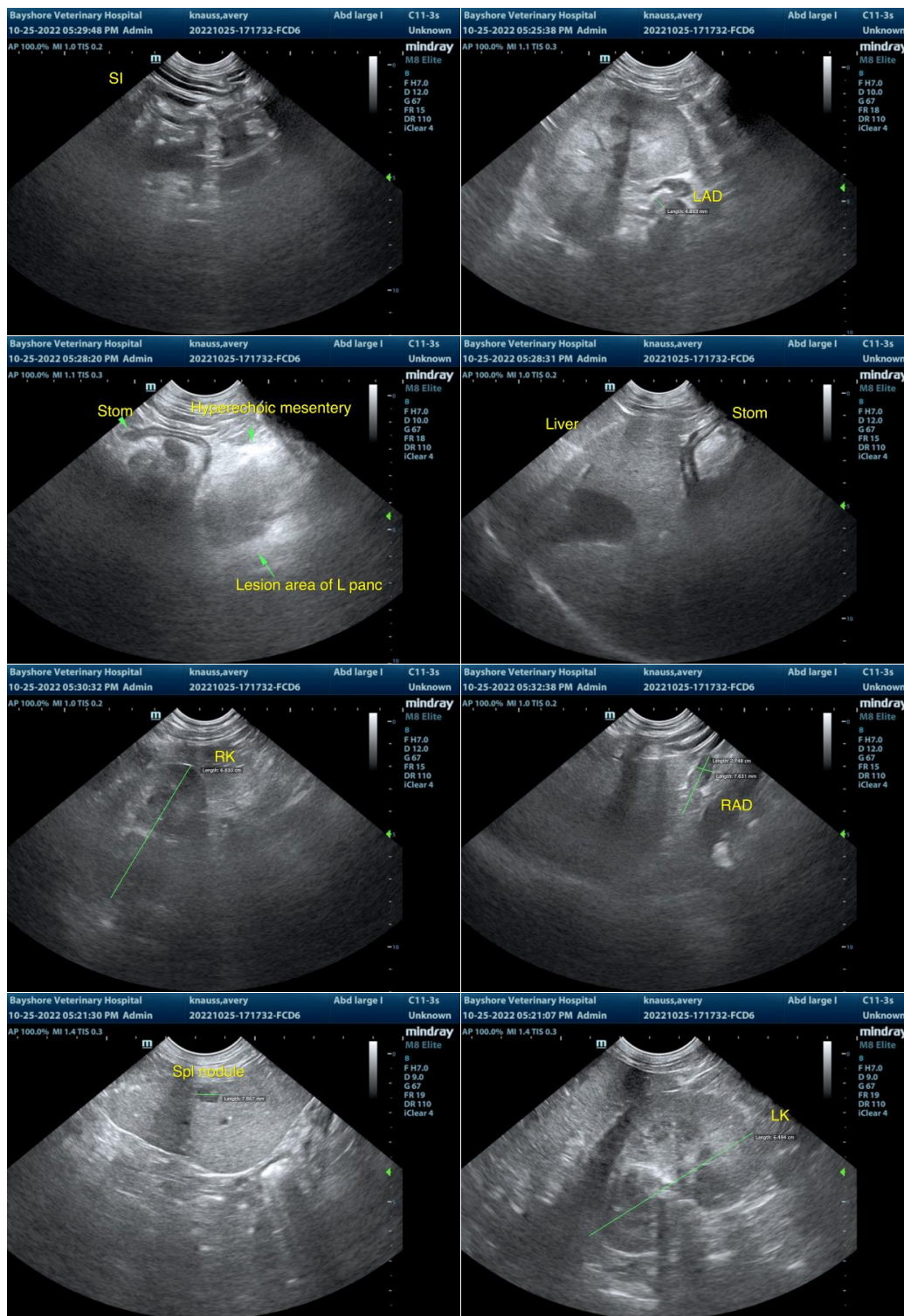
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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