

**PATIENT PRESENTING CLINICAL SIGNS**

Boomer Garvin Decreased appetite, weight loss

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

M

**AGE**

2020

**WEIGHT**

68

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Maple Hills VH

**REFERRING VET**

Dr. Banzhof

**INVOICE**

12035ag

**DATE**

10/28/2020

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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.

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 7.9 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.2 cm in diameter.

The bilateral testicles were sonographically normal.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized owing to patient confirmation. No obvious pathology was present in

**Spleen**

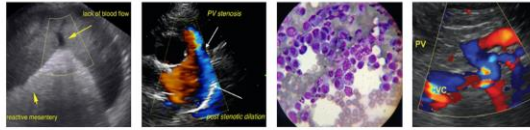
The spleen exhibited generalized enlargement with subtle areas of capsule asymmetry and mild swollen contour. A finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma was maintained. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver**

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. 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 was empty with no signs of ileus, obstruction or foreign material.



**PATIENT**

Boomer Garvin

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.

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***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.

**BREED**

German Shepherd

***Free Abdomen***

No omental masses or peritoneal effusion was present.

**SEX**

M

Focal, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.1 cm.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

- Splenomegaly-incidental hyperplasia, hematopoiesis, splenitis, breed associated hypersplenism possible with neoplastic criteria considered less likely
- Unremarkable GI tract
- Intermittent minor benign/reactive mesenteric lymphadenopathy-incidental

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**Secondary**

- Benign prostatic hyperplasia

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of structural gastroenterocolic pathology was present. The increased folate level although non-specific may suggest upper small intestinal disease. The cobalamin level although within normal limits is considered mildly subnormal given level of <400.

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Empirical cobalamin supplementation is recommended along with as needed GI supportive care which may include a limited antigen or hydrolyzed diet trial, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome) if diarrhea is noted with assessment of clinical response.

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Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology is warranted for further assessment to ensure only benign changes are present. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

**REFERRING VET**

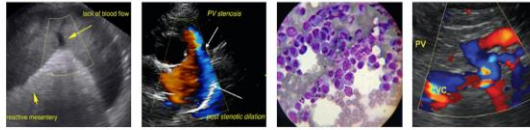
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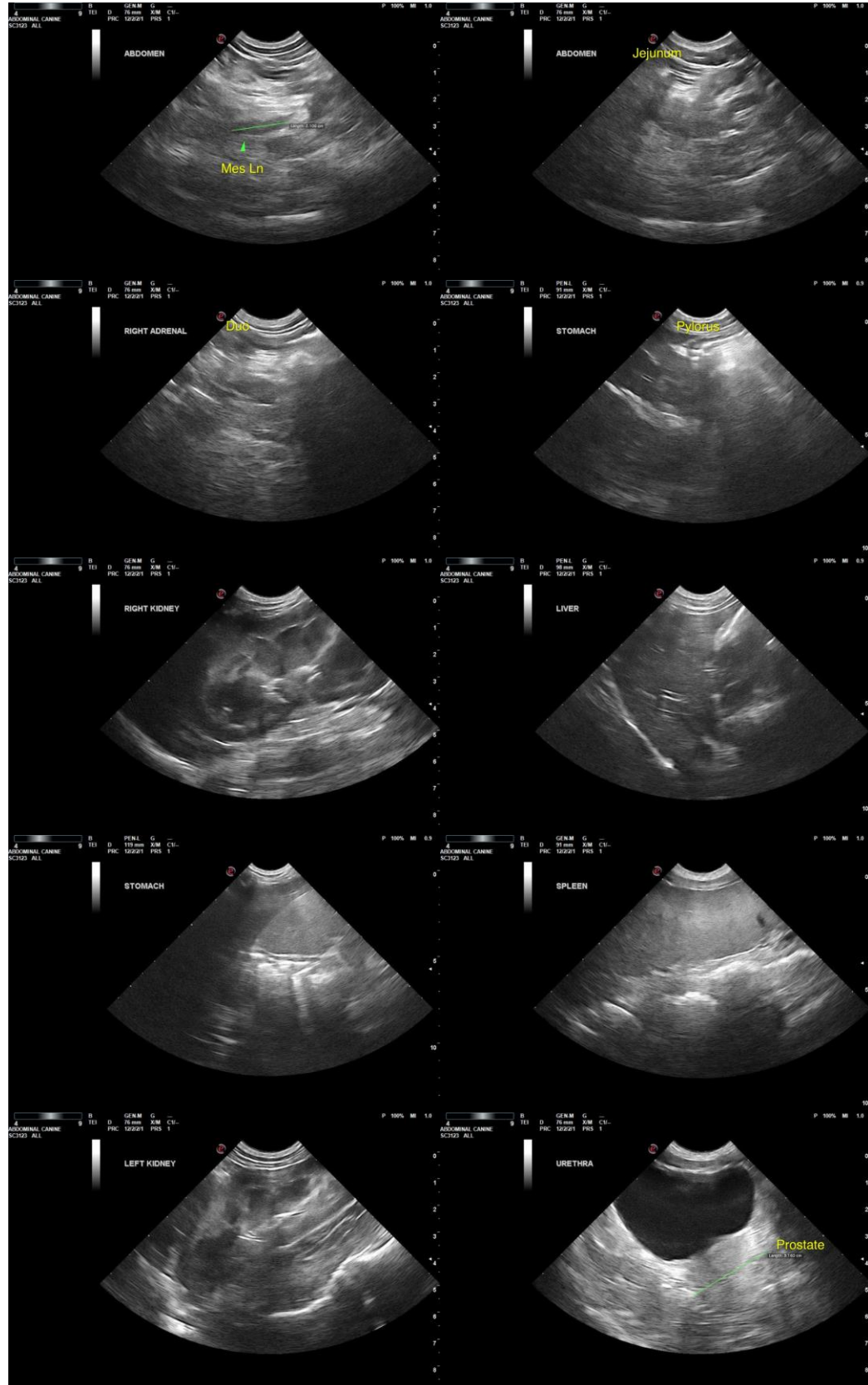
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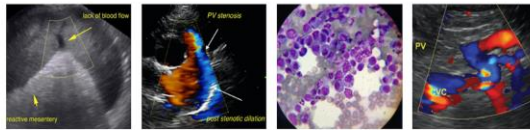
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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)

info@SonoPath.com

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