



PATIENT PRESENTING CLINICAL SIGNS

Lucy Stewart Lethargic -weight loss (1.7kg in 4 months) -weakness -pain on spinal palpation -decreased appetite -diagnosed with lyme in May of 2022, but treated with 1 month of doxy. Has been on Spectra only.

SPECIES Abnormal PE/Chem/CBC/UA Results: Please see attached bloodwork.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Standard Poodle The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm 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 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 7.7 cm in length. The right kidney measured 7.4 cm in length.

FS

AGE

13yr

The area of the aortic trifurcation was free of pathology.

WEIGHT The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

20kg

Adrenal Glands

INTERPRETED BY The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.2 cm length and 0.50 cm width in the caudal pole. The right adrenal gland measured 1.3 cm length and 0.45 cm width in the caudal pole.

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(Canine and Feline)

Spleen

IMAGING PERFORMED BY The spleen exhibited mild enlargement with areas of variable parenchymal swelling and mild asymmetrical capsule contour. A mildly expansive non-homogenous mass in the cranial spleen measuring 4.5 cm in diameter was present. Concurrent non-homogeneous mildly expansive nodules were present in the mid to caudal spleen, an example measuring 1.6 cm in diameter.

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Liver

The liver exhibited generalized enlargement, areas of mild capsule asymmetry and generalized mild non-uniform parenchyma with a moderately sized non-homogeneous mid liver mass as well as intermittent non-homogenous intraparenchymal nodules. Some of the nodules appear to exhibit central hyperechogenicity with mild hypoechoic periphery which may indicate target lesions.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

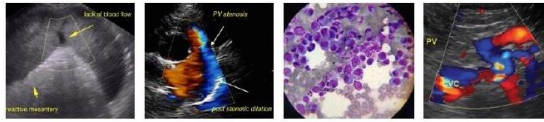
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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

DATE

10/03/2022



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Possible mild duodenal ileus was observed. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

SPECIES

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

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

Standard Poodle

Free Abdomen

SEX

FS

No overt lymphadenopathy was present. Mild perisplenic and perihepatic hyperechoic mesentery was present.

Small pockets of scant perihepatic free fluid were present.

AGE

13yr

ULTRASONOGRAPHIC FINDINGS

- Irregular spleen with cranial mass
- Hepatomegaly with intraparenchymal nodules to solitary mass-possible hepatic target lesions
- Mild chronic renal changes
- Overtly normal GI tract-possible mild gastroduodenitis
- Perisplenic/perihepatic hyperechoic mesentery with scant perihepatic free fluid

WEIGHT

20kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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(Canine and Feline)

Although sampling is required for further assessment, hepatosplenic neoplastic criteria which may indicate primary splenic neoplasia with hepatic metastasis is of primary concern. Non neoplastic hepatosplenic nodular changes to masses i.e. hepatosplenic hyperplasia, hematopoiesis, granulomas etc. possible yet thought less likely.

IMAGING PERFORMED BY

Crystal Hill

Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology and potential oncology consult is warranted. Potential for metastatic disease to other regions of the body such as the spine or thorax is a consideration.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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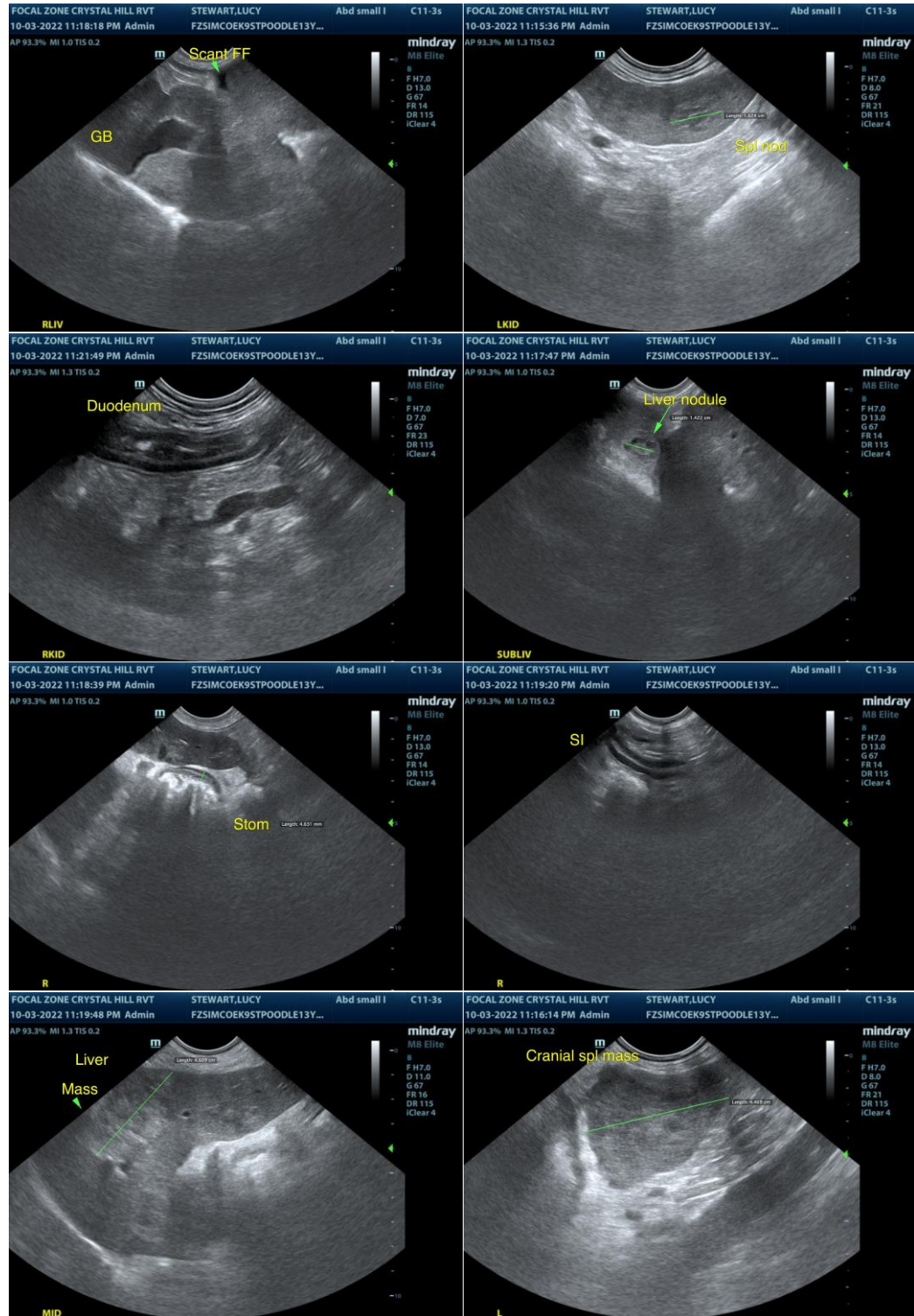
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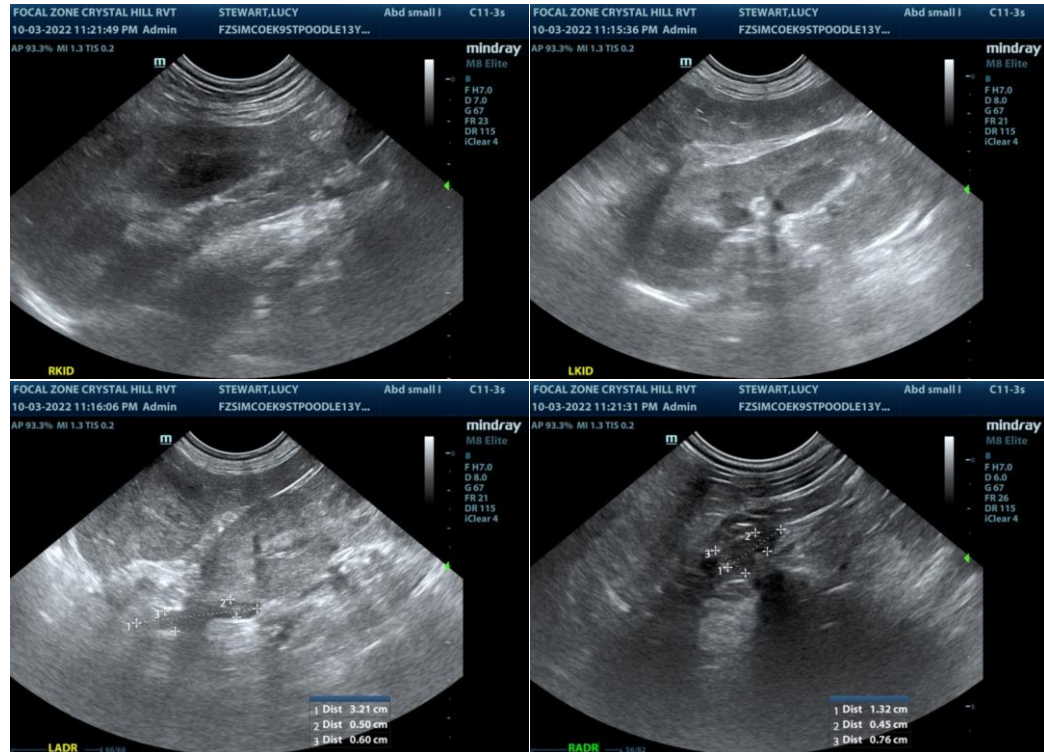
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WEIGHT

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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.

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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