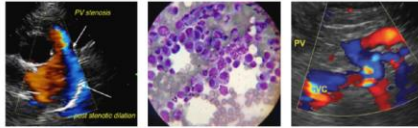




PATIENT	PRESENTING CLINICAL SIGNS
Rex Begley	V/D, increased thirst and urination, drooling, inappetence since Sept 29/30.
SPECIES	Abnormal PE/Chem/CBC/UA Results: CRT/MM: pink, tacky TPR: WNL GI/US: tense diffuse, more caudal Left hind limb pitting edema distal to hock Bilateral swelling of lymph nodes (nodes were aspirated)
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Boxer	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
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. A small cortical cyst was present in the caudal left kidney. Minor medullary mineral was present in both kidneys.
AGE	
12yr	The left kidney measured 7.6 cm in length. The right kidney measured 7.4 cm in length.
WEIGHT	The area of the aortic trifurcation was free of pathology.
69lb	The area of the residual prostate appeared normal and free of pathology.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was indistinctly visualized with only the caudal pole visible. The right adrenal gland measured 0.58 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Amy Mayhew LVT	The spleen exhibited mild generalized enlargement with areas of medial capsule asymmetry. Splenic parenchyma heterogeneity including multiple variably sized to hypoechoic nodules were present. An example of a splenic nodule measured 2.0 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
HOSPITAL NAME	Liver
SVS Imaging Michigan	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 mild hyperechoic debris. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Town Center Veterinary Associates	The stomach presented mildly thickened walls exhibiting indistinct gastric wall layer detail. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
INVOICE	
11791ag	The small intestine presented intact yet segmentally prominent wall layering with a prominent submucosa and muscularis layer. The lumen of the small intestine was empty with no signs of ileus,
DATE	
10/03/2022	

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com

**PATIENT**

Rex Begley

obstruction or foreign material. The jejunum wall measured 0.37 cm in width. The duodenum wall measured 0.59 cm in width.

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

SPECIES

Canine

Pancreas

The left limb of the pancreas was mildly prominent in size with mild capsule asymmetry and subtle hypoechoic to non-homogeneous parenchyma compared to the adjacent omentum.

BREED

Boxer

Free Abdomen

Minor volume anechoic peritoneal free fluid and mid abdominal to perisplenic mild hyperechoic mesentery was present.

SEX

MN

Focal, mildly prominent to enlarged medial iliac 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). The lymph node measured 1.4 cm x 0.56 cm.

AGE

12yr

ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly with non-specific yet suspicious mildly expansive nodules-concern for neoplastic round cell criteria is warranted although not definitive
- Acute gastroenterocolitis pattern-potential inflammatory bowel episode, possible occult infiltrative neoplasia cannot be excluded
- Suspect mild left pancreatitis
- Mild benign/reactive medial iliac lymphadenopathy
- Mild volume peritoneal free fluid and mid abdominal to perisplenic hyperechoic mesentery-free fluid non-specific assuming normal ALB levels

WEIGHT

69lb

INTERPRETED BY

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

Secondary

- Mild age-related kidney changes with small left kidney cortical cyst

IMAGING PERFORMED BY

Amy Mayhew LVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of the splenic nodules with pending splenic and LN cytology is recommended. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the left pancreas as well as a spec cPL and/or full GI panel is suggested. Although considered unlikely, a resting cortisol level to rule out occult Addison's disease is warranted pending additional diagnostics.

HOSPITAL NAME

SVS Imaging
Michigan

Empirically as needed GI supportive care, therapy for mild pancreatitis and assessment of clinical response pending additional diagnostic would be reasonable. Potentially endoscopic enterocolic biopsies may be indicated.

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PATIENT

Rex Begley

SPECIES

Canine

BREED

Boxer

SEX

MN

AGE

12yr

WEIGHT

69lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging
Michigan

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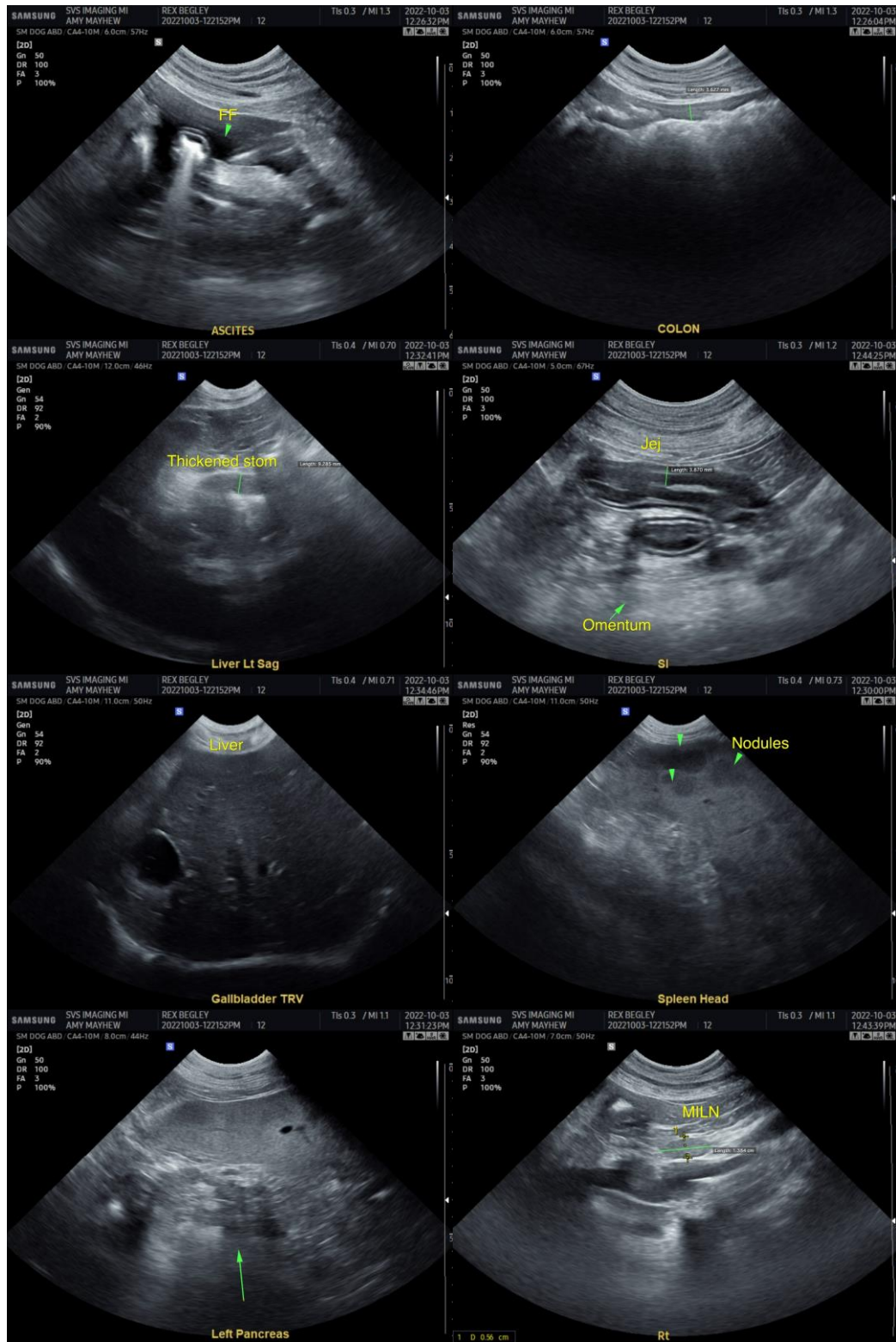
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PATIENT

Rex Begley

SPECIES

Canine

BREED

Boxer

SEX

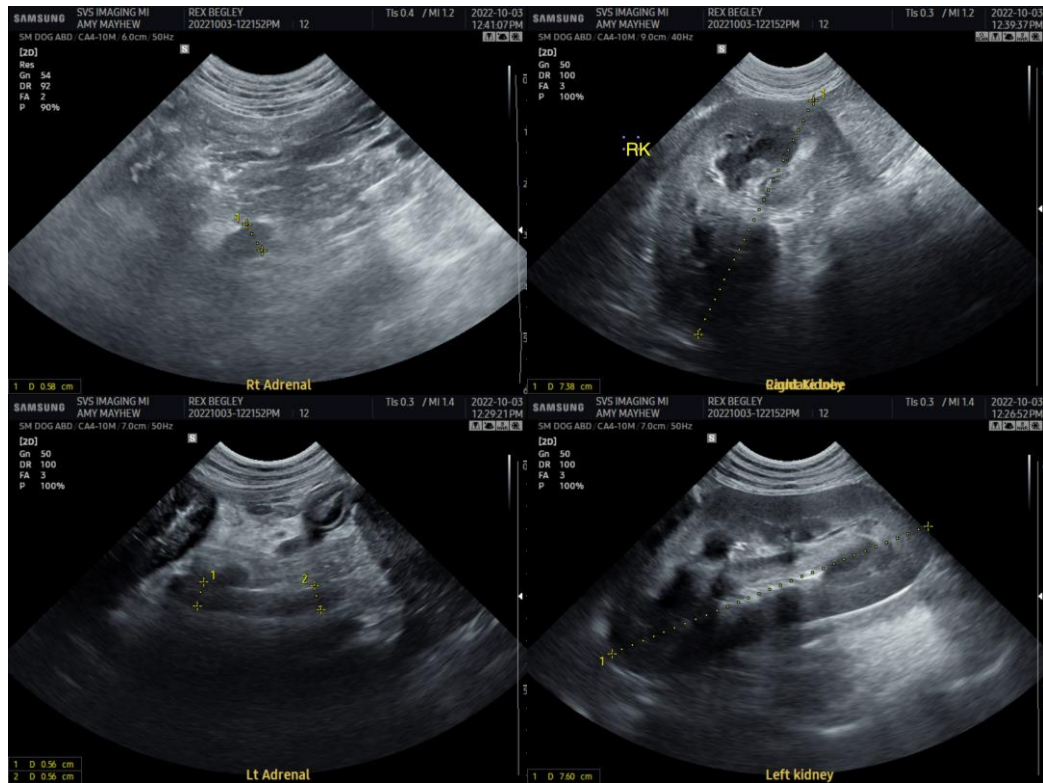
MN

AGE

12yr

WEIGHT

69lb



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.

INTERPRETED BY

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

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)

IMAGING PERFORMED BY

info@SonoPath.com

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging
Michigan

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