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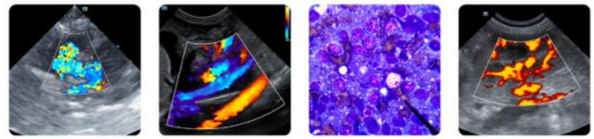


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Milo Feinstein

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

11 Years 5 Months

WEIGHT

17.5 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Dr. Glotzer

INVOICE

12076

DATE

11/05/25

PRESENTING CLINICAL SIGNS

Patient presented for not being able to get up. Patient was brought to another emergency center for a similar reason 10 days ago (patient was limping) and bloodwork was run (normal per owner) and patient was sent home with Gabapentin and Meloxicam. No C, S,D. Patient vomited once today (bile). ASSESSMENT: Pelvic limb weakness (left is weaker) Appetite loss (chronic) Dehydration. Vomiting. Severe periodontal disease. Non-visual right eye.

Abnormal PE/Chem/CBC/UA Results: X-rays with IDEXX interpretation - CONCLUSIONS: 1. The spine is radiographically normal. Survey radiographs are relatively insensitive for myelopathy, and intervertebral disc disease, meningomyelitis, or spinal neoplasia cannot be excluded. 2. The appearance of the gastrointestinal tract overall is nonspecific. Gastroenteritis/pancreatitis may be considered. There is no definitive evidence of mechanical ileus. The gastrointestinal luminal material likely represents normal food material versus less likely luminal foreign material. RECOMMENDATIONS: It is noted that further lab work is pending. Further imaging recommendations may be considered based on results. Abdominal ultrasound can be considered for further evaluation of the gastrointestinal tract and remainder of the abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 4.4 cm in length. The right kidney measured 4.5 cm in length.

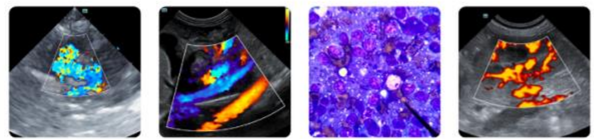
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 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 0.51 cm width at the caudal pole.

Spleen

The spleen presented overall normal in size with primarily symmetrical contour and homogenous parenchyma. Well-demarcated hyperechoic nondisruptive perihilar myelolipomas were present. A mildly expansive nonhomogenous hypoechoic cranial splenic nodule was also present measuring 1.8 cm in diameter. Mild associated symmetrical capsule distortion.

Liver



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The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained mild anechoic fluid and lumen gas.

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.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly expansive cranial splenic nodule with perihilar benign myelolipomas.
- Hepatomegaly- subjective benign.
- Mild gallbladder debris (non-mucocele).
- Mild hypomotile gastritis, sonographically normal empty small intestine.
- Pancreatic remodeling.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodule may indicate benign versus emerging malignant etiologies. Assuming normal clotting status and using a 25-gauge needle, splenic nodule FNA cytology is warranted for further clarification. Serial sonographic monitoring of the splenic nodule for evidence of progression versus diagnostic and prophylactic splenectomy is recommended. Mild chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation or abnormal spec cPL. Gastrointestinal support and empirical therapy for gastritis with clinical monitoring would be appropriate. No evidence of gastrointestinal foreign material or mechanical obstruction.

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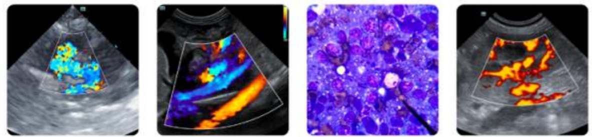

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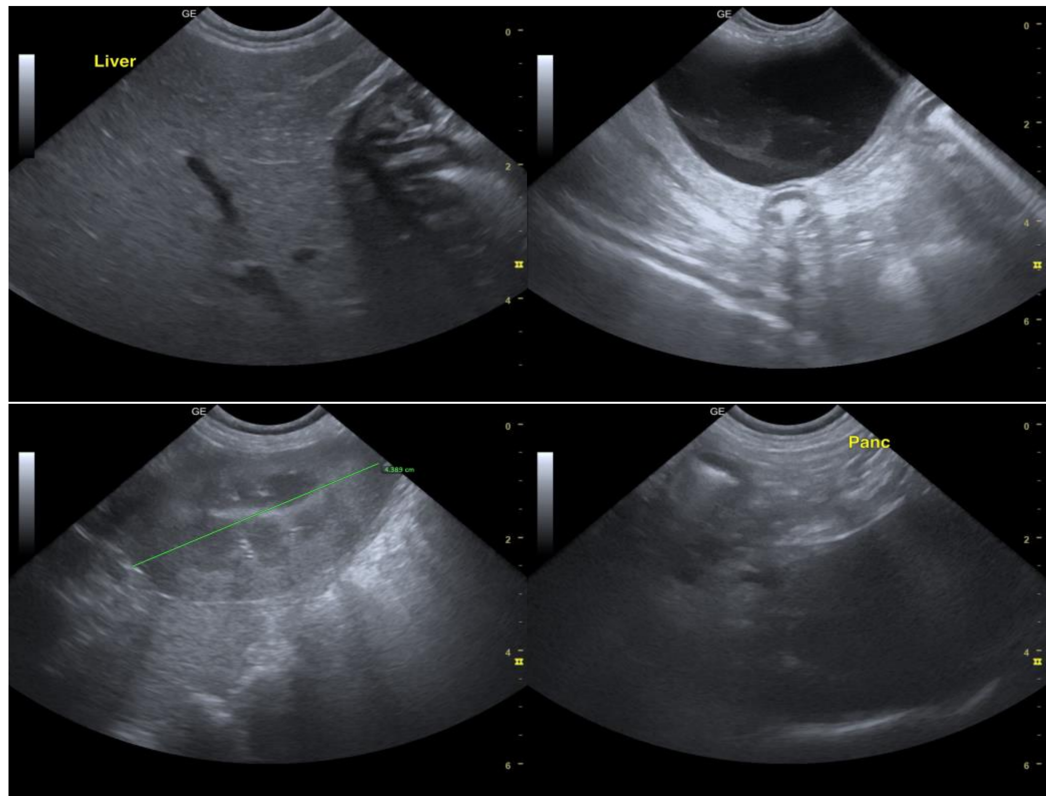

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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