



PATIENT	PRESENTING CLINICAL SIGNS
Ike Wickstrom	Presented 10/27/22: Decreased appetite Blood in urine PE WNL, BW at that time: Alb: 2.1, Glob: 5.2 Presented today for a recheck: Still decrease in appetite more lethargic, peripheral lymphadenopathy
SPECIES	Abnormal PE/Chem/CBC/UA Results: BW Today: Alb: 2.1 Glob: 5.4 CBC WBC 29.9 with neutrophilia
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
German Shorthair Pointer	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with non-dependent particulate or sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
MI	
AGE	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 6.7 cm in length. The right kidney measured 7.4 cm in length.
8yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
47.4lb	The prostate was 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 6 cm x 5 cm. Small intermittent anechoic, thinly walled parenchyma cysts were present.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was indistinctly visualized. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was not visualized.
IMAGING PERFORMED BY	Spleen
Dr. Evoniuk	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. 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.
HOSPITAL NAME	Liver
State Avenue Vet Clinic	The liver presented 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 primarily anechoic luminal content and minor congealed debris in the cranial lumen. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Lenz	
INVOICE	
12114ag	
DATE	
11/08/2022	



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing with no signs of ileus, obstruction or foreign material.
Ike Wickstrom	
SPECIES	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	Pancreas
German Shorthair Pointer	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.
SEX	Free Abdomen
MI	No omental masses or peritoneal effusion was present.
AGE	A solitary, mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The node measured 1.8 cm x 0.7 cm.
8yr	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Mild urinary bladder sediment • Prostatomegaly exhibiting non-homogeneous mildly cystic parenchyma-benign prostatic hyperplasia or prostatitis with parenchymal cyst possible • Focal minor benign/reactive medial iliac lymphadenopathy • Sonographically unremarkable GI tract with gastric ingesta • Possible mild hepatomegaly-subjectively benign • Minor congealed gallbladder debris (non-mucocele)
47.4lb	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S is required for further definition. A urine C/S is recommended. Eventual neutering is likely ideal in this patient. No overt evidence of intra-abdominal neoplastic criteria was observed.
IMAGING PERFORMED BY	The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility possibly secondary to structurally insignificant gastroenteropathy given the hypoalbuminemia. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.
Dr. Evoniuk	
HOSPITAL NAME	REFERRING VET
State Avenue Vet Clinic	Dr. Lenz
REFERRING VET	A GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as a resting cortisol level to rule out occult disease as a contributing factor to the patient's clinical signs. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.
Dr. Lenz	
INVOICE	Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology could be considered pending peripheral lymph node cytology if elected. As needed GI support would be appropriate.
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PATIENT

Ike Wickstrom

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

MI

AGE

8yr

WEIGHT

47.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

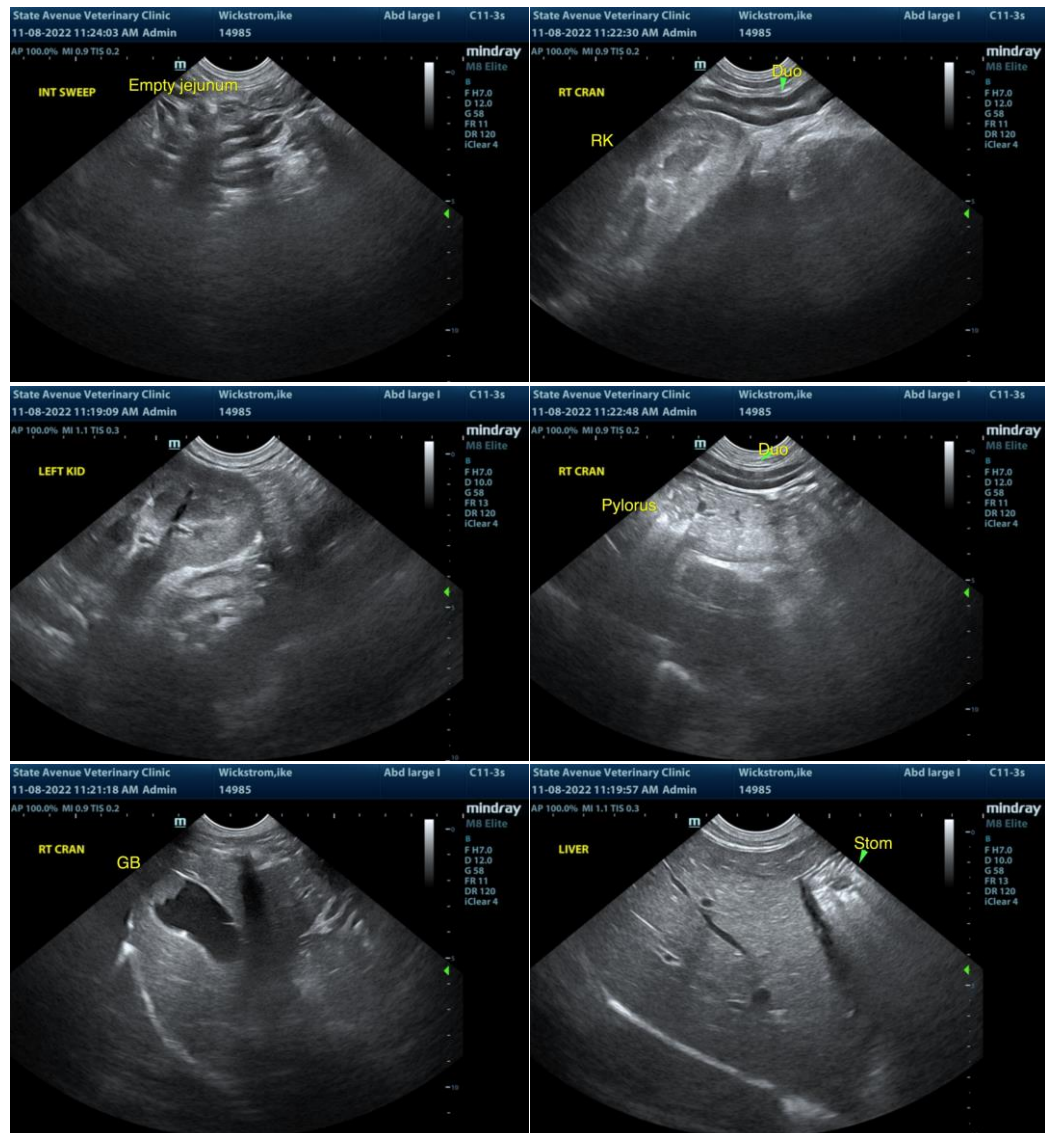
Dr. Lenz

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Ike Wickstrom

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

MI

AGE

8yr

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47.4lb

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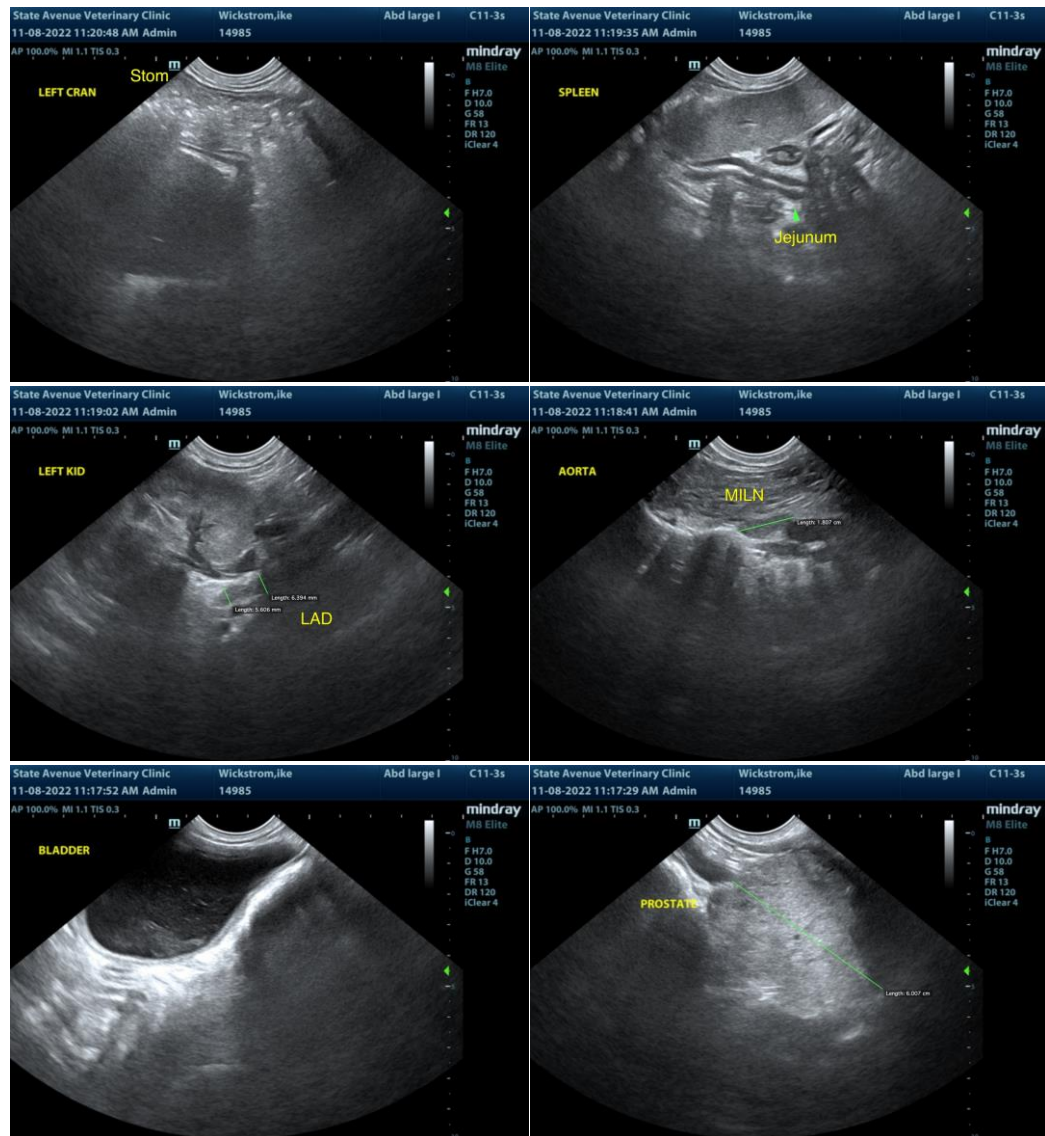
Dr. Lenz

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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