



PATIENT PRESENTING CLINICAL SIGNS

Keeghan Gabriel
Decreased appetite for 3 weeks, weight loss, abdominal mass.
Medication: Deramaxx

SPECIES
ALP 4892, ALT 353, AST 100, ALB 2.1, Ca 8.0, WBC 22.2, HCT 34

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Terrier Mix
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.

SEX

MN

AGE

2012

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 6.4 cm in length. The right kidney measured 7.2 cm in length

The area of the aortic trifurcation was free of pathology.

WEIGHT

32.8

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

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was mildly prominent in size based on caudal pole width measurement in light of patient body weight measuring 1.8 cm length x 0.78 cm caudal pole width. No evidence of overt left adrenal neoplastic criteria.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole and 2.4 cm length.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited marked enlargement with areas of capsule asymmetry and swollen contour. Generalized hypoechoic splenic parenchyma exhibiting moderate coarse echotexture was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis documented on Doppler. Regional mild perisplenic hyperechoic mesentery was noted.

HOSPITAL NAME

Blue Ridge VC

Liver

The liver was markedly enlarged with swollen contour and decreased parenchyma echogenicity exhibiting moderate coarse echotexture. No evidence of mass/lesions or nodules. 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 with moderate variably echogenic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Filchner

INVOICE

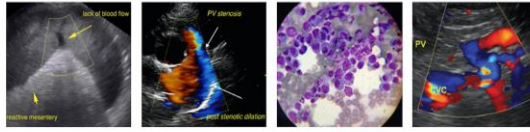
12423ag

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.

DATE

12/15/2022



PATIENT

Keeghan Gabriel

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.

SPECIES

Canine

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

Terrier Mix

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Marked hepatosplenomegaly exhibiting hypoechoic hepatosplenic parenchyma
- Moderate gallbladder debris-possible early mucocele
- Sonographically unremarkable GI tract
- Mild age-related renal changes
- Mildly prominent left adrenal gland-nonspecific

AGE

2012

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

32.8

Strong concern for hepatosplenic infiltrative round cell neoplasia i.e. lymphoma or other. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment and potential oncology consult. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for occult disease as a contributing factor to the inappetence and weight loss. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Blue Ridge VC

REFERRING VET

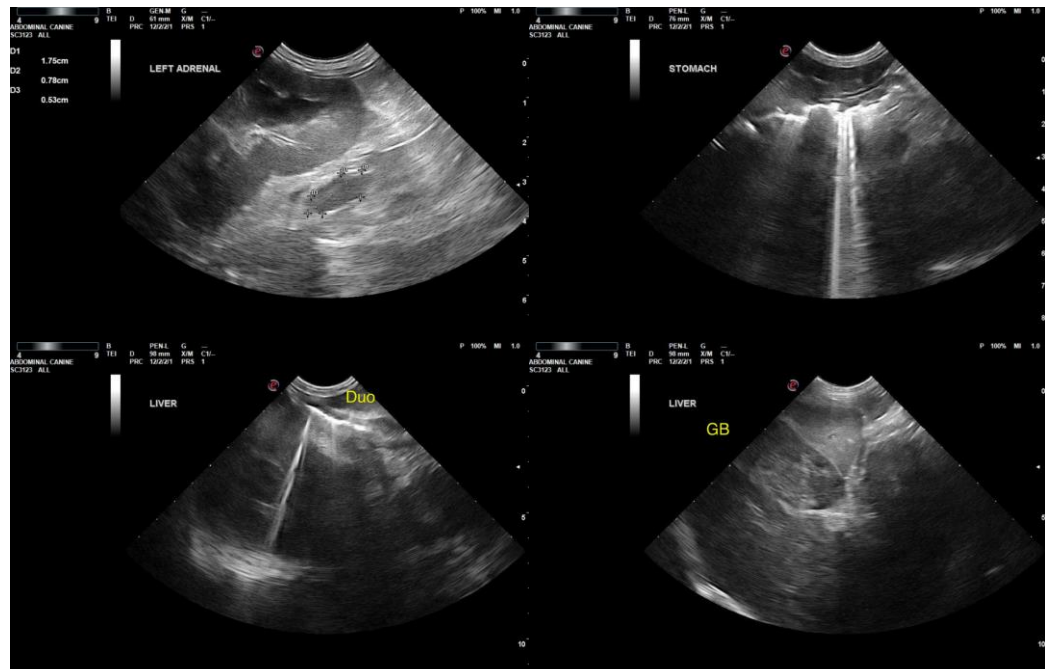
Dr. Filchner

INVOICE

12423ag

DATE

12/15/2022





PATIENT

Keeghan Gabriel

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

2012

WEIGHT

32.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Blue Ridge VC

REFERRING VET

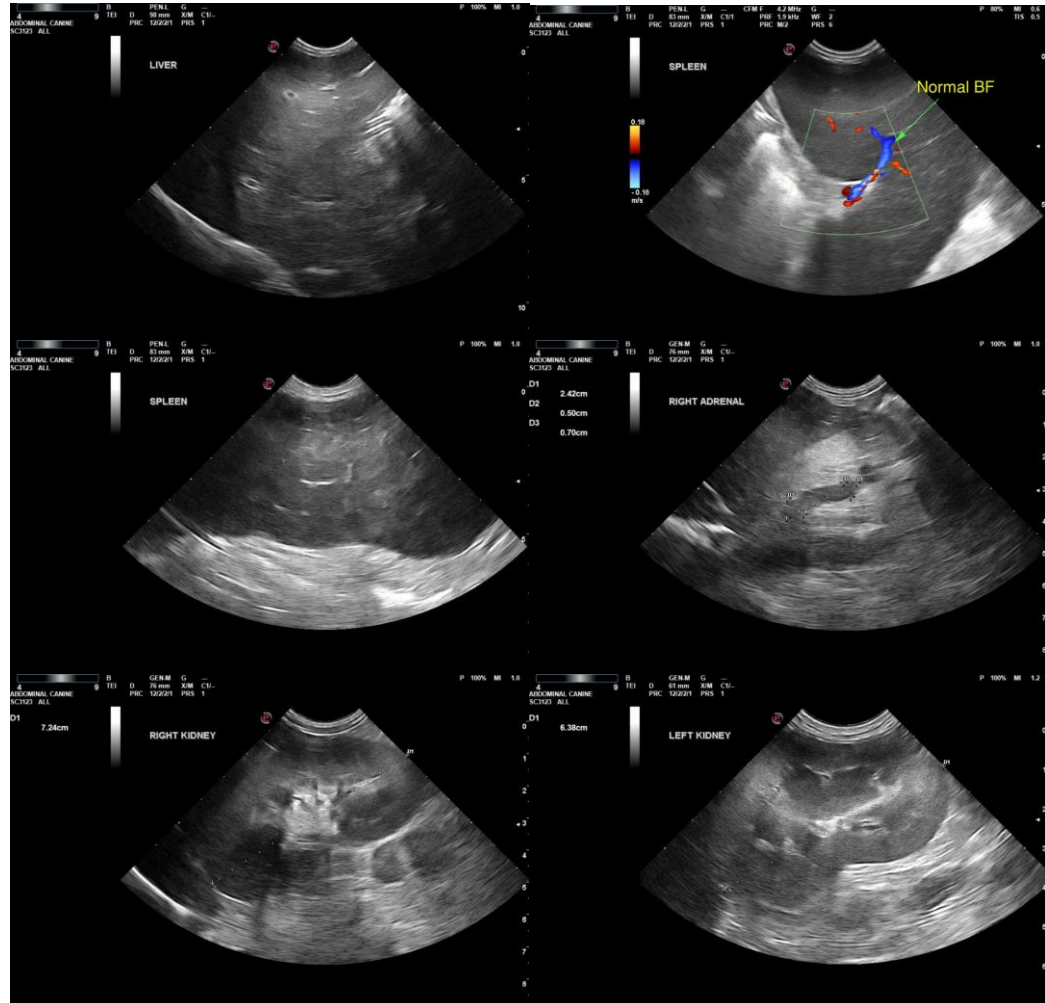
Dr. Filchner

INVOICE

12423ag

DATE

12/15/2022



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)
mac.daniel@sonopath.com