



PATIENT

Franklin Ritchie

SPECIES

Canine

BREED

West Highland White
Terrier

SEX

MN

AGE

13yr

WEIGHT

17lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Kinney

INVOICE

12469ag

DATE

12/19/2022

PRESENTING CLINICAL SIGNS

Franklin is a 13 year old male neutered Westie. He has a history of a sensitive stomach and has been on a sensitive stomach diet previously. In August 2022 he developed pancreatitis and although he did get better, has not been 100%. He has been seen twice over last 6 weeks for diarrhea/mucousy stool and generally mild lethargy. He has been treated with probiotics, cerenia, gabapentin, and tylenol. His bloodwork showed normal pancreatic function and elevated ALP. Radiographs were taken and primary concerns were colitis and a rounded soft tissue opacity noted on the tail of the spleen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size owing to lack of urine distention. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. Anechoic urine was present in the lumen with minor to focal dependent mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 5.1 cm in length. The right kidney measured 5.1 cm in length

The residual prostate exhibited subjective enlargement with diffuse mineralize parenchyma and mild irregular capsule contour measuring 2.2 cm in diameter.

A solitary enlarged irregular pinpoint hyperechoic medial iliac lymph node was present measuring 2.8 cm x 1.4 cm. Suspect lymph node parenchymal mineralization. Subtle hyperechoic perilymphatic mesentery was present.

Adrenal Glands

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 1.8 cm length and 0.56 cm width in the caudal pole. The right adrenal gland measured 1.7 cm length and 0.43 cm width in the caudal pole.

Spleen

The spleen exhibited potential for mild enlargement with folding. An ill-defined to irregular hyperechoic nodule was present in the mid spleen without associated capsule distortion measuring 2.3 cm in diameter. 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.

Liver

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 echogenic, nonmineralized, non-dependent biliary sludge. The



PATIENT	biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.
Franklin Ritchie	
SPECIES	Gastrointestinal
Canine	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.52 cm width. Mild gastric distension with retained primarily anechoic fluid was present.
BREED	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized mildly prominent duodenojejunal mucosa and discrete mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
West Highland White Terrier	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	Pancreas
MN	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.
AGE	Free Abdomen
13yr	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
17lb	<ul style="list-style-type: none"> • Mild dependent urinary bladder mineral • Subjective residual prostatomegaly with mineralized parenchyma • Solitary irregular non-homogeneous pinpoint hyperechoic to mineralized medial iliac lymphadenopathy • Gastroenterocolitis pattern, potential inflammatory bowel • Heterogeneous to remodeled pancreas- patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible • Vacuolar hepatopathy pattern-subjectively benign • Early/partial to emerging gallbladder mucocele-noninflamed
INTERPRETED BY	Secondary findings
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Benign splenic nodule and splenic folding-nodule suggestive of myelolipoma
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Todd	Strong concern for potential residual prostatic neoplastic criteria i.e. prostatic or urothelial carcinoma with concern for potential medial iliac lymphatic metastasis. Correlation with rectal palpation, abdominal radiographs as well as prostatic and lymph node sample suggested for further clarification.
HOSPITAL NAME	A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A hydrolyzed diet trial, continued high colony count probiotic, empirical deworming if clinically indicated and as needed GI support would be appropriate.
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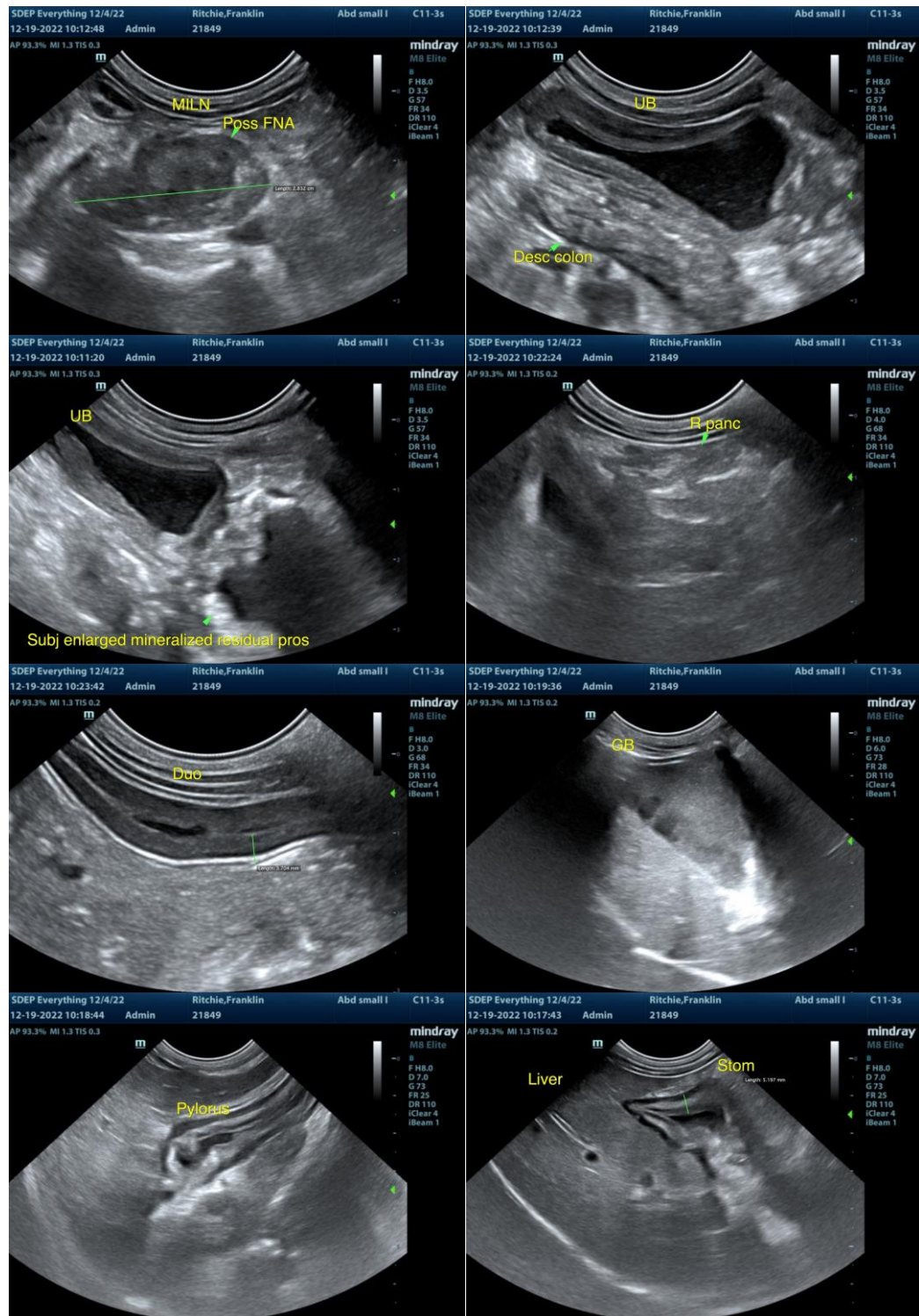
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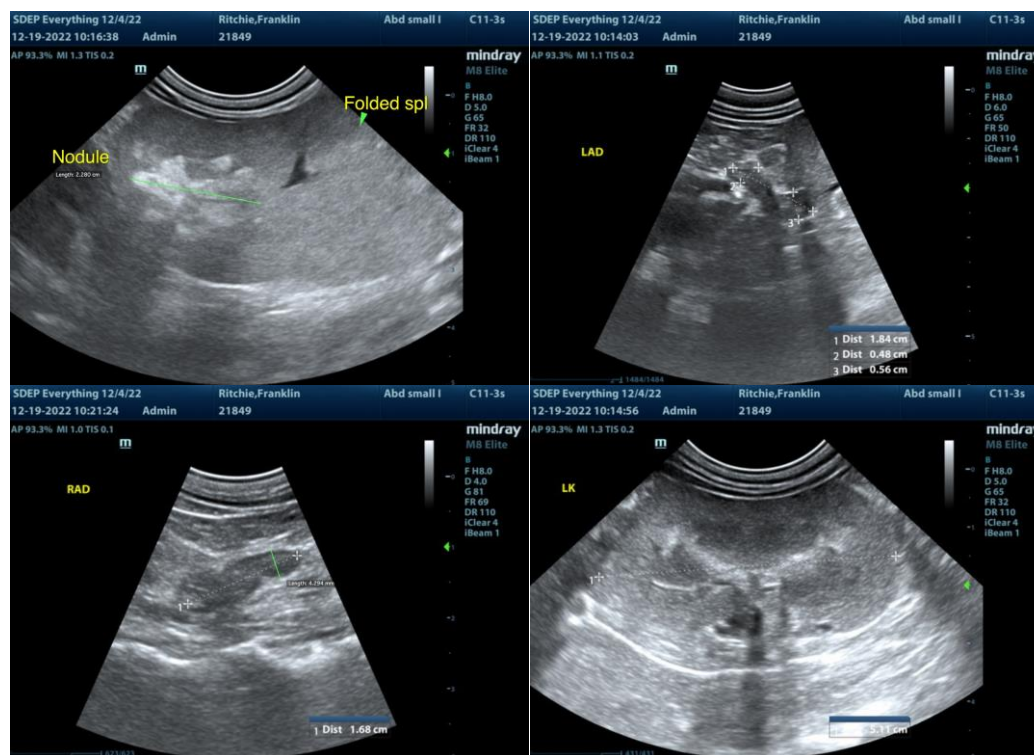
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com