



**PATIENT**

Luke Tedesco

**SPECIES**

Canine

**BREED**

German Shepherd dog

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

75 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Trae Cutchin

**HOSPITAL NAME**

Friendship Springs VC

**REFERRING VET**

Trae Cutchin

**INVOICE**

13134

**DATE**

12/21/21

**PRESENTING CLINICAL SIGNS**

History: Patient has been boarded recently and ate poorly with some mild weight loss during stay but this was attributed to post op eye surgery/boarding stress. Patient went home on 12/15, but yesterday had an acute single episode of vomiting. On examination he was otherwise normal with no other additional abnormal recent history., although the other dog in the house had similar symptoms a few days earlier. Pt was treated empirically with bland diet and cerenia. However, this morning vomiting was continuing in spite of Cerenia. Today he is mildly icteric and dehydrated. Abnormal PE/Chem/CBC/UA Results: Patient has markedly elevated ATL, alp, Tbili. He is also hemoconcentrated. Radiographs reveal marked splenomegaly. Other labs are pending.

**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 changes were noted. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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 7.0 cm in length. The right kidney measured 7.0 cm in length.

**Adrenal Glands**

No overt pathology in the area of the left or right adrenal glands, although not definitively visualized.

**Spleen**

The spleen exhibited a generalized mild to potential moderate enlargement with subtle medial folding of the cranial and caudal spleen. Generalized mild nonhomogeneous splenic parenchyma echogenicity. No distinct splenic masses or nodules with subjective normal splenic vascularity.

**Liver**

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

The gallbladder exhibited subjective mild distended with nondependent to organized luminal debris exhibiting partial to definitive striated pattern was present. Evidence of mild peripheral gallbladder inflammation noted. No overt evidence of effusion. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach exhibited intact yet subjective mild prominent wall layering. The lumen of the stomach contains a mild to moderate amount of retained anechoic fluid. No overt evidence of retained ingesta or foreign material. The gastric body wall measured 0.44 cm.



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The visualized segments of the small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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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.

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***Free Abdomen***

No overt evidence of significant lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

8 Years

- Splenomegaly exhibiting mild generalized nonhomogeneous parenchyma
- Hepatopathy- subjectively acute
- Hypomotile stomach- suspect gastroenteritis
- Partial/mature gallbladder mucocele with subtle peripheral inflammation

**WEIGHT**

75 Lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The presentation of the spleen was nonspecific with considerations including hyperplasia, hematopoiesis, incidental splenitis, breed associated hypersplenism, while the possibility of infiltrative neoplasia cannot be definitively excluded.

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Considerations for the liver may include acute hepatitis (viral, bacterial), leptospirosis, toxin, inflammatory hepatopathy and cholestasis secondary to gallbladder mucocele with occult hepatic neoplasia considered a less likely differential diagnosis. Partial/mature gallbladder mucocele with evidence of peripheral inflammation.

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The primary cause of the patient's clinical signs may be owing to the gallbladder. Broad spectrum antibiotics (such as enrofloxacin/metronidazole combination) and hepatosupportive medications with coagulation profile recommended with close monitoring, depending on degree of hepatic enzyme elevation for rapid rise and evidence of cholestasis or hepatic inflammation. Cholecystectomy with hepatic biopsies is strongly suspected to be indicated in this case. Prior to surgical considerations, ultrasound guided FNA of the spleen to rule out occult splenic neoplasia, assuming normal clotting status and using a 25-gauge needle, would be appropriate.

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The information and recommendations provided are based on the images presented by the



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**referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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.

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**info@SonoPath.com**

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