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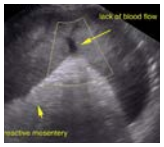
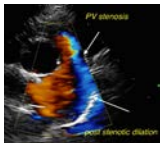
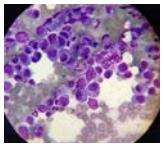
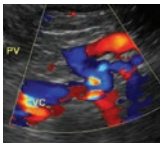

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jaeger Werner

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

7 Years

WEIGHT

80 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

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Family Pet Practice

INVOICE

33288

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PRESENTING CLINICAL SIGNS

BAR, anxious- overall more quiet than prev visits Icteric sclera OU Icteric MM Tachycardia- rule-out anxiety vs secondary to concurrent illness Normal lung sounds moderately tense on abdominal palpation Normal gait today, no appreciable MS pain. Hx of mass left dorsum that has resolved. Hx of hindlimb weakness- Has improved. 13. 9lb weight loss since Prev visit in May 2021 Per O appetite has improved from ER visit. ER visit summary on Nov 17th: Jaeger presented to MedVet Commerce for being painful, acting lethargic, and not acting like himself. Jaeger was found to have a swelling on his left lumbar area. Bloodwork was performed and showed a mild anemia (low red blood cell count), a mild increase in white blood cells, elevated liver values, and a slightly low protein value. The next diagnostic steps for Jaeger would be to evaluate a urine sample, perform radiographs, and take samples of the swelling area. We also recommend pursuing an abdominal ultrasound to evaluate Jaeger's liver further with an Internal Medicine Specialist. You have opted to try medication at this time and recheck Jaeger's bloodwork. We are sending Jaeger home with an antibiotic, Clavamox, and pain medication, Gabapentin. We are also sending home a liver supportive supplement, Denamarin. Please keep Jaeger exercise restricted at home - no running, jumping, or active play. Jaeger can continue his regular diet. If Jaeger's blood values do not improve (or worsen), if he declines, or develops any additional clinical signs (vomiting, diarrhea, inappetence, weakness, etc.) please have him re-evaluated by a veterinarian.
Abnormal PE/Chem/CBC/UA Results: CBC- Leukocytosis, neutrophilia, anemia Hct 26.2% Blood smear- polychromasia noted Chemistry- TP 4.6, alb 1.9, Cl 77, ALT 153, AST 86, ALP 236, GGT, 43, Tbili 7.5, K+ 3.6 (no hx of vomiting per O) UA- Need sample, cysto not recommended due to coag concerns with anemia, liver disease. per O P urinated prior to appt and urine appeared dark T4- 1.06 - suspect sick euthyroid, less likely hypothyroid 4dx- negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.4 cm diameter.

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 9.0 cm. The right kidney measured 8.8 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 0.75 cm at the cranial pole and 0.80 cm at the caudal pole.

Spleen

The spleen exhibited generalized enlargement with asymmetrical contour and non-homogeneous parenchyma, containing multifocal variably expansive, hypoechoic to non-homogeneous splenic intraparenchymal nodular mass lesions. Example of nodular mass lesion in the spleen measured 3.2 cm diameter.

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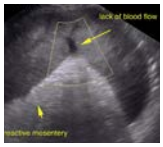
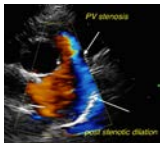
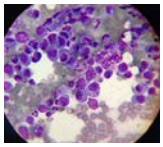
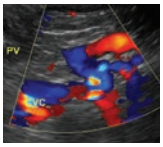

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Liver

The liver presented generalized enlargement with rounded to mild asymmetrical hepatic contour, generalized non-homogeneous to mixed echogenic hepatic parenchyma. No overt hepatic masses noted. Mild gallbladder debris present. The gallbladder was non-distended. The common bile duct was normal. No evidence of cholecystic or pericholecystic inflammation.

Gastrointestinal

The stomach was moderately distended with gas. The visualized gastric walls were sonographically unremarkable.

The visualized 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 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.

Free Abdomen

A moderately sized to expansive, non-homogeneous to cavitated mass was noted in the area of the sublumbar space and potential pelvic inlet. The mass measured approximately 8.0 cm x 6.0 cm, but potentially larger, as the entire mass would not fit into a single viewing window. Overt evidence of lymphadenopathy adjacent to the iliac trifurcation was not noted.

Small pockets of scant peritoneal free fluid and subtle generalized reactive mesentery present, most notable around the spleen and liver. Evidence of significant omental lymphadenopathy was not noted, yet mild omental lymphadenopathy is possible.

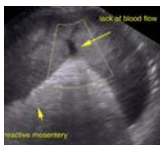
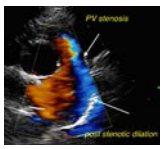
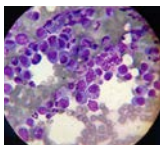
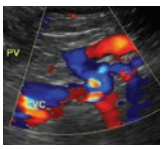
ULTRASONOGRAPHIC FINDINGS

- Unspecified non-homogeneous to cavitated sublumbar to pelvic inlet mass
- Multifocal variably sized hypoechoic to non-homogeneous splenic nodular mass lesions
- Hepatomegaly with non-homogeneous parenchyma
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the presence of the sublumbar to pelvic inlet mass with concurrent splenic nodular mass lesions and hepatomegaly exhibiting non-uniform parenchyma is most concerning for multicentric sarcoma, round cell neoplasia, or other possible. Non-neoplastic etiologies such as multicentric unspecified inflammatory or infectious disease thought less likely.

Assuming normal clotting status, ultrasound guided FNA of the sublumbar to pelvic inlet mass as well as hepatosplenic FNA using 25-gauge needle could be considered for screening cytology and potential for oncology consult. 3-view chest radiographs recommended. Concern for neoplasia associated anemia, assessment for evidence of autoagglutination and coagulation panel could be considered. Very guarded

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to potentially unfavorable prognosis indicated.

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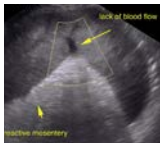
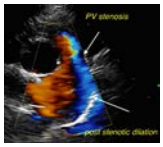
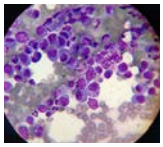
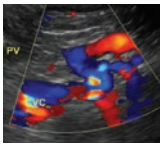

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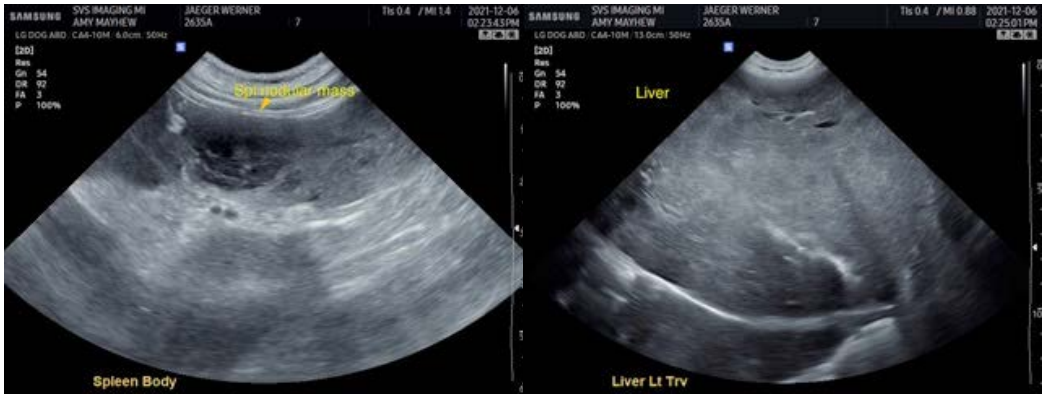

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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