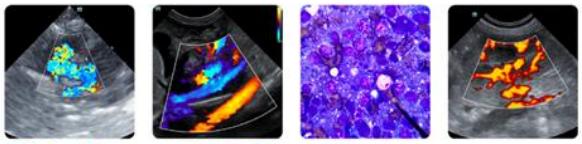


PATIENT

Benelli Young

SPECIES

Canine

BREED

German Shepherd Collie Mix

SEX

MN

AGE

12yr

WEIGHT

72lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

West Newton Animal Clinic

REFERRING VET

Brandon Holmes

INVOICE
23203

DATE
12/09/2025

PRESENTING CLINICAL SIGNS

The patient is a 12-year-old male canine presenting for worsening paw lesions, decreased appetite, and decreased water consumption. The issues began around Thanksgiving with two oozing lesions on the paw pads of the right front paw. Since then, similar lesions have developed on all four paws and are increasing in size. The patient is obsessively biting at his paws, creating secondary lesions on the dorsal aspect of each paw. The paws have been seen bleeding on the floor. An older, separate injury described as a brush burn is also present on a hind leg. The patient has been wearing an e-collar but can still reach the affected areas. A painful episode was noted one night when the patient was crying, and the owner also reports accidentally stepping on the right front paw yesterday, which caused a painful vocalization; this paw now appears more swollen. The patient was seen at an emergency clinic on December 2nd and was prescribed a topical antibiotic and pain medication. A previous course of oral antibiotics in October (cefpodoxime) was ineffective, though Carprofen has provided some pain relief. Recent bloodwork showed low thyroid and low lymphocyte levels. The patient is currently receiving Gabapentin, Trazodone, and Frontline. Appetite is poor, though he ate some boiled chicken this morning. Water intake is significantly decreased. Weight loss of 5 lb noted since July 2025. Chest x-rays appear unremarkable.

Abnormal PE/Chem/CBC/UA Results: AST = 60, creatine kinase = 270, lymphocytes = 796, TT4 = 0.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 - cm in length. The right kidney measured – cm in length.

The area of the aortic trifurcation was free of pathology.

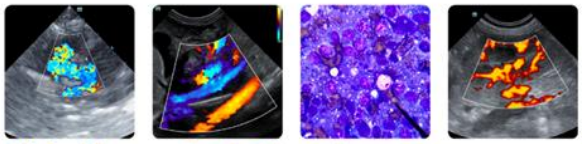
The residual prostate appeared normal and free of pathology

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 7.0 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent small well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma. AN example measured 0.32 cm in



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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. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

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. A solitary visualized well demarcated non-disruptive hyperechoic hepatic nodule was present in the mid ventral liver measuring 1.2 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized gravity dependent debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta and lumen gas with no signs of ileus, obstruction or foreign material.

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 mechanical/metabolic 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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild hepatomegaly with intraparenchymal nodule- subjective benign
- Intermittent small hyperechoic splenic nodules, consistent with benign criteria, i.e. myelolipomas
- Mild non-organized gallbladder debris
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely a geriatric abdomen without evidence of significant visceral pathology such as overt neoplastic criteria. The liver nodule is suggestive of benign criteria, i.e. lipogranuloma or nodular hyperplasia with minor potential for emerging to low-grade nodular hepatic neoplasia, i.e. carcinoma. An obvious intra-abdominal correlation to the cutaneous lesions or gastrointestinal signs was not obvious. Gastrointestinal support is recommended.

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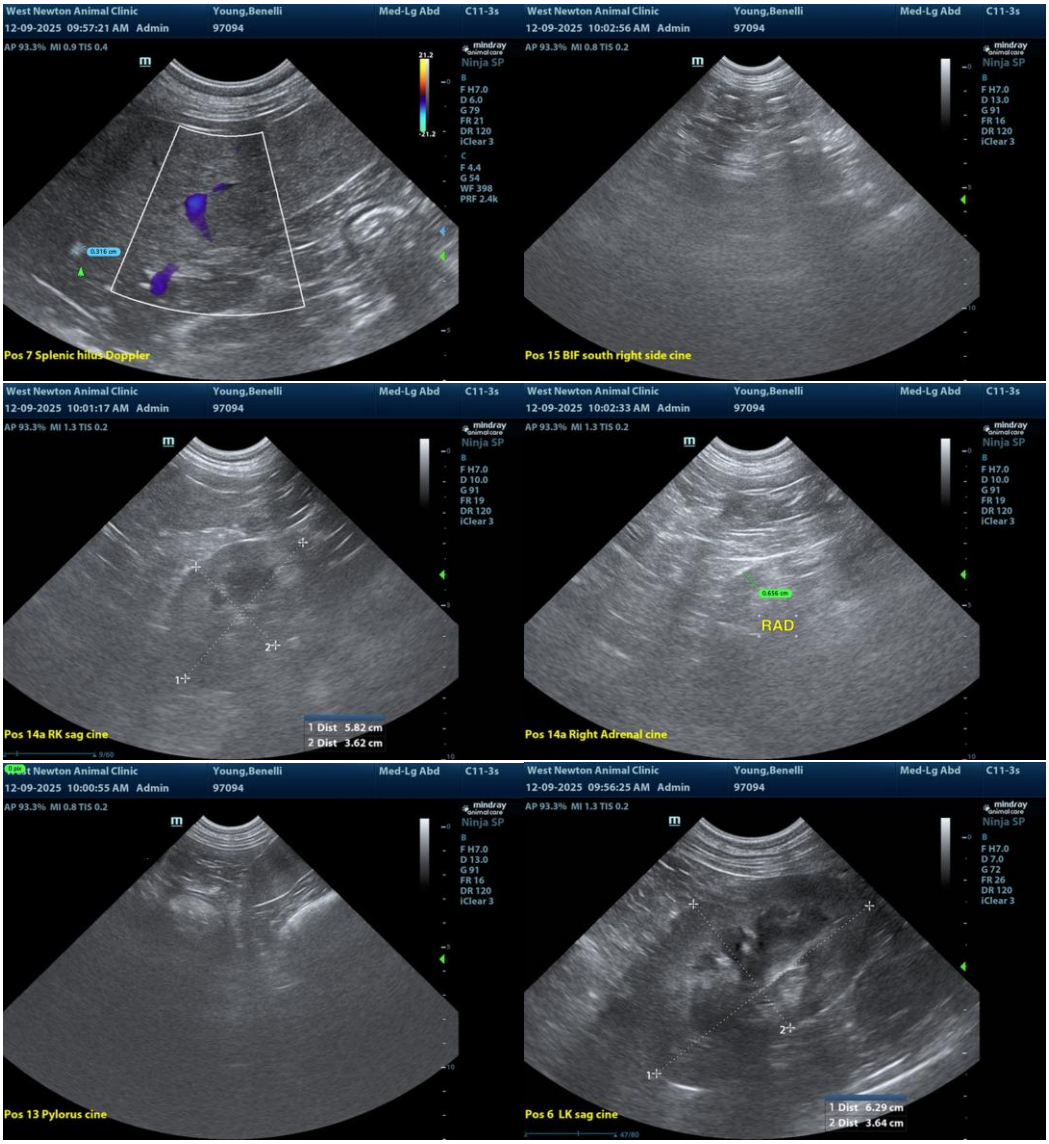

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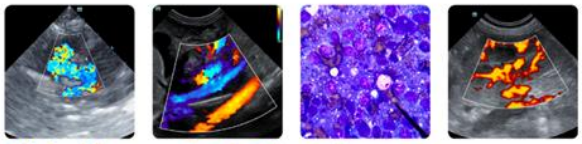

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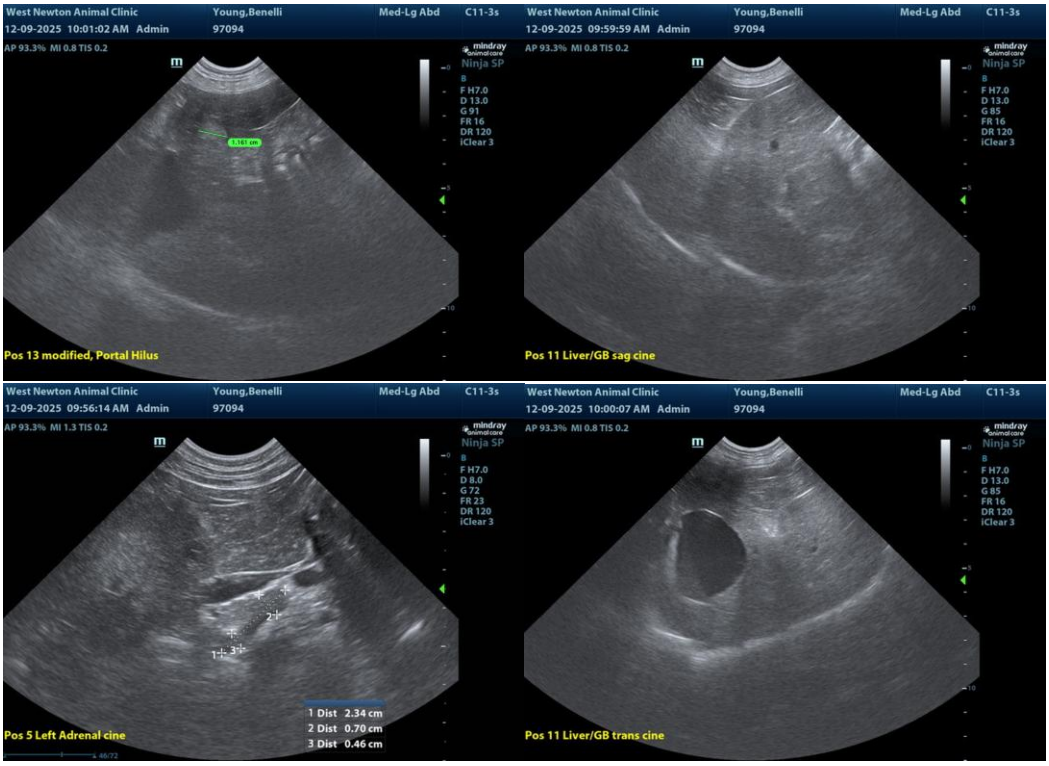

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com