

PATIENT PRESENTING CLINICAL SIGNS

Murphy Fitzsimmons

History: Weak, lethargic, anorexic for several days, history of MCT 4.21

Medication: IVF

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pitbull

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 was noted.

SEX

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in width.

AGE

10 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

72 Pounds

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 6.4 cm in length. The right kidney measured 7.4 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.64 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 2.9 cm length x 0.44 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited subjective spherical isoechoic to mildly nonhomogeneous mass lesion with mild associated symmetrical capsule distortion present in the cranial lateral spleen measuring approximately 4.5 cm in diameter. The rest of the spleen exhibited a finely textured homogeneous parenchyma without additional nodules or mass lesions. Normal splenic vascularity was present.

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Coyle

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented mild to moderate wall thickening secondary to mild to moderate echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The ventral gastric body wall



PATIENT	measured 0.58 cm width. Mild gastric distension with mild retained anechoic fluid was present in the stomach without evidence of retained ingesta or foreign material.
Murphy Fitzsimmons	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. The duodenum wall width measured 0.39 cm. The jejunum wall width measured 0.34 cm.
SPECIES	
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
Pitbull	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 were evident.
SEX	<i>Free Abdomen</i>
Neutered Male	No overt lymphadenopathy or peritoneal effusion was present.
AGE	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
10 years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<i>Primary Findings</i>
72 Pounds	<ul style="list-style-type: none"> • Nonspecific craniolateral splenic Isoechoic to mildly nonhomogeneous mass lesion • Gastritis pattern with mild gastric hypomotility, sonographically unremarkable small bowel
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The isoechoic to mildly nonhomogeneous splenic mass lesion is nonspecific with potential considerations including regional hyperplasia, hematopoiesis, splenitis, isoechoic lipogranuloma, primary vs. metastatic neoplasia, given the patient's history of mast cell tumor, or other.
IMAGING PERFORMED BY	Ultrasound-guided FNA of the splenic mass lesion is warranted for screening cytology (obtained without complication during ultrasound).
Rebekah Jakum, CVT ARDMS/RVT	Empirically, continued supportive care including IV fluids and gastrointestinal support for gastritis or gastroenteritis is recommended. Three view thoracic radiographs are recommended to rule out occult thoracic pathology if not done.
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REFERRING VET	Aside from the nonspecific splenic mass lesion and subjective gastritis, no other evidence of Intraabdominal visceral pathology as a contributing factor or cause of the patient clinical signs was noted.
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SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

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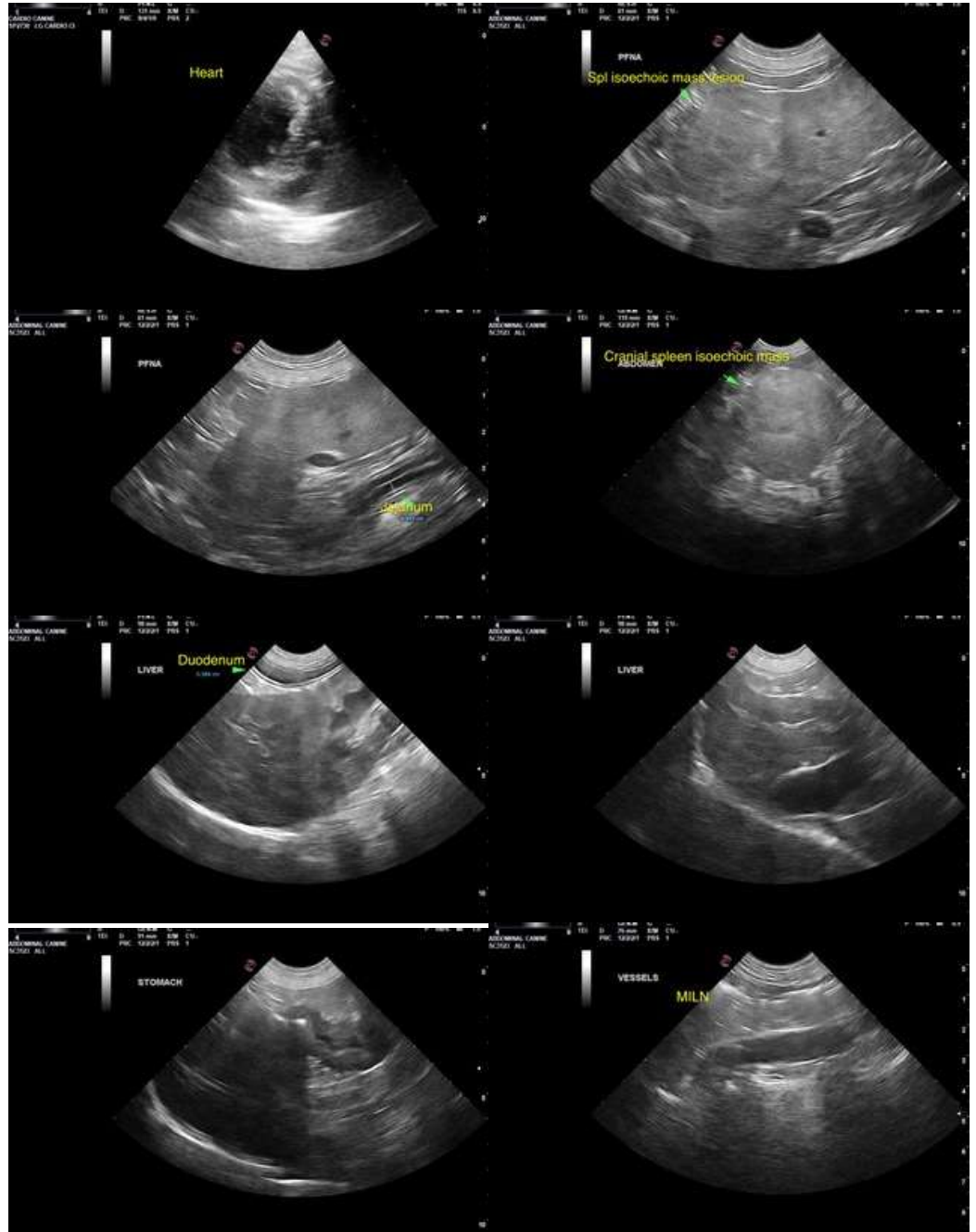
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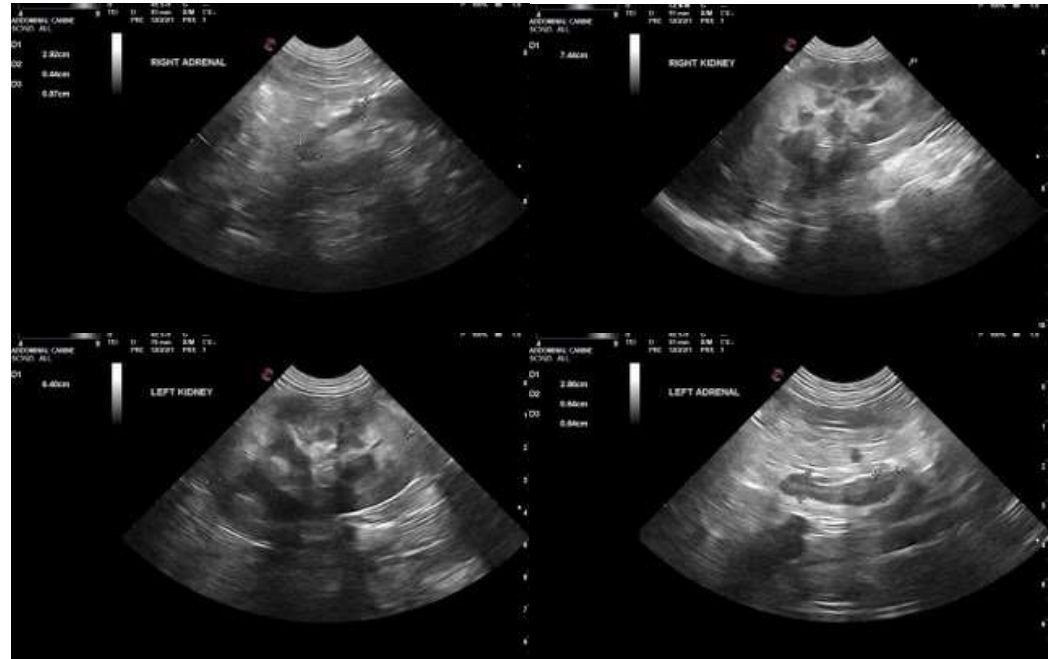
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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mac.daniel@sonopath.com