



PATIENT

Jack Myers

SPECIES

Canine

BREED

Pembroke Corgi

SEX

Neutered Male

AGE

12 Years

WEIGHT

37

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Nikki Kollman RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Dr. Brooke Ridinger

INVOICE

13659

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- went to ER for trembling/drooling on 12/30. waited but not seen - left and went to another DVM- F.U.O., temp 104.7 - CBC showed neutropenia, toxic neutros, dohle bodies, ALP 237, TP/glob slightly high, 4dx neg, lytes normal; chest and abd rads showed hepato/splenomegaly; started Clavamox, rimadyl and improved for a while. open dx; dental and mass removal planned
- presented today as second opinion - has been panting (per o resting RR 60 since Sunday) still e/d(at at 4:15am), drooling, trembling, lethargic, 1 episode nonproductive retching

Abnormal PE/Chem/CBC/UA Results: Today temp = 105.7, tachypneic, mass vs. splenomegaly on abd palp, CBC= leuko/neutropenia - neutros = 750! w/left shift chem - ALKP 306; chest and abd rads - loss of detail/poss mass effect at pylorus/caudal to stomach? hepato/splenomegaly UA - USG >1.050, hematuria/proteinuria quant PL normal at 159

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was 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 5.8 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.77 cm width in the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted. A subtle noncapsule deforming possibly centrally hyperechoic to mild peripherally nonhomogenous mid splenic nodule was present measuring 0.68 cm in diameter.

Liver & Gallbladder



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The liver presented 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented regional variably thickened stomach wall exhibiting decreased wall echogenicity and indistinct loss of gastric mural detail. Additional areas of stomach were nonthickened with maintained intact wall layering. The stomach contained a mild amount of anechoic fluid and lumen gas. No evidence of obstruction to pyloric outflow. The thickened stomach wall measured 1.4 cm wall width. The normal stomach wall measured 0.4 cm wall width. Mild perigastric hyperechoic omentum.

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.

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 obvious significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Regionally thickened stomach exhibiting decreased mural echogenicity and indistinct/loss of gastric detail.
- Normal empty small intestine.
- Hepatomegaly.
- Subtle centrally echogenic splenic nodule.
- Mild nonorganized gallbladder debris (non-mucocele).
- Age-related renal changes.
- Mildly enlarged left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regional significant gastritis, infectious or granulomatous gastropathy with concern for gastric neoplastic criteria are all potentials. Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma and if accessible, splenic nodule FNA cytology is warranted for further clarification. Endoscopic gastric biopsies are recommended for further clarification.



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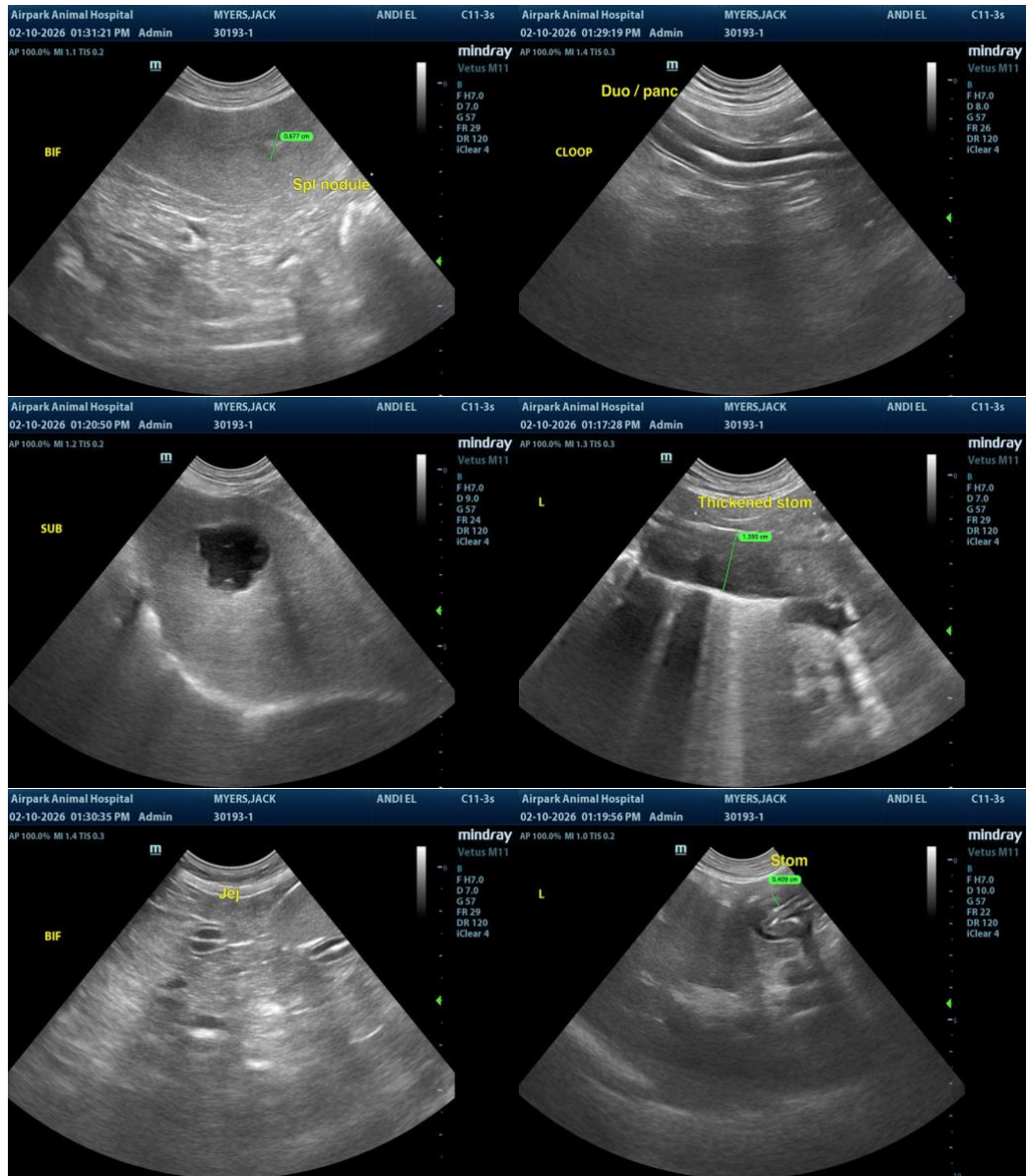
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No evidence of peritonitis, abdominal abscess, necrosis, etc. Broad-spectrum gastroprotectants, canned or slurried dietary trial and coverage for helicobacter with clinical and sonographic monitoring of the stomach would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Left adrenal incidental or benign hyperplasia, adenomatous change are possible with emerging left adrenal tumor thought less likely. Adrenal screening could be considered if clinically indicated. Monitoring of system blood pressure for evidence of hypertension is recommended.





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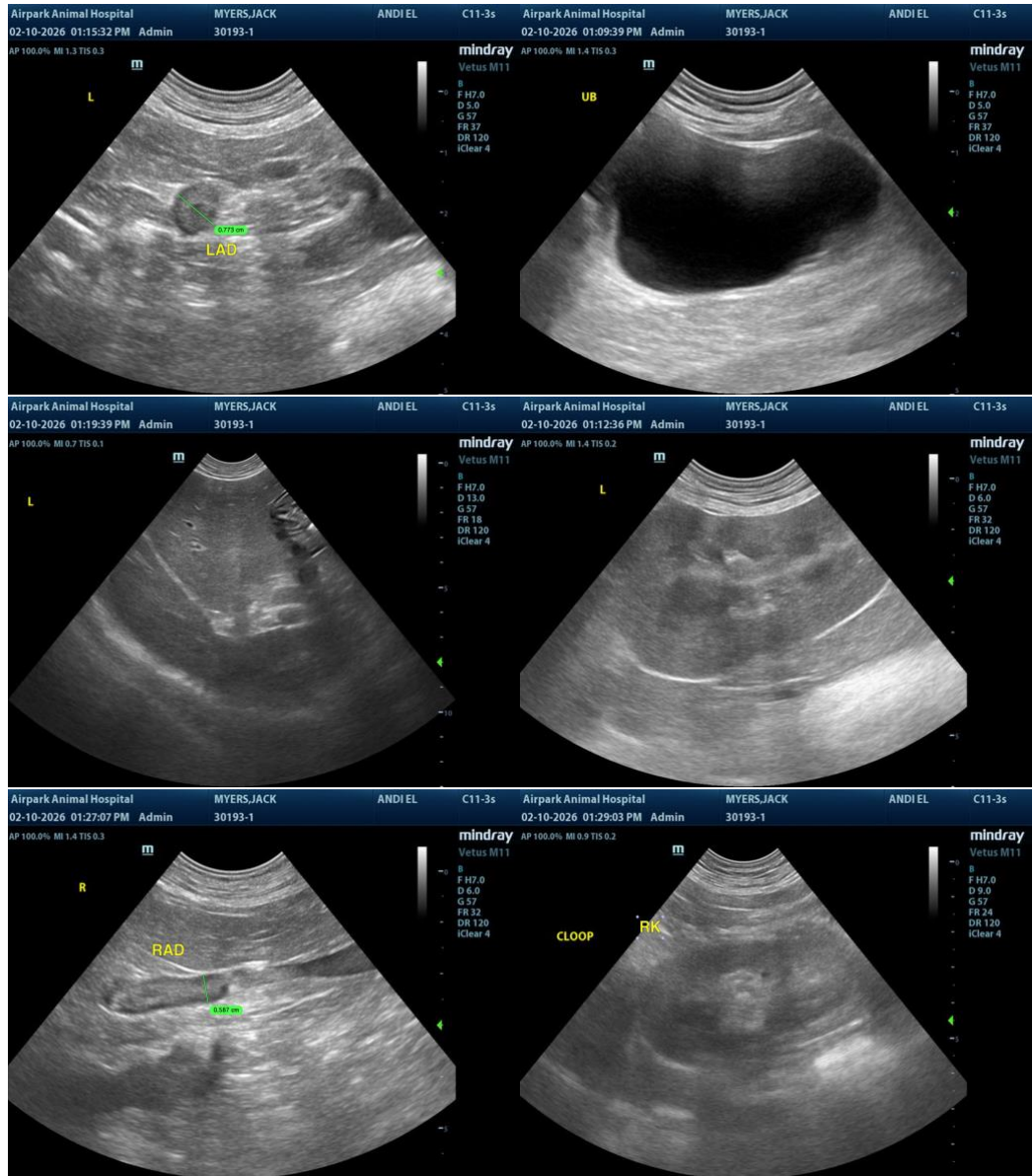
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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