



PATIENT	PRESENTING CLINICAL SIGNS
Timmy Yost	ADR, not himself, lethargic, anemia on BW, diarrhea with possible melena. Current meds: metronidazole and proivable.
SPECIES	Abnormal PE/Chem/CBC/UA Results: RBC 2.99, HCT 20.3, HGB 5.9, MCHC 29.1, reticulocytes 401, neuts. 16,264, monos. 2,568, Ca 8.1, TP 4.3, albumin 2.0, globulin 2.3, chol. 117, amylase 2421.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Morkie	Urinary System
SEX	The urinary bladder, trigone, and cystourethral junction 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.
MN	
AGE	The area of the aortic trifurcation was free of pathology.
11 years	Normal size and margination were 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 5.3 cm in length. The right kidney measured 5.8 cm in length.
WEIGHT	
15.6 lbs	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was enlarged in size with mild asymmetrical contour and nonhomogeneous to nonmineralized parenchyma. The left adrenal gland measured 3.1 cm length x 1.34 cm width at the caudal pole.
IMAGING PERFORMED BY	The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 1.6 cm length x 0.63 cm width in the caudal pole.
Kelly Vazquez	
HOSPITAL NAME	Spleen
Ringwood AH	The spleen exhibited generalized enlargement with parenchyma heterogeneity. Mildly expansive, nonhomogeneous macro nodules to small splenic masses were present. An example measured 2.1 cm in diameter.
REFERRING VET	Liver/ Gallbladder
Dr. E. Wilkes	The liver exhibited generalized enlargement with generalized parenchymal remodeling. A solitary, mildly expansive, macro-nodule to small mass measuring 3.6 cm in diameter was present with associated caudal hepatic capsule distortion. A separate yet additional nodule in the mid ventral liver measured 2.0 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
INVOICE	
13363	
DATE	Gastrointestinal
2/15/22	The stomach presented intact wall layering with a normal wall layer ratio. Mild retained focally shadowing ingesta and chyme was present.



PATIENT

Timmy Yost

The small intestine presented intact yet segmental prominent wall layering owing to propensity for prominent mucosa.

SPECIES

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

BREED

Morkie

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 were evident.

SEX

MN

Free Abdomen

Brief sonographic assessment of the heart revealed potential for mild yet nonspecific thickening in the area of the right atrioventricular groove, along with mild pericardial effusion. An overt mass was not noted. Subtle evidence of cranial abdominal caudal vena cava distention was noted, yet no overt thrombus.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

15.6 lbs

- Bilateral chronic renal changes
- Hepatosplenic mild expansive to nonhomogeneous macro-nodules to small masses
- Suspect segmental to generalized enteropathy
- Nonspecific left adrenomegaly - adenomatous change, hyperplasia, primary vs. metastatic neoplasia is possible
- Mild pericardial effusion, potential for subjective thickening in right atrioventricular groove

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for both the liver and spleen nonhomogeneous macro-nodules to small masses may include hyperplasia, hematopoiesis, focal areas of hepatitis/splenitis, or multicentric neoplasia. Given the presence of concurrent pericardial effusion, neoplasia is favored in this case involving both the liver, spleen, with potential early cardiac involvement. Further assessment may include, assuming normal clotting status, hepatosplenic FNA for screening cytology. Screening blood pressure is recommended given the left adrenomegaly. Continued as-needed gastrointestinal supportive care is recommended. A very guarded prognosis pending cytology if elected.

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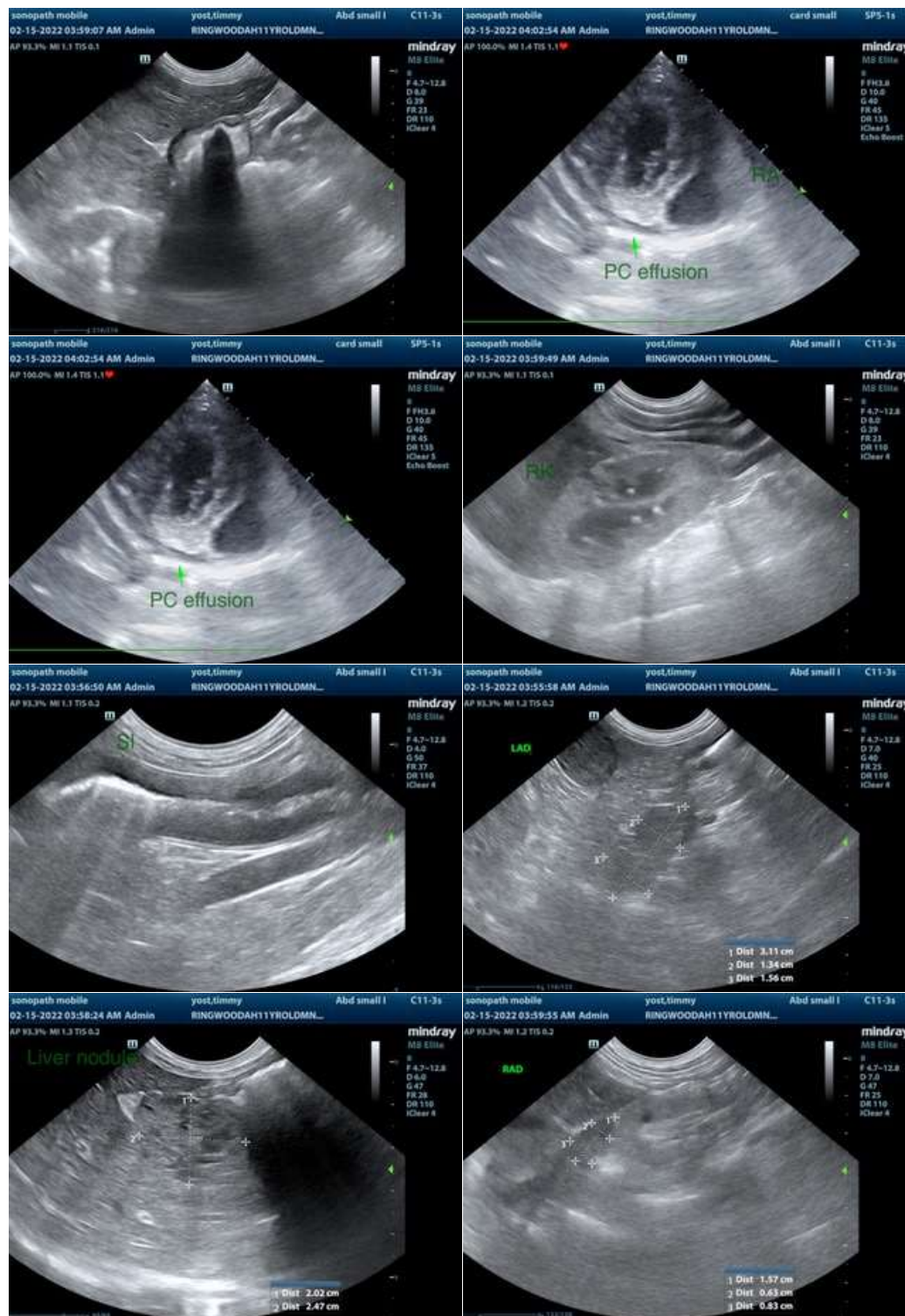
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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