



PATIENT

Ben Neubig

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

75 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Bihlear

INVOICE

20902

DATE

2/2/23

PRESENTING CLINICAL SIGNS

History: Presented Monday for ADR, lethargy and loss of appetite. Hx of severe dental dz. R/O Primary GI vs neoplasia vs other. Current meds: Clindamycin 150mg 2 bid; Cerenia 160mg
Abnormal PE/Chem/CBC/UA Results: Ast 117; ALKP 360; AIP 218; Alb 2.1; Bili 0.5; Ca 62; Amylase 1377; Hgb 11.7; nrbc 4; mono 27%; Neuts 2058; T4 0.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 area of the residual prostate appeared normal and free of pathology.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 6.3 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to regional periadrenal artifact and lymphadenopathy. No overt pathology noted.

Spleen

The spleen was mildly enlarged with areas of capsule asymmetry. Mild splenic parenchyma heterogeneity with subjective minor decreased splenic echogenicity was noted. Indistinct nonhomogenous nodule was present adjacent to and surrounding the splenic hilus, measuring 2.5 cm in diameter. Adequate splenic vascularity was present.

Liver

The liver was enlarged with areas of capsule asymmetry. Decreased hepatic parenchyma echogenicity was noted, comparable to the spleen. Moderate coarse echotexture was noted. Normal hepatic vascular volume was noted. No distinct masses or nodules noted.

The gallbladder was non-distended in size with primarily anechoic content with mild hyperechoic luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to



| | |
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| PATIENT | diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. |
| Ben Neubig | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| SPECIES | <i>Pancreas</i> |
| Canine | The right limb and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. |
| BREED | |
| Golden Retriever | <i>Free Abdomen</i> |
| SEX | Several, variably enlarged, asymmetrical hypoechoic mesenteric lymph nodes were present in the mid to cranial abdomen, adjacent to the mesenteric root vasculature and subjective medial to the right pancreatic limb. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). Regional perilymphatic to generalized mild hyperechoic omentum was present. An example of lymph node size measured 5.9 cm x 2.6 cm. Scant peritoneal free fluid was present. |
| Neutered Male | |
| AGE | <i>Other</i> |
| 11 Years | A rapid view of the heart revealed no evidence of pathology. |
| WEIGHT | ULTRASONOGRAPHIC FINDINGS |
| 75 Pounds | <ul style="list-style-type: none"> • Hepatosplenomegaly, exhibiting mild reduced hepatosplenic parenchyma echogenicity, discrete mildly nonhomogenous perihilar splenic nodule present • Gastroenteritis pattern • Prominent to swollen heterogenous pancreas base/right pancreatic limb • Several to multiple variably sized yet hypoechoic to swollen mid to cranial abdominal mesenteric lymphadenopathy • Perilymphatic to generalize mild hyperechoic omentum and scant peritoneal free fluid • Mild chronic renal changes |
| INTERPRETED BY | <u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u> |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | Although sampling is required for further clarification, primary concern for multicentric round cell neoplasia involving the liver, spleen, mesenteric lymph nodes, and potentially gastrointestinal tract and/or pancreas is warranted. Diffuse inflammatory process or other nonneoplastic etiologies are possible yet thought less likely. |
| IMAGING PERFORMED BY | Assuming normal clotting status, hepatosplenic and accessible lymph node FNA cytology is recommended for further assessment and potential for oncology consult. Extremely guarded prognosis. Pending additional diagnostics. |
| Shari Reffi, CVT | Empirically, as needed gastrointestinal support, therapy for possible pancreatitis or acute hepatopathy would be reasonable. |
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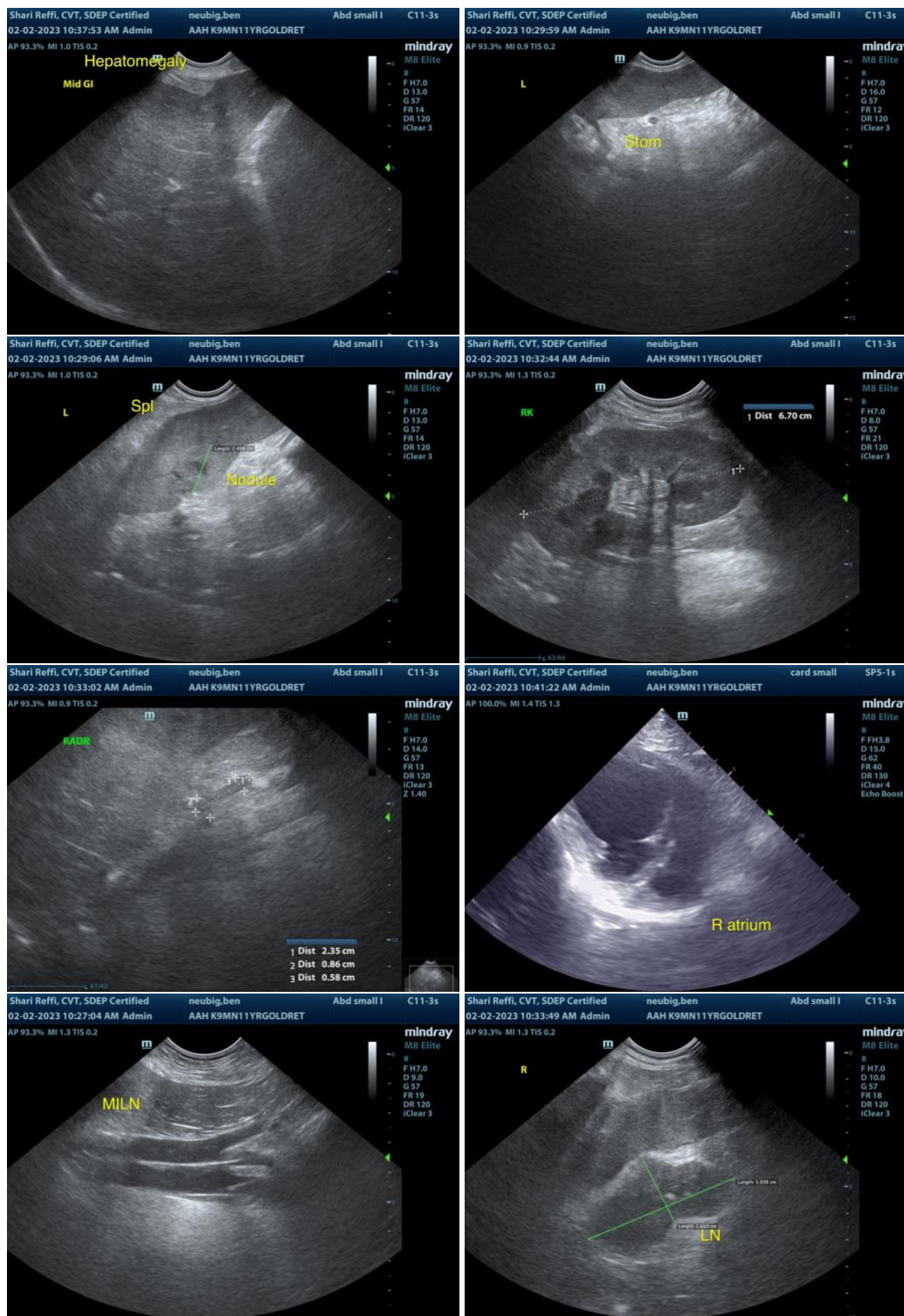
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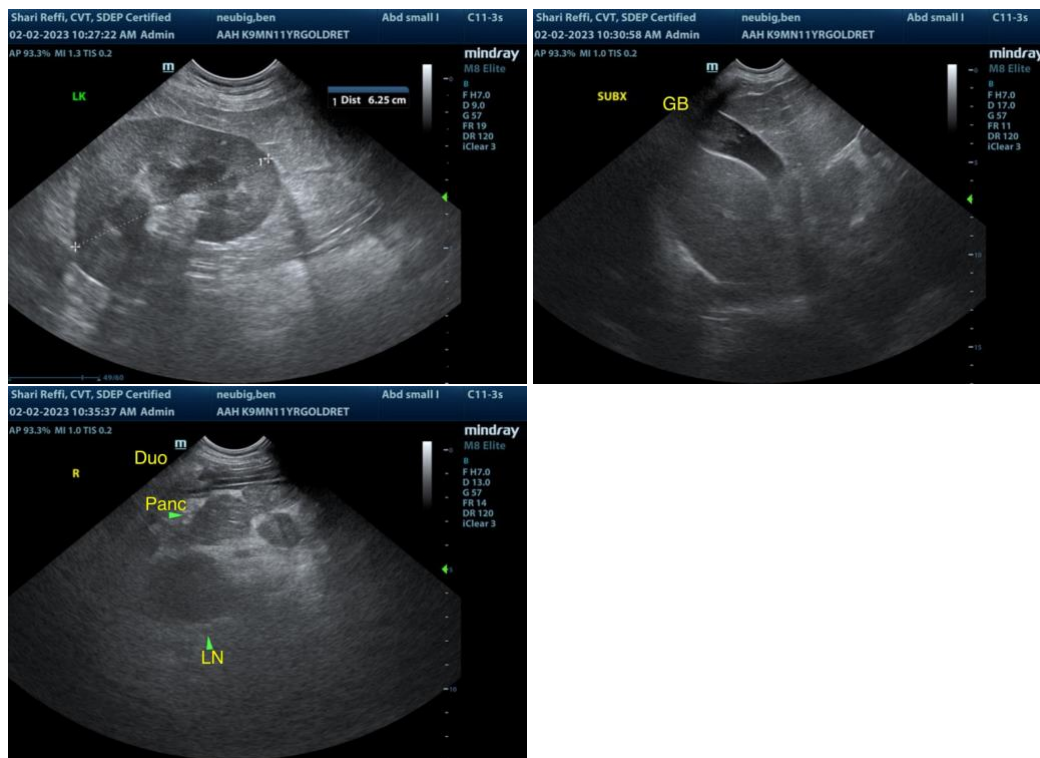
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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