

**PATIENT**

Milo Maynard

SPECIES

Canine

BREED

Boxer

SEX

NM

AGE

7 years

WEIGHT

59 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Jeremy R. Joy

INVOICE

16082

DATE

2/8/23

PRESENTING CLINICAL SIGNS

Overall ADR for several weeks. Was treated for suspicion of UTI +/- sepsis. In one month, he lost 9#. Lethargic.

Abnormal PE/Chem/CBC/UA Results: Muscle wastage, very thin, previous UTI, BW shows elevated liver enzymes, low albumin, regenerative mild anemia. Direct smear of blood showed schistocytes, target cells, etc. consistent with neoplasia causing cell damage. Lethargic. Xrays showed no specific concerns.

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 changes was noted.

The area of the aortic trifurcation was free of pathology.

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 6.6 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to peri adrenal artifact and regional lymphadenopathy.

Spleen

The spleen exhibited mild to possible moderate generalized enlargement with areas of capsule asymmetry and mild medial folding of the cranial spleen. Generalized nonhomogeneous parenchyma exhibiting diffuse discrete hypoechoic nodules was present with an example of a nodule measuring 1.0 cm diameter. Normal splenic vascularity was noted.

Liver/ Gallbladder

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. Normal hepatic vascular volume without overt congestion was noted. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact to prominent wall layering. The stomach was empty with mild luminal gas.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent duodenojejunal wall layering owing to subjective prominent mucosa layer. No evidence of loss of intestinal wall layering or intestinal masses to the level of the colon was noted.

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 were evident.

Free Abdomen

Multiple, variably sized yet hypoechoic to swollen mid to cranial abdominal mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. Examples of the lymph nodes measured 2.9 cm length and 1.6 cm width and 3.4 cm x 1.7 cm. Perilymphatic, perihepatic, and perisplenic mild hyperechoic omentum with scant perisplenic free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with nonhomogeneous to nodular parenchyma
- Non-congestive hepatomegaly
- Multiple variably sized yet hypoechoic to swollen mesenteric lymphadenopathy
- Intact to mildly prominent gastric and segmental intestinal wall layering
- Peri hepatosplenic and peri lymphatic hyperechoic omentum with scant primarily perisplenic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, multicentric neoplasia involving the spleen, suspect liver, mesenteric lymph nodes, and with possible early gastrointestinal involvement is warranted. Non-neoplastic etiologies such as nonspecific hepatosplenic lymphatic and gastrointestinal inflammatory process is possible, yet thought less likely.

Assuming normal clotting status and using a 25-gauge needle with recommended vitamin K and Benadryl pretreatment, hepatosplenic screening FNA cytology +/-, if possible, accessible lymph node FNA cytology is suggested for further clarification and possible oncology consult. Three-view chest radiographs are recommended if not done.

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svsmobileimaging.com 309-737-3070



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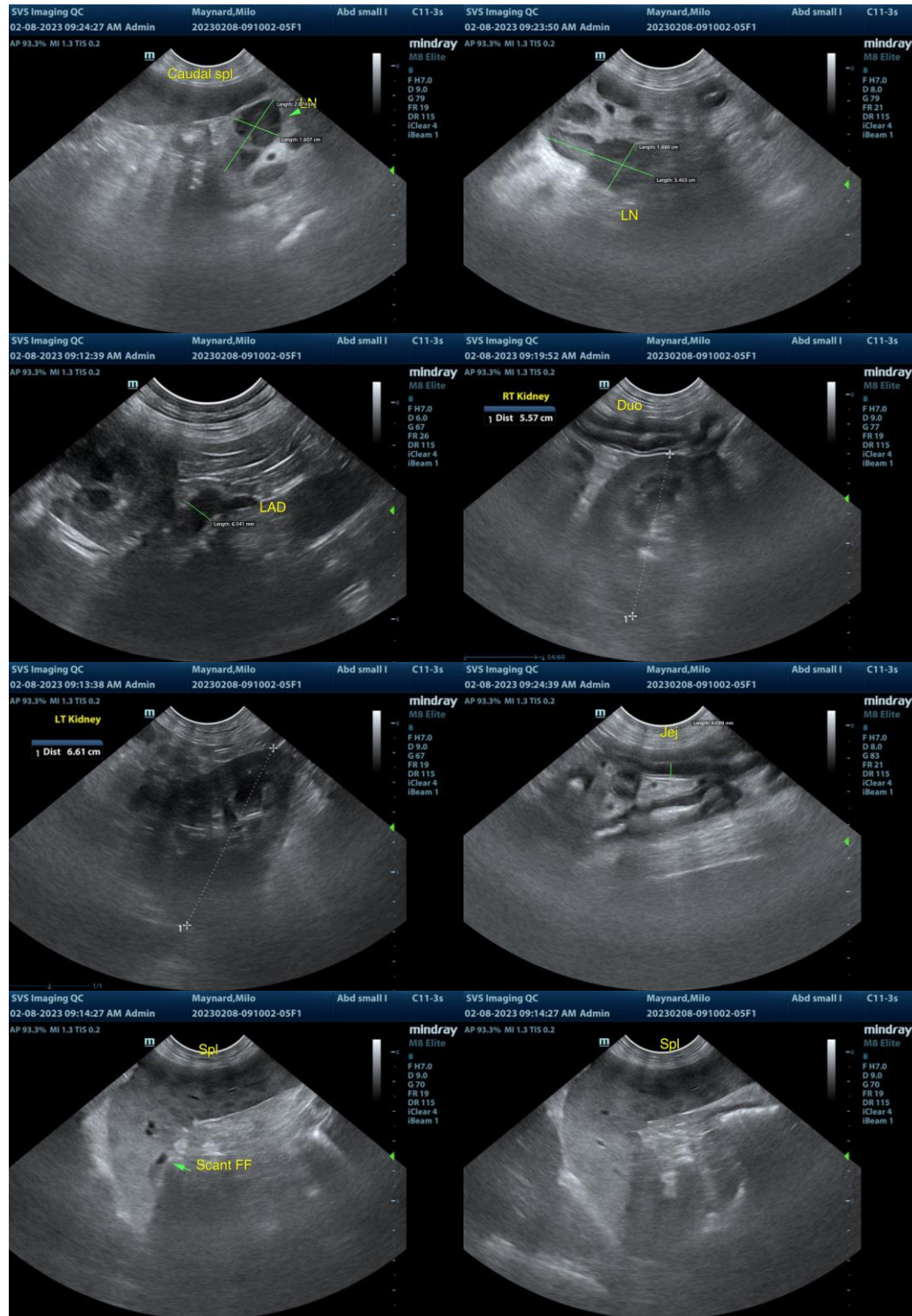
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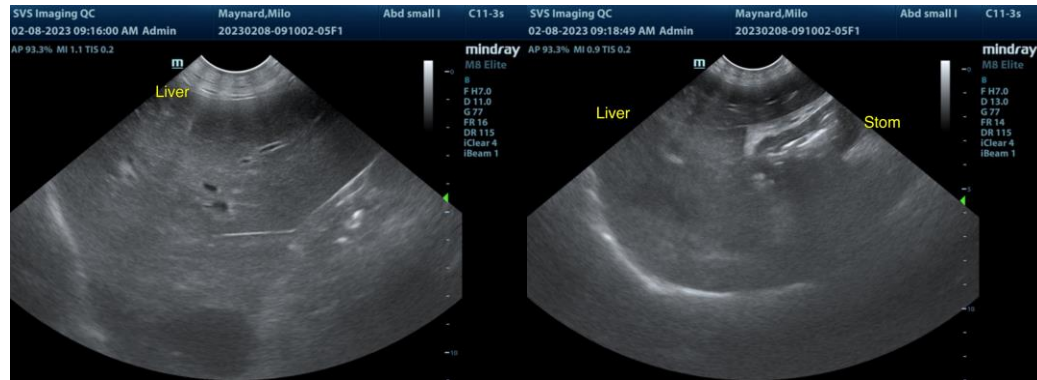
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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