



PATIENT

Miss Molly Unger

PRESENTING CLINICAL SIGNS

Anaplasma positive weight loss increased ALT

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

BREED

Terrier Mix

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 4.9 cm in length. The right kidney measured 5.0 cm in length.

SEX

FS

AGE

9

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 2.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 1.9 cm length.

WEIGHT

25

INTERPRETED BY

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

Spleen

A well-demarcated mild non-homogenous medial spleen nodular mass lesion was present with mild associated symmetrical medial capsule distortion measuring 3.2 cm in diameter. Remaining intact parenchyma exhibited ill-defined areas of hyperechoic parenchyma which is suggestive of benign criteria i.e., myelolipomas, fibrosis or emerging mineralization. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Jenn

Liver/Gallbladder

HOSPITAL NAME

Rockaway Animal
Hospital

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. No evidence of masses or nodules. No overt evidence of a portosystemic shunt. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized hyperechoic debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Maniar

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained anechoic to echogenic fluid with no signs of ileus, obstruction or foreign material.

DATE

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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.



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Pancreas

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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.

SPECIES

Canine

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Terrier Mix

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

SEX

FS

- Mildly expansive medial splenic nodular mass lesion.
- Low-grade hepatopathy-subjectively benign.
- Mild gallbladder debris (non-mucocele).
- Mild hypomotile stomach, sonographically unremarkable small bowel.

AGE

9

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass lesion is non-specific with benign vs malignant etiologies possible i.e., hyperplasia, hematopoiesis, focal splenitis, round cell neoplasia, sarcoma or other possible. Concern for emerging splenic neoplasia warranted given this presentation although not definitive. No evidence of intra-abdominal or cardiac metastasis.

WEIGHT

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Possible low-grade hepatic inflammatory disease given the increased ALT and gallbladder debris. Considerations may include sonographic monitoring of the splenic mass lesion for evidence of progression with initial recheck in 3-4 weeks +/- screening FNA cytology with potential for splenectomy +/- hepatic and GI biopsies given the patient's weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology prior to potential surgical considerations.

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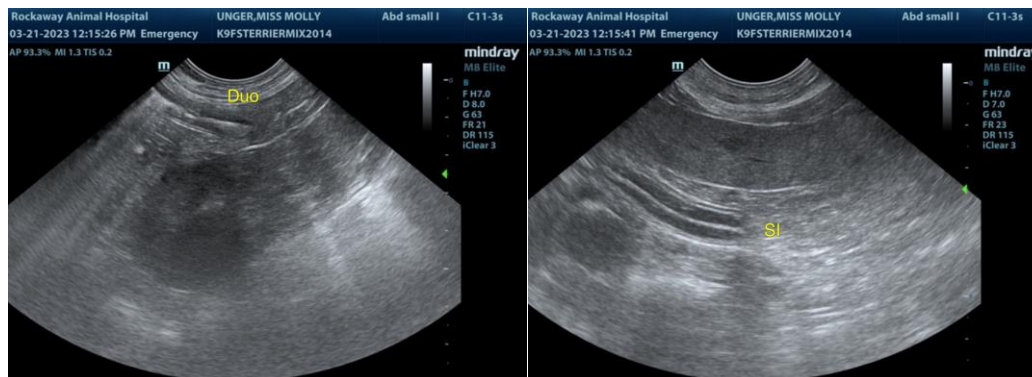
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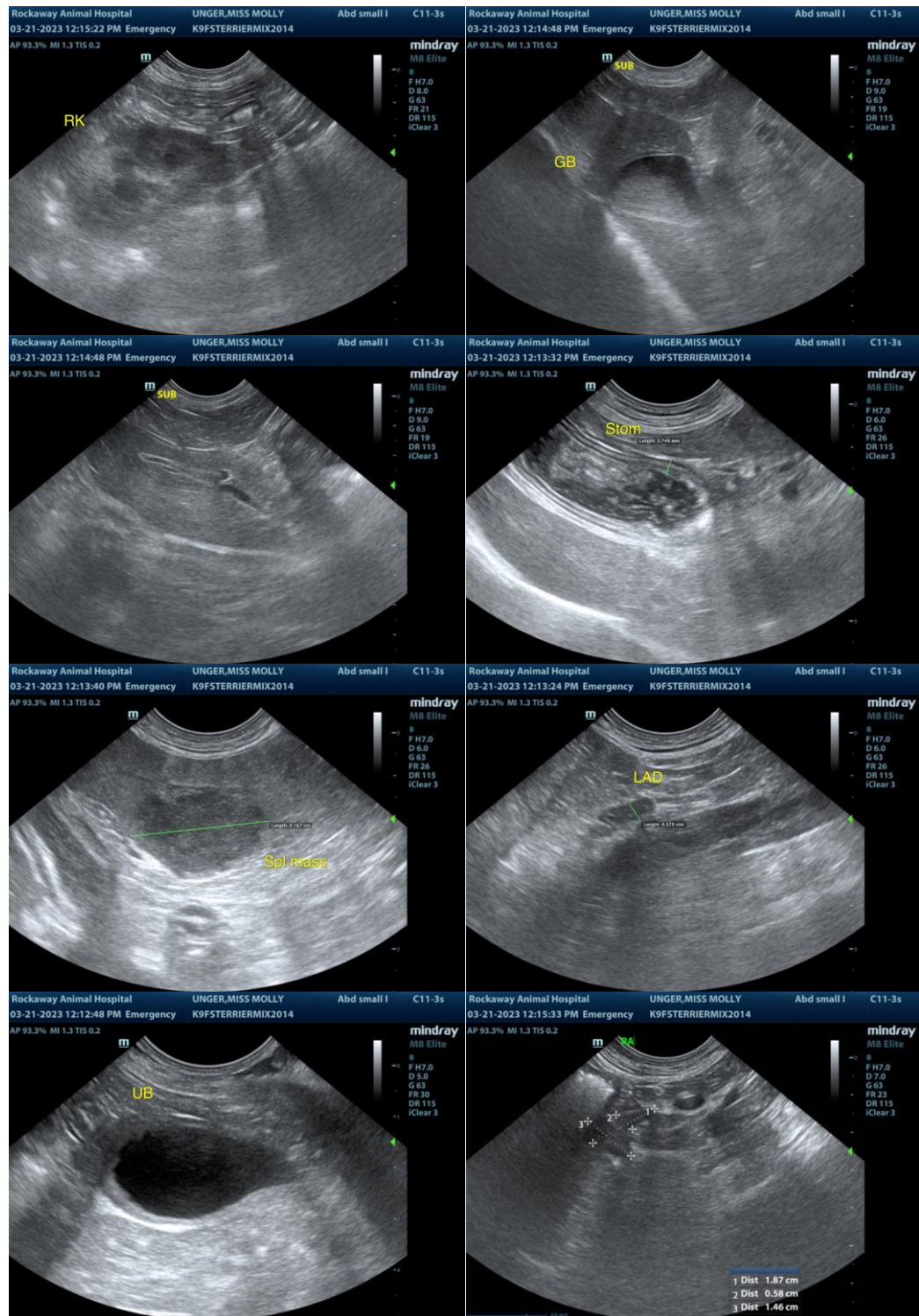
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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