PATIENT

Thor Jacoby

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered Male

AGE

9 Years

WEIGHT

76.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Nazareth Vet Center

REFERRING VET

Dr. Gusztaw

INVOICE

14567

DATE

03/24/26

PRESENTING CLINICAL SIGNS

- weight loss, underweight, mild anemia, hypoalbuminemia
- temporal muscle atrophy
- current meds: Carprofen

Abnormal PE/Chem/CBC/UA Results: Alb-1.7; TBili-0.7; Hct-35.4

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 change were noted.

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

A solitary irregular enlarged mild nonhomogenous to hypoechoic medial iliac lymph nodes was present measuring 2.9 cm x 0.78 cm.

Normal size and margination was 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 6.3 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized and subjectively measured 0.44 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width at the caudal pole.

Spleen

The spleen presented asymmetrically enlarged with asymmetrical capsule contour and variable nonhomogenous parenchyma exhibiting fairly sized mild hypoechoic splenic nodules and perisplenic effusion with increased omental echogenicity. An example of the splenic nodules measured 2.5 cm in diameter.

Liver & Gallbladder

The liver presented subjective borderline to mildly 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. Intermittent discrete hypoechoic non-capsule deforming hepatic nodules were present with an example of a liver nodule measuring 1.2 cm in diameter.

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

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented primarily intact wall layering with maintained wall layer ratio and empty intestinal lumen. A segment of nonspecific intestine adjacent to the spleen exhibited variable thickened hypoechoic wall with loss of intestinal mural detail potentially measuring 4.0 cm t0 5.0 cm in length with a wall width measuring up to 0.79 cm.

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 visualized significant mesenteric lymphadenopathy was present.

Rapid view of the heart revealed no obvious definitive cardiac tumors. Suspect indistinct pericardial versus pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- infiltrative neoplastic splenic pattern exhibiting nonhomogenous nodular parenchyma.
- Mild hepatomegaly exhibiting discrete intraparenchymal nodules.
- Perisplenic hyperechoic omentum and effusion.
- Segmental thickened small intestine.
- Suspect indistinct pericardial versus pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric neoplastic criteria involving the spleen, probable liver, segmental intestine, and suspect pericardial versus, pericardial pleural region is met. Multicentric histiocytic sarcoma given breed, round cell neoplasia, or other is possible.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) splenic FNA cytology and correlation with effusion analysis and thoracic radiographs.

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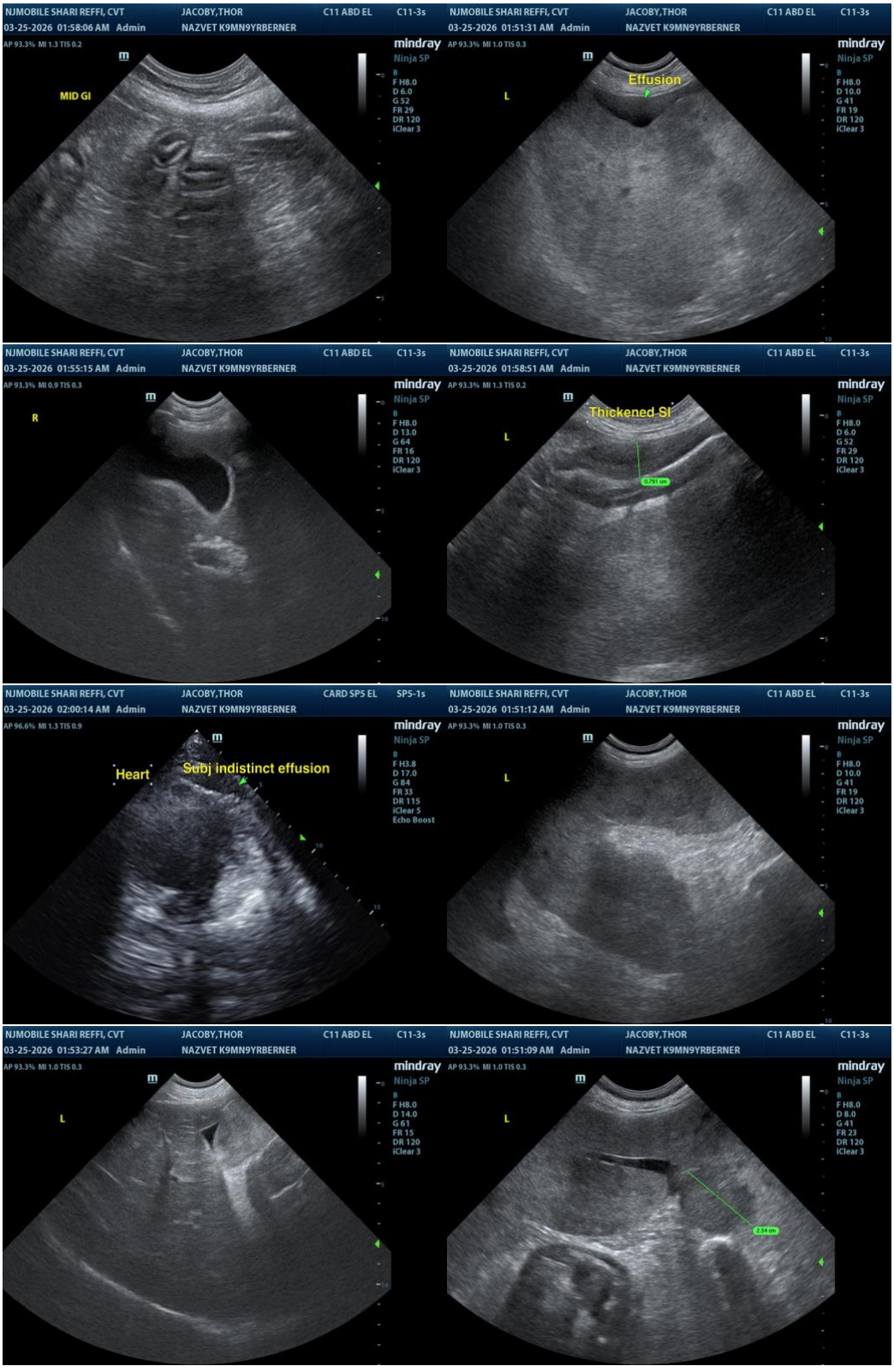

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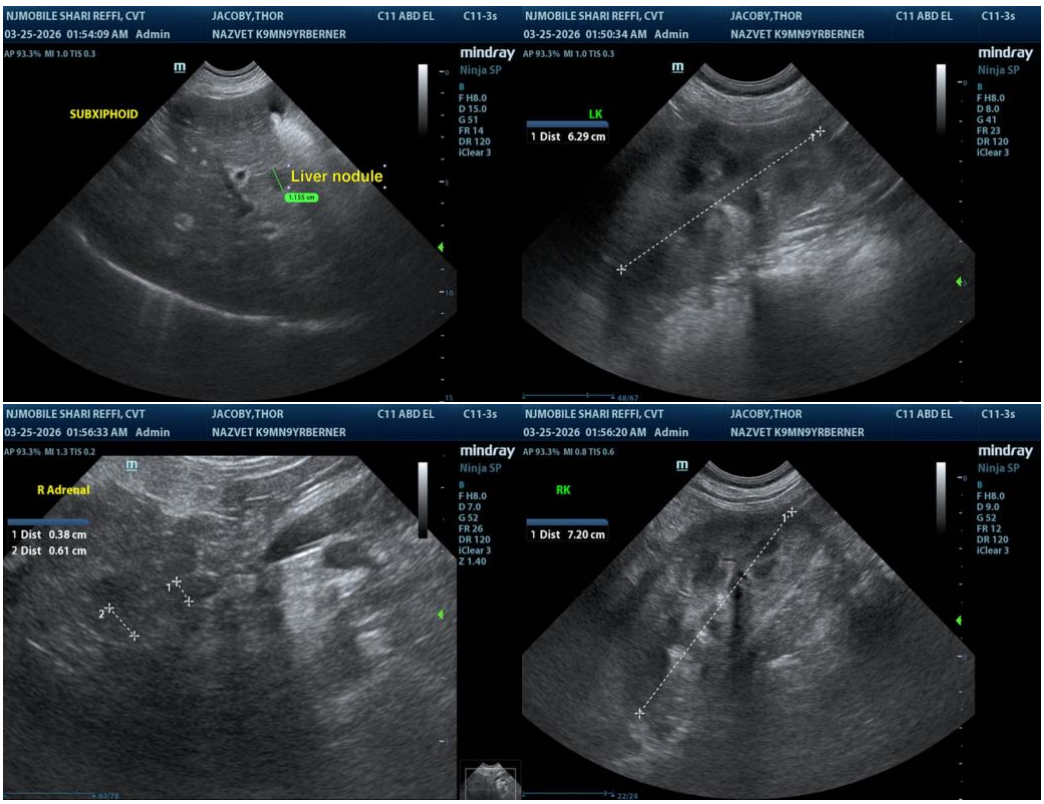

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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