



PATIENT PRESENTING CLINICAL SIGNS

Jeter Harstin PU/PD

Unremarkable CBC

SPECIES

Chemistry Panel- Calcium 12.5, otherwise unremarkable

Canine

Urinalysis- Specific gravity 1.005, PH 6.0, Negative protein and glucose

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pitbull

Urinary System

SEX

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

MN

AGE

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.8 cm in diameter.

2010

The area of the aortic trifurcation was free of pathology, without evidence of sublumbar or medial iliac lymphadenopathy.

WEIGHT

70.4

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 pyelectasia. The left kidney measured 7.3 cm in length. The right kidney measured – cm in length.

INTERPRETED BY

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

Adrenal Glands

IMAGING

The left adrenal gland was mildly prominent in size yet without overt evidence of significant hyperplasia or neoplastic criteria measuring 0.87 cm width at the caudal pole and 0.71 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width at the caudal pole and 0.66 cm width at the cranial pole.

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Community VP

Spleen

REFERRING VET

Dr. Carpenter

The spleen exhibited mild caudal enlargement with subtle lateral and medial caudal splenic capsule asymmetry. A solitary, mildly expansive hypoechoic nodule measuring 1.8 cm in diameter was present in the caudal spleen with subtle distortion of the adjacent splenic parenchyma. The remainder of the spleen was overtly normal.

INVOICE

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Liver/ Gallbladder

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

DATE

3/25/22



PATIENT *Gastrointestinal*

Jeter Harstin 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.

SPECIES 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.

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

BREED *Pancreas*

Pitbull 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*

No omental masses, lymphadenopathy or peritoneal effusion were present.

AGE **ULTRASONOGRAPHIC FINDINGS**

2010 *Primary Findings*

- WEIGHT**
- Mild caudal splenomegaly with nonspecific yet mildly expansive hypoechoic caudal splenic nodule
 - Sonographically unremarkable bilateral kidneys
 - Subjective mildly prominent left adrenal gland - nonspecific

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild caudal splenomegaly and concurrent mildly expansive caudal splenic nodule were nonspecific with considerations including hyperplasia, hematopoiesis, splenitis, hematoma, infarction, infection, or neoplasia. Potential higher concern for emerging caudal splenic neoplasia, given the hypercalcemia, is warranted although not definitive.

IMAGING PERFORMED BY

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ARDMS/RVT

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Assuming normal clotting status, ultrasound-guided FNA of the caudal spleen and ideally caudal splenic nodule if accessible using a 25-gauge needle is recommended for further clarification.

REFERRING VET

Dr. Carpenter

Additional workup for the hypercalcemia and PU/PD may include urine culture and sensitivity, Leptospirosis titer / PCR, screening UCCR, rectal palpation, and three-view chest radiographs if not done.

INVOICE

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Potential for adrenal hyperfunction is considered less likely given the sonographic appearance of the bilateral adrenal glands, liver, and lack of hepatic enzyme elevation.

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Pending additional diagnostics including splenic cytology, if elected, sonographic monitoring of the spleen vs. empirical splenectomy may be considered.



PATIENT

Jeter Harstin

SPECIES

Canine

BREED

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REFERRING VET

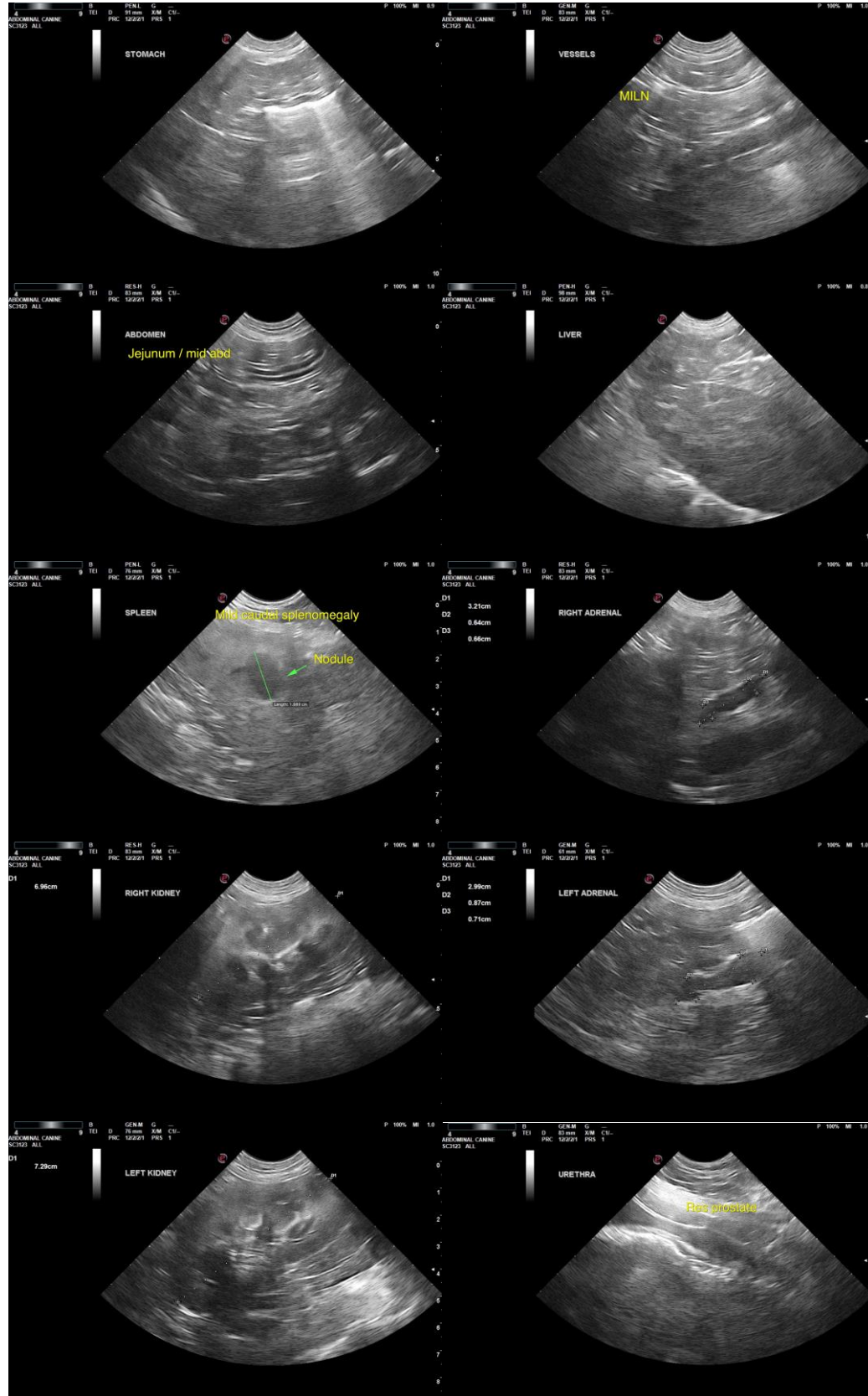
Dr. Carpenter

INVOICE

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PATIENT

Jeter Harstin

SPECIES

Canine

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.

BREED

Pitbull

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.

SEX

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

MN

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