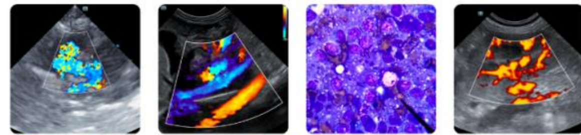


PATIENT

Max Zwirner

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered Male

AGE

7 Years 8 Months

WEIGHT

34.19 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Bowness Animal Hospital

REFERRING VET

Dr. Satnam

INVOICE

14614

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- Presenting with a recent history of anorexia, which has progressed from chronic post-meal vomiting. Diagnostic imaging has revealed splenomegaly.
- For approximately a year, the dog had a history of vomiting undigested kibble if he consumed more than two cups of food at a time. This later progressed to where he could only tolerate one cup of food without vomiting. Approximately two to three weeks prior to presentation, he stopped eating, and for the last two days, he has consumed virtually nothing, refusing even home-cooked meals like rice and chicken after an initial feeding. Patient is also lethargic.
- Recent diagnostics revealed a mild anemia on initial blood work, though a subsequent recheck CBC was normal with no evidence of blood loss. The patient has experienced weight loss, weighing 34.16 today and appearing visibly thinner. Abdominal x-rays showed a mass in the splenic area without any loss of serosal detail, suggesting no significant abdominal effusion.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 7.7 cm in length. The right kidney measured 6.6 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 0.59 cm width at the caudal pole.

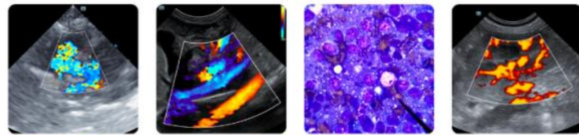
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.74 cm width at the caudal pole.

Spleen

The spleen revealed generalized splenomegaly exhibiting areas of asymmetrical capsule contour and heterogeneous to indistinctly micronodular splenic parenchyma. A nonhomogenous soft tissue echo was present within the splenic hilus extending into the splenic vein consistent with splenic vein thrombus.

Liver & Gallbladder

The liver presented subjective mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with minor gravity dependent hyperechoic possibly mineralized nonobstructive debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented borderline thickened primarily intact wall exhibiting subjective to decreased mural echogenicity and lumen has with mild retained gastric fluid. No evidence of obstruction to pyloric outflow.

The small intestine presented overall intact borderline thickened wall owing to propensity for thickened intestinal mucosa with mild increased duodenal mucosa echogenicity. Mild segmental nonobstructive intestinal ileus to the level of the colon. The duodenum wall measured 0.60 cm wall width. The jejunum wall measured 0.50 cm wall width.

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

Multiple primarily mildly swollen to nonhomogenous mesenteric lymph nodes were present with an example measuring 1.1 cm in diameter. Primarily perisplenic to perihepatic yet generalized hyperechoic omentum with mild to moderate volume of mildly echogenic peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

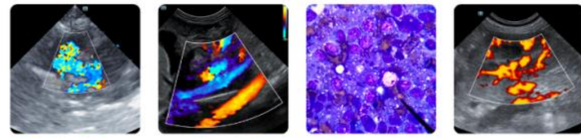
- Enlarged nonhomogenous micronodular spleen with splenic vein thrombus.
- Enlarged hypoechoic liver.
- Nonspecific gastroenteropathy primarily involving the upper gastrointestinal tract.
- Multiple mildly swollen nonhomogenous mesenteric lymph nodes.
- Perisplenic/perihepatic to generalized hyperechoic omentum and mild/moderate volume of effusion.

Secondary Findings

- Mild nonobstructive gallbladder debris/mineral (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, multicentric neoplasia is of primary concern. Clotting status is recommended given potential for coagulable state in conjunction with splenic vein thrombus. If appropriate, and using a 25-gauge needle, hepatosplenic FNA cytology in conjunction with effusion analysis is recommended. Concurrent GI panel to include PLI, TLI, cobalamin and folate given weight loss may be considered. No evidence of mechanical gastrointestinal obstruction or



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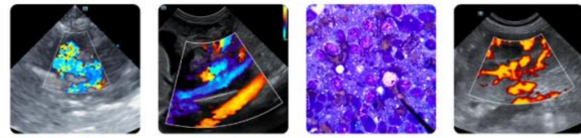
foreign body. Continued gastrointestinal support including gastroprotectants is indicated. Extremely guarded prognosis pending assessment of clotting status and hepatosplenic sampling if possible.



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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