

## PATIENT

Otter Hallmark

## SPECIES

Canine

## BREED

Doberman/Rhodesian  
X

## SEX

Neutered male

## AGE

9 years

## WEIGHT

75.1 pounds

## INTERPRETED BY

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

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

Fairgrounds Animal  
Hospital

## REFERRING VET

Dr. Wehrman

## INVOICE

10124ag

## DATE

03/04/2022

## PRESENTING CLINICAL SIGNS

History: Decreased eating: 1m+, O tried other food that was recommended, wont eat chicken/rice, on saturday was straining to have bowel movement, per O pt does suckle and will get pieces of blanket off, D/U normal.

Abnormal PE/Chem/CBC/UA Results: Anorexia, Weight Loss, Diarrhea - neoplasia, pancreatitis, foreign body (blankets), dietary indiscretion, other Tacky MM - likely secondary to anorexia and GI fluid loss (diarrhea) Murmur - mitral valve disease, pulmonic stenosis, other Radiographs- Irregular splenic tail; consider extramedullary hematopoiesis, neoplasia or hyperplasia. BW- elevated SDMA - early CKD vs pre-renal azotemia secondary to dehydration elevated ALKP & GGT - enteritis, hepatitis, cirrhosis, neoplasia, other Thrombocytopenia - this will be retested and confirmed tomorrow free of charge

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.3 cm in length.

The area of the residual prostate was free of pathology.

The area of the aortic trifurcation was 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 0.65 cm width at the caudal pole and 0.57 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 0.73 cm width at the caudal pole and 0.76 cm width at the cranial pole.

### Spleen

The spleen exhibited moderate to marked generalized enlargement with moderate to marked nonhomogeneous variably echogenic to indistinctly nodular generalized parenchyma and potential areas of expansion resulting in areas of splenic capsule asymmetry. A definitive expansive mass or evidence of parenchymal capsule escape was not overtly evident. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

### Liver

The liver presented enlarged in size. A possible yet indistinct isoechoic micronodule to small mass was present in the subjective right medial to lateral liver measuring 5.6 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal



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Otter Hallmark vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily mild gallbladder debris. The cystic and common bile ducts were normal.

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### **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.

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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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Neutered male

### **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.

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### **Free Abdomen**

Focally enlarged intermittent mesenteric potentially splenic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width:length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 4.1 cm x 1.0 cm. Mild volume peritoneal free fluid was evident with mild regional perisplenic reactive mesentery.

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

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## ULTRASONOGRAPHIC FINDINGS

- Moderate to marked splenomegaly exhibiting generalized nodular parenchyma, potential regions of mild parenchymal expansion and secondary capsule asymmetry-neoplastic criteria i.e. sarcoma, round cell neoplasia or other is favored. Potential for significant benign splenic changes such as hyperplasia, hematopoiesis, splenitis or infarction are possible.
- Hepatopathy with possible isoechoic right intraparenchymal macronodule to small mass-vacuolar hepatopathy, inflammatory/immune mediated disease, early fibrosis, nodular hyperplasia, hematopoiesis, concurrent primary or metastatic neoplasia or other hepatopathy possible.
- Mild gallbladder debris (non-mucocele)
- Intermittent nonspecific mesenteric lymphadenopathy-hyperplasia, lymphadenitis, early neoplastic/metastatic lymphadenopathy possible.
- Mild volume peritoneal free fluid.
- Overtly normal gastrointestinal tract-potential gastroenteritis.
- Mild age-related renal changes.

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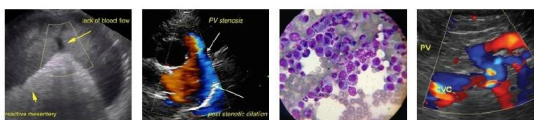
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### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of mechanical gastrointestinal obstruction or overt foreign material. Assuming normal clotting status and using a 25g needle an ultrasound guided hepatosplenic FNA is

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Otter Hallmark warranted for screening cytology. If no evidence of hepatic neoplasia, splenectomy +/- hepatogastrintestinal biopsies could be considered assuming no evidence of thoracic pathology on three view chest radiographs. Concern for potential multicentric hepatosplenic neoplasia is warranted yet not definitive.

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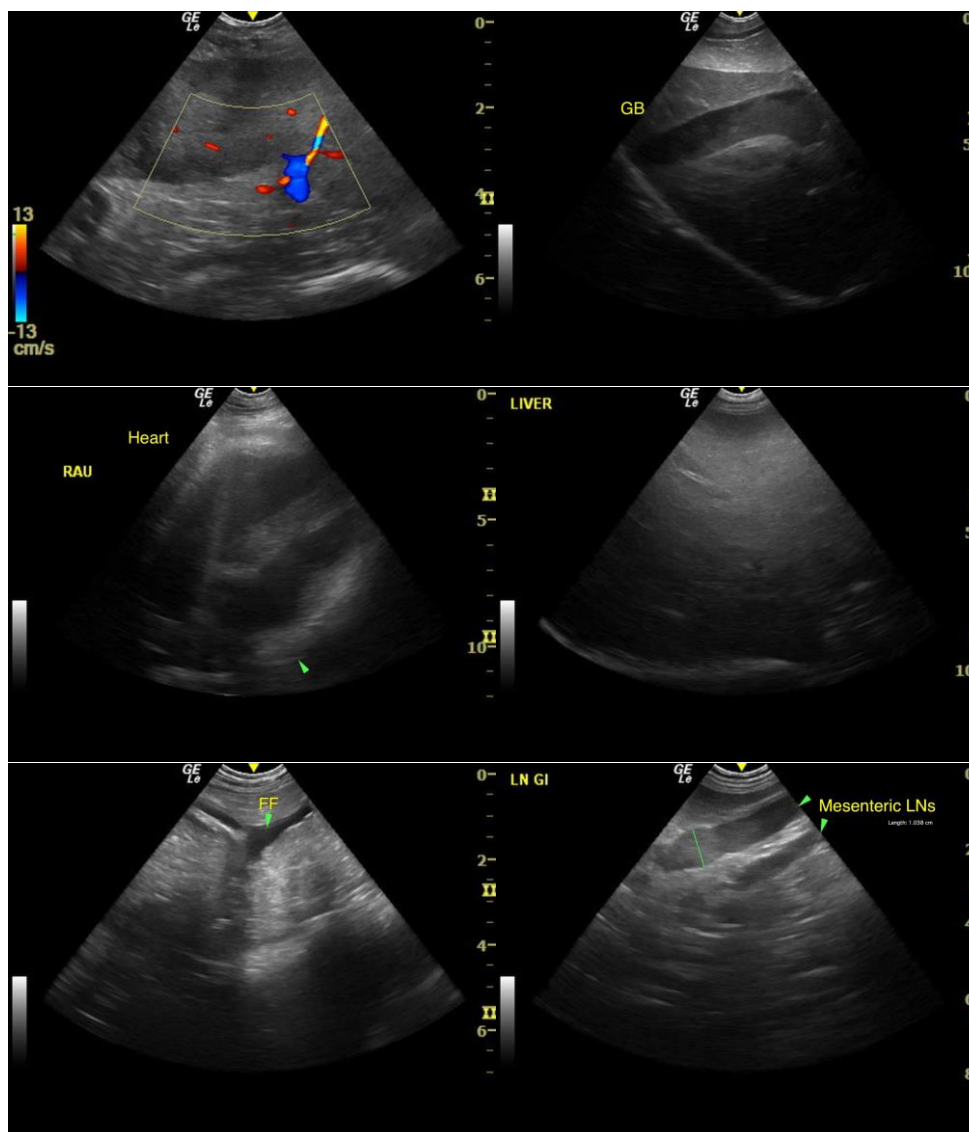
Dr. Wehrman

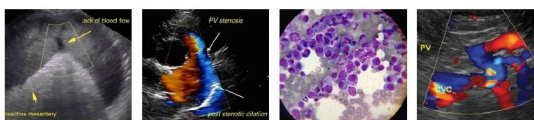
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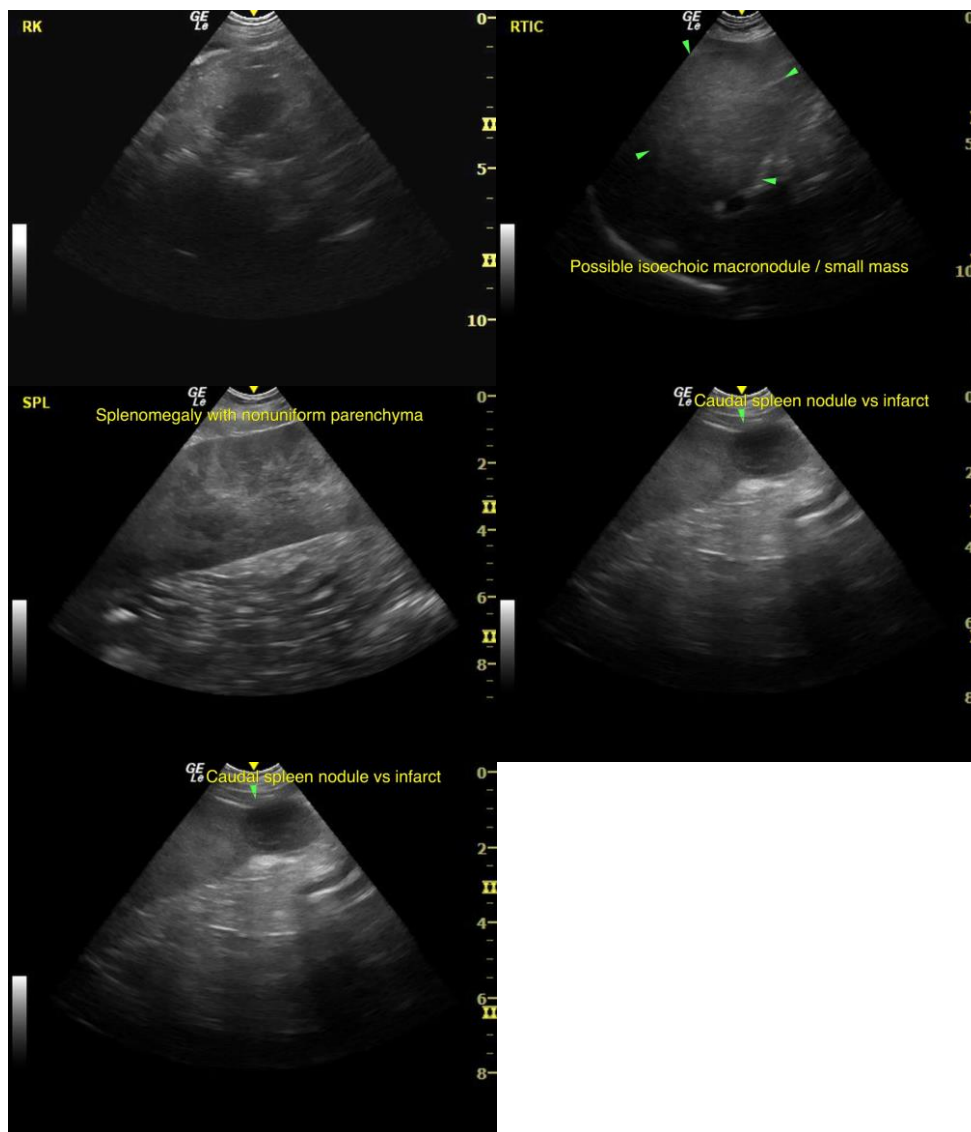
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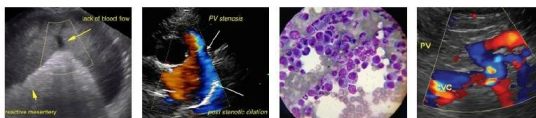
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

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