



PATIENT

Odie Shewchuk

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

10 Years

WEIGHT

19.4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Aspen Landing AH

REFERRING VET

Dr. Ross

INVOICE

14713

DATE

4/11/22

PRESENTING CLINICAL SIGNS

History: Marked weight loss last 5 months. Emaciated Body score 1/5. Patient was presented for a dental with no other concerns than weight loss. Chest x rays taken at time of scan were normal
Abnormal PE/Chem/CBC/UA Results: Mild anemia and mild elevation of liver enzymes

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 changes were noted. Aortic trifurcation was normal.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.1 cm in diameter.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 6.7 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 0.42 cm width at the caudal pole and 0.5 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 0.43 cm width at the caudal pole and 0.36 cm width at the cranial pole.

Spleen

The spleen exhibited possible mild enlargement yet maintained symmetrical capsule contour and generalized subtle splenic parenchyma heterogeneity. No splenic masses or nodules noted.

Liver

The liver exhibited potential for mild enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent, nondisruptive, discretely hypoechoic intraparenchymal nodules were present. An example of nodule size measured 0.8 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended. The gallbladder walls were overtly normal without evidence of inflammatory changes. Anechoic content was present with moderate congealed to nondependent yet nonorganized luminal debris. 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.



PATIENT	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. The duodenum wall measured 0.39 cm. The jejunum wall measured 0.31 cm.
Odie Shewchuk	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	The parenchyma of the pancreas base and right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.
Lab	
SEX	Free Abdomen
Neutered Male	No overt lymphadenopathy or peritoneal effusion was present.
	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> • Low-grade hepatopathy, exhibiting parenchymal remodeling with intermittent nondisruptive discreet intraparenchymal nodules • Chronic pancreatitis pattern, potential for pancreatic fibrosis
10 Years	
WEIGHT	<ul style="list-style-type: none"> • Overtly normal gastrointestinal tract • Moderate inspissated gallbladder debris (non-mucocele) • Subjective mild splenomegaly • Normal brief subjective echocardiogram without evidence of cardiac or overt pericardial pathology
19.4 kg	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Overall, largely geriatric abdomen without evidence of significant visceral pathology. The subjective mild splenomegaly is nonspecific with considerations including patient variant, mild hyperplasia or hematopoiesis given the anemia, incidental splenitis, while the possibility of emerging splenic neoplasia cannot be excluded. Likewise, the presentation of the liver was nonspecific yet not overtly consistent with neoplastic criteria, with considerations including vacuolar hepatopathy, inflammatory disease with parenchymal remodeling, subtle areas of hematopoiesis or nodular hyperplasia suspected.
IMAGING PERFORMED BY	Assuming normal clotting status, hepatosplenic FNA, for screening cytology could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as thorough musculoskeletal and neurological examination is suggested to assess for or rule out occult pathology as a contributing factor to the patients weight loss. Assessment of caloric plane may be considered.
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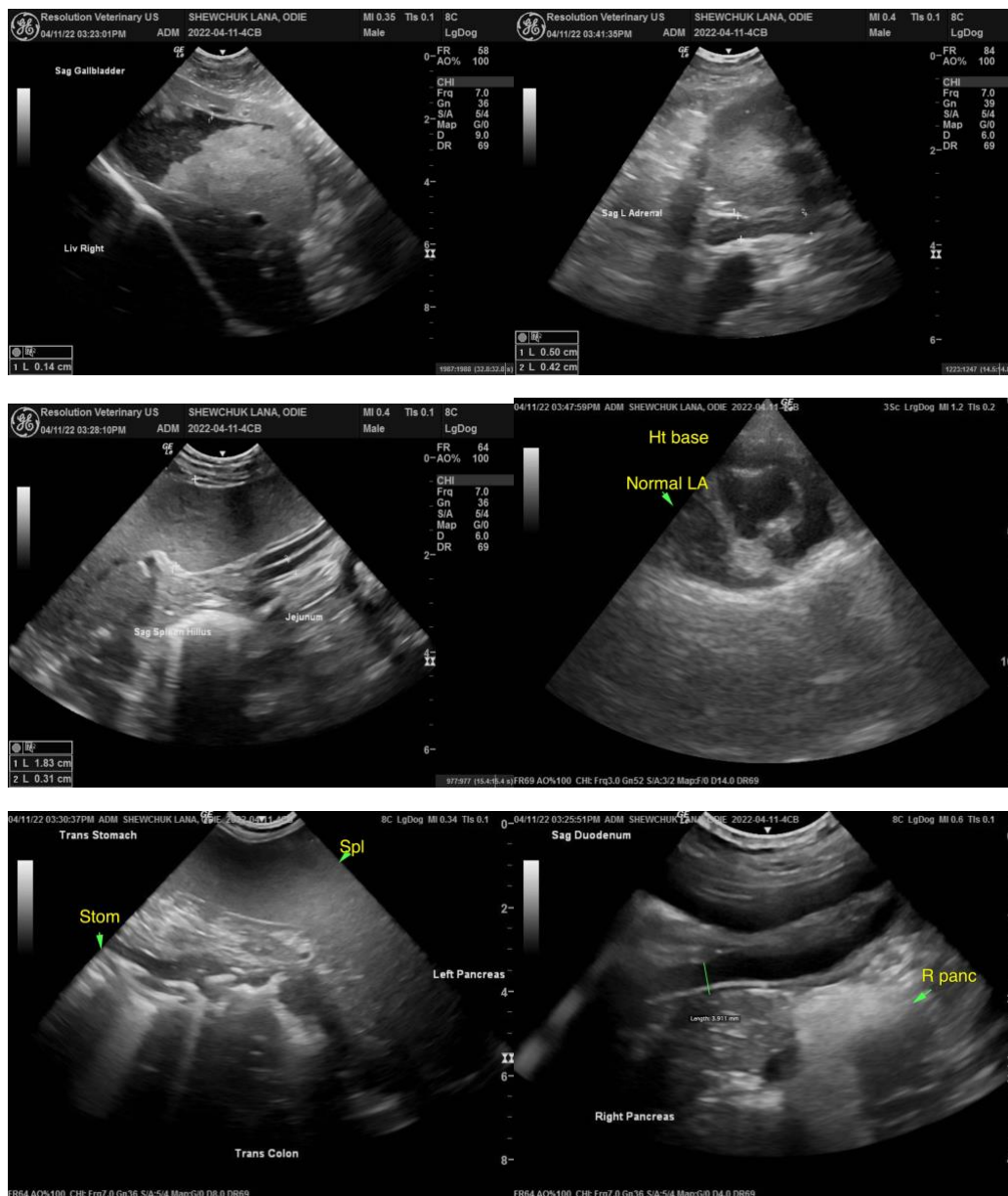
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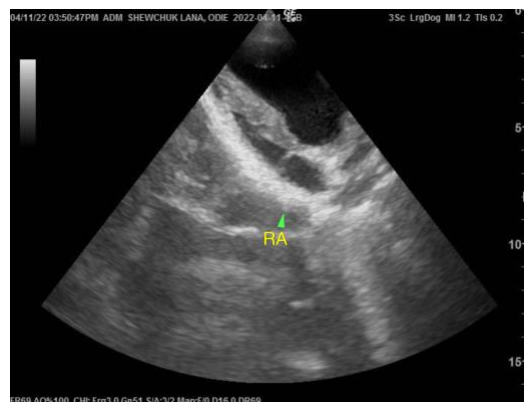
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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