



PATIENT	PRESENTING CLINICAL SIGNS
Jesse James Schmidt	Protein losing enteropathy, anorexic, possible splenic/hepatic mass. Current meds: metronadizole, prednisone
SPECIES	Abnormal PE/Chem/CBC/UA Results: HCT 37.1, MCV 60.3, Retic 8.0, WBC 30.69, Neu 25.03, Mono 3.9, Eos 0.00, Glu 45, CA 7.0, TP 3.3, Glob 2.0, ALB 1.3, TBIL 2.2, Chol 104
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
German Shepherd	Urinary System
SEX	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 minor dependent mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
M	
AGE	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 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 8.3 cm in length. The right kidney measured 8.4 cm in length.
6yr	
WEIGHT	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
67lb	
INTERPRETED BY	The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.8 cm in diameter.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
IMAGING PERFORMED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 2.6 cm length.
Jessica Miller	Spleen
HOSPITAL NAME	The spleen exhibited mild enlargement with areas of capsule asymmetry. Generalized non-homogenous nodular to irregular was present, an example of a nodule measured 0.78 cm in diameter.
Blairstown AH	Liver/Gallbladder
REFERRING VET	The liver presented moderately enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. 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. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized sludge. The cystic and common bile ducts were normal.
Dr. Clegg	Gastrointestinal
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PATIENT	The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.
Jesse James Schmidt	
SPECIES	The small intestine presented variable to generalized thickened wall layering with indistinct wall layer detail and variable segmental non-obstructive metabolic to possible paralytic ileus and intestinal hypomotility.
Canine	
BREED	Overtly normal visualized colon wall layering and moderate generalized colon distention with non-formed fecal matter was present.
German Shepherd	
SEX	Pancreas
M	The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
AGE	Free Abdomen
6yr	Generalized hyperechoic omentum and mild volume peritoneal free fluid was present.
WEIGHT	Several to multiple enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.9 cm x 2.3 cm.
67lb	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Non-homogenous to nodular irregular spleen. • Hepatomegaly exhibiting parenchyma hypoechoogenicity. • Diffuse severe enteropathy exhibiting variably thickened wall layering with segmental to generalized ileus. • Distended colon with non-formed feces. • Hypoechoic to swollen mesenteric lymphadenopathy and generalized peritonitis pattern. • Possible concurrent mild pancreatitis.
IMAGING PERFORMED BY	Secondary findings
Jessica Miller	<ul style="list-style-type: none"> • Mild chronic renal changes. • Benign prostatic hyperplasia. • Minor dependent urinary bladder luminal mineral.
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Blairstown AH	Multicentric infiltrative neoplasia involving the liver, spleen, intestinal tract and mesenteric lymph nodes with concurrent peritoneal free fluid/peritonitis potentially owing to lymphatic obstruction is strongly suspected.
REFERRING VET	Assuming normal clotting status and using a 25g needle, a hepatosplenic/accessible lymph node FNA for screening cytology is warranted for further assessment. Effusion analysis cytology +/- C/S with potential oncology consult is warranted. Severe generalized inflammatory etiology for the sonographic abnormalities is possible yet thought less likely. An unfavorable prognosis is indicated.
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PATIENT

Jesse James Schmidt

SPECIES

Canine

BREED

German Shepherd

SEX

M

AGE

6yr

WEIGHT

67lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Blairstown AH

REFERRING VET

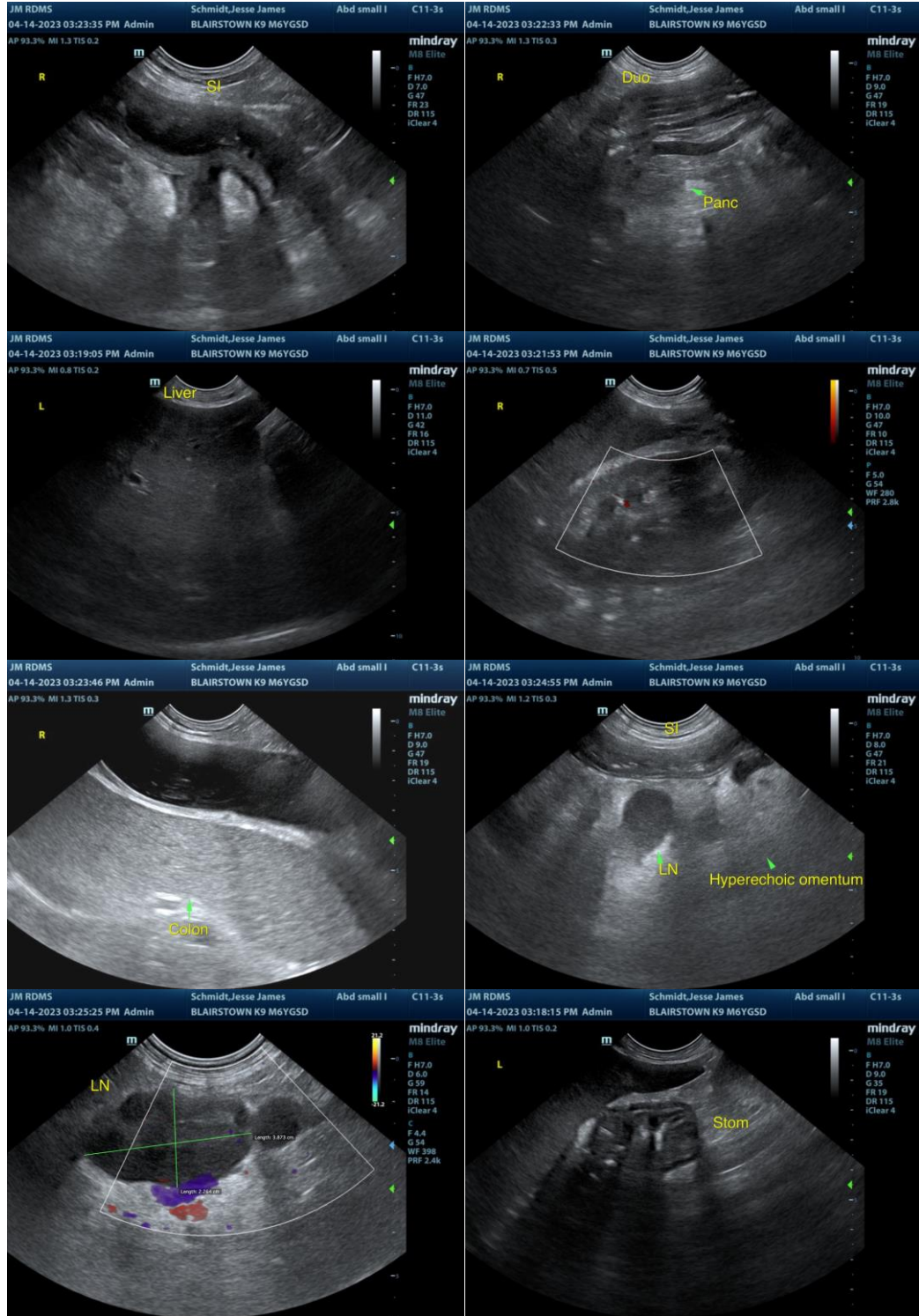
Dr. Clegg

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Jesse James Schmidt

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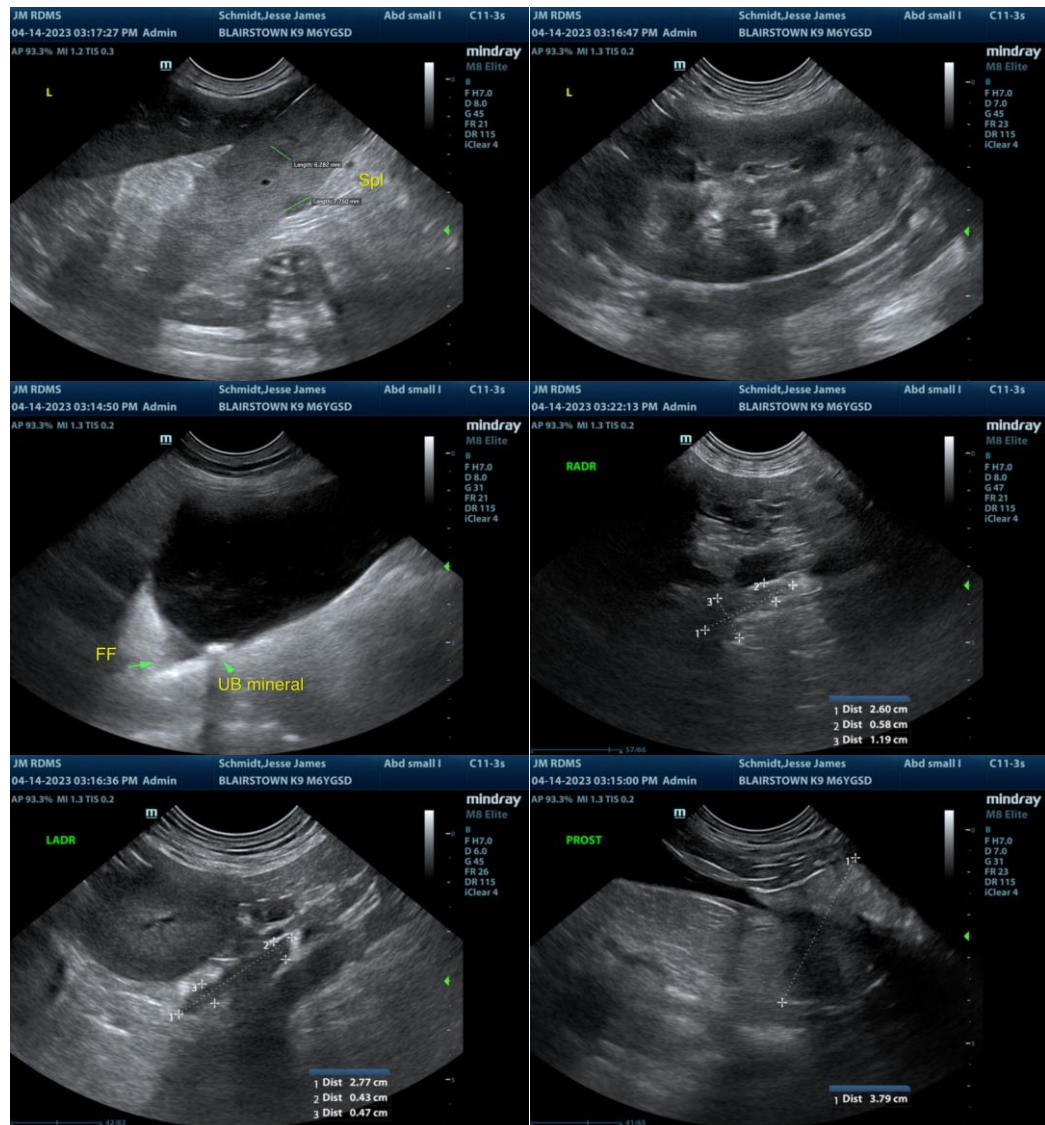
Dr. Clegg

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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)
mac.daniel@sonopath.com