

**PATIENT**

Patrick Whiteside

SPECIES

Canine

BREED

Wheaton Terrier

SEX

MN

AGE

14 years

WEIGHT

50 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Sarah Pender, CVT

INVOICE

13692

DATE

4/20/22

PRESENTING CLINICAL SIGNS

Presented 4/6 for teeth chattering and swelling under gums.

Abnormal PE/Chem/CBC/UA Results: Had a dental 3/7 with no abnormalities noted at that time.

Sedated exam performed found large firm swelling under tongue and involving the frenulum. Firm submandibular/ larynx swelling. Biopsies performed returned as oral MCT. Previous bloodwork unremarkable. FNA done of spleen, liver, and submandibular LN at time of US

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 was noted.

The residual prostate was normal in appearance measuring 0.86 cm in diameter.

No evidence of pathology was noted in the area of the aortic trifurcation including no evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Subtle nonuniform cortex echogenicity was noted in both kidneys, as well as mild loss of corticomedullary border demarcation expected for the age of the patient. A small thinly walled caudomedial cortical cyst was present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 5.8 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 1.8 cm length x 0.57 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 2.9 cm length x 0.53 cm width at the caudal pole.

Spleen

The spleen exhibited overall normal size and symmetrical capsule contour with subtle generalized splenic parenchyma heterogeneity. Multiple non-expansive to disruptive hyperechoic nodules were present primarily in the medial and caudal parenchyma. A solitary, mildly expansive, hypoechoic nodule was present in the cranial lateral spleen with subtle associated lateral capsule distortion, measuring 1.6 cm in diameter.

Liver/ Gallbladder

The liver exhibited mild subjective enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 contained mild, variably echogenic yet nonshadowing ingesta likely consistent with recent meal ingestion or mild retained ingesta / chyme.

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.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Mildly expansive hypoechoic splenic nodule, concurrent multifocal hyperechoic non-expansive splenic nodules
- Mild nonspecific hepatomegaly
- Mild gallbladder debris (non-mucocele)
- Age-related kidneys with focal small left kidney cortical cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The non-expansive hyperechoic splenic nodules are consistent with probable benign myelolipomas. The mildly expansive hypoechoic splenic nodule, however, is nonspecific with potential for several etiologies including focal hyperplasia, hematopoiesis, splenitis, hematoma, or emerging primary vs. metastatic neoplasia.

Subjectively, the appearance of the liver was not overtly suggestive of neoplastic criteria with potential for vacuolar hepatopathy or similar benign hepatopathy. Correlation with hepatosplenic cytology is recommended. No overt evidence of intra-abdominal lymphadenopathy or other evidence of intra-abdominal neoplastic or metastatic criteria was noted.



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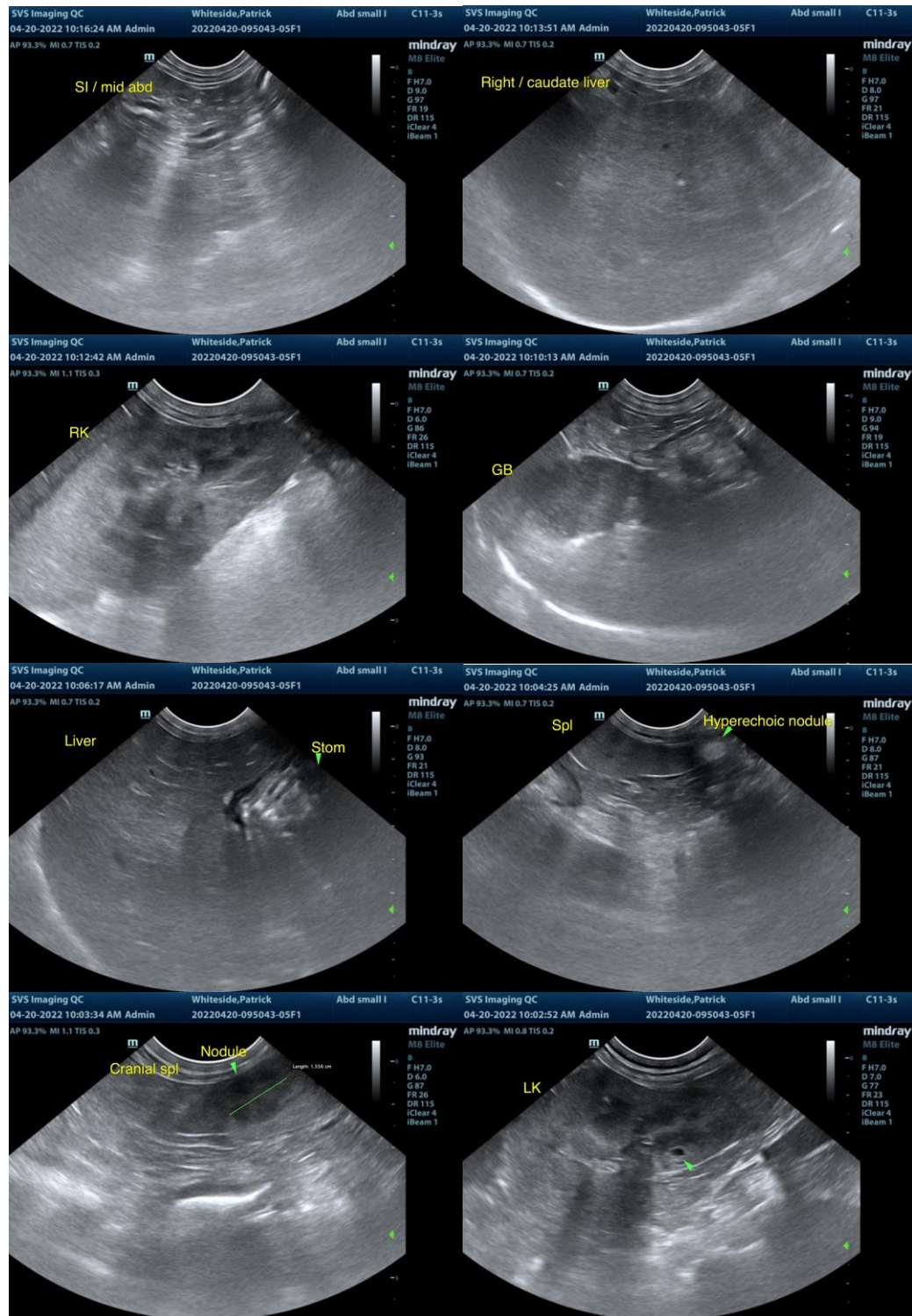
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Clinical Sonography & Telectyology

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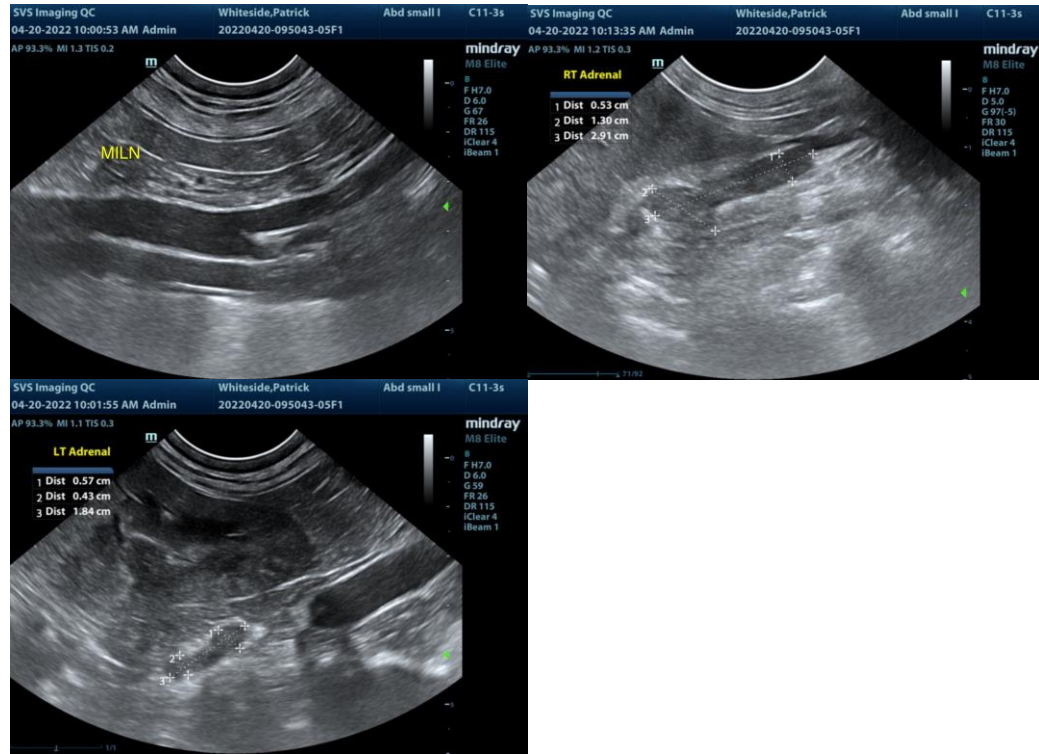
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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