



**PATIENT PRESENTING CLINICAL SIGNS**

Neeko Heller 4 day history ADR, abdominal distension, pale mm, decreased appetite, heavy breathing Amoxicillin, Fortiflora, Metronidazole

**SPECIES** CBC- HCT 42.4, WBC 11.7 with normal differential, Platelets 144, Unremarkable Chemistry Panel

Canine 4DX-Negative

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Rottweiler **Urinary System**

**SEX** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

**AGE** The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.3 cm in diameter.

2017 The area of the aortic trifurcation was without pathology, including no evidence of medial iliac or sublumbar lymphadenopathy.

**WEIGHT** Normal size and margination were 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 7.6 cm in length. The right kidney measured 8.2 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.84 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland was not definitively visualized owing to patient size and conformation.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Spleen**

**HOSPITAL NAME**

Blue Ridge VC

The spleen exhibited mild enlargement with areas of mild lateral and medial capsule asymmetry. Generalized heterogeneous to mildly mixed echogenic splenic parenchyma with multifocal, variably sized to mildly expansive, hypoechoic parenchymal nodules were present. An example of a nodule measured 1.0 cm in diameter. Normal splenic vascularity was noted.

**REFERRING VET**

Dr. Filchner

**Liver/ Gallbladder**

The liver was normal in size with normal hepatic parenchyma echogenicity exhibiting moderately coarse to mildly nonuniform echotexture. No overt masses or nodules were visualized. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

13704

**DATE**

4/21/22



**PATIENT** *Gastrointestinal*

Neeko Heller 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.

**SPECIES** 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.

Canine Normal visible colon wall layers were present with apparent formed feces in lumen.

**BREED** *Pancreas*

Rottweiler 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.

**SEX**

MN *Free Abdomen*

No omental masses, lymphadenopathy or peritoneal effusion were present.

**AGE** **ULTRASONOGRAPHIC FINDINGS**

- 2017
- Mild splenomegaly exhibiting nonhomogeneous to hypoechoic nodular parenchyma
  - Mild nonuniform liver

**WEIGHT**

122

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY** The overall appearance of the spleen was nonspecific with potential for several etiologies including hematopoiesis, age-related or benign nodular to lymphoid hyperplasia, acute on chronic splenitis, etc. However, concern for neoplastic criteria such as early hemangiosarcoma, lymphoma, or mast cell neoplasia is warranted, given this presentation.

**IMAGING PERFORMED BY** The mild nonuniform liver may indicate a patient variant and without overt evidence of active hepatopathy, given the lack of hepatic enzyme elevations. Hepatic neoplastic criteria was not obvious.

**HOSPITAL NAME** Assuming normal clotting status, ultrasound guided FNA of the splenic parenchyma and nodule +/- screening hepatic FNA for cytology is strongly recommended. Otherwise, no overt evidence of intra-abdominal pathology as an obvious cause of the patient's clinical signs.

**REFERRING VET** Conservatively, as-needed supportive care with follow-up ultrasound assessment of the spleen in 3-4 weeks to assess for progressive changes could be considered. However, splenic sampling as described is strongly suggested.

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**PATIENT**

Neeko Heller

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

MN

**AGE**

2017

**WEIGHT**

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

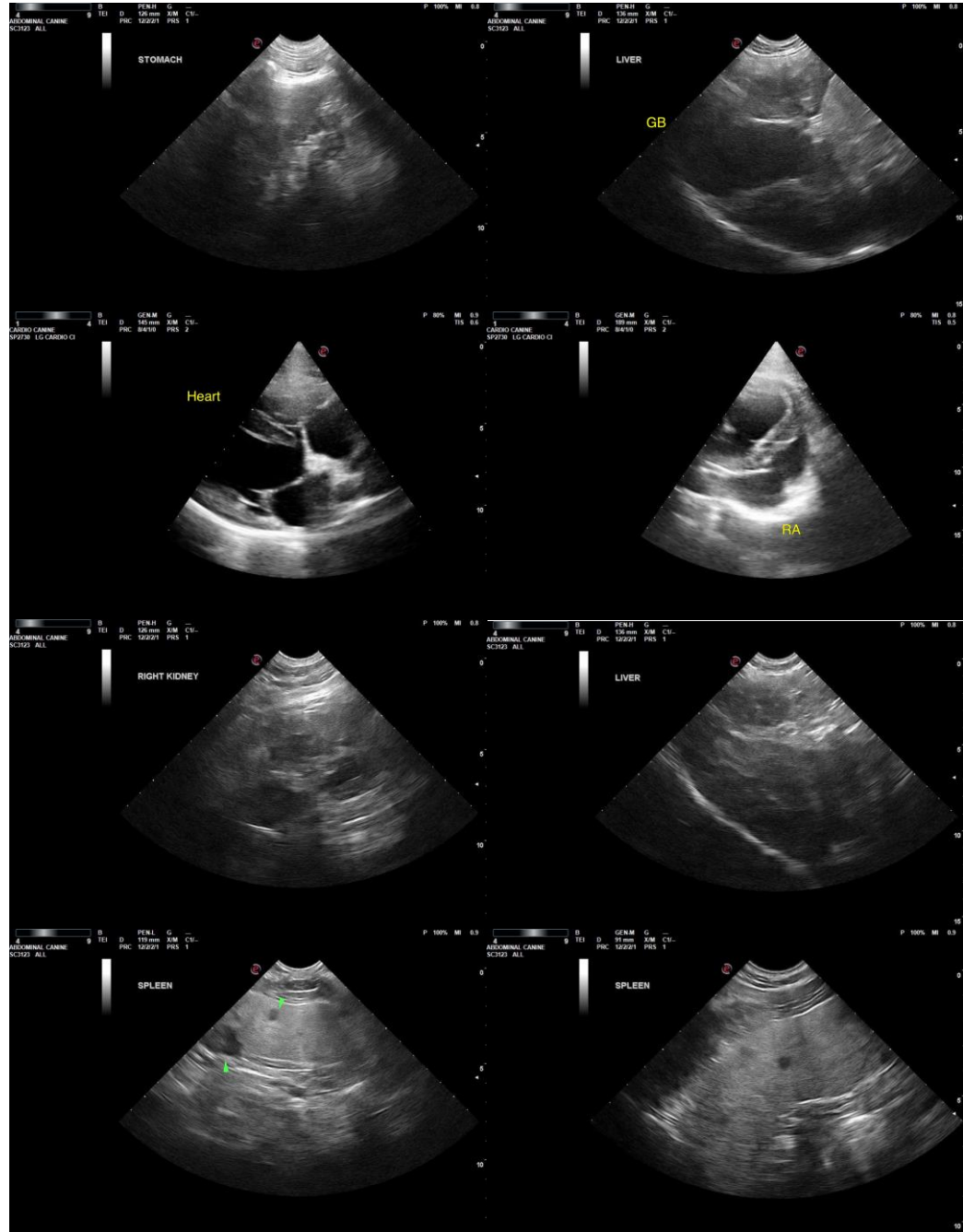
Dr. Filchner

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**PATIENT**

Neeko Heller

**SPECIES**

Canine

**BREED**

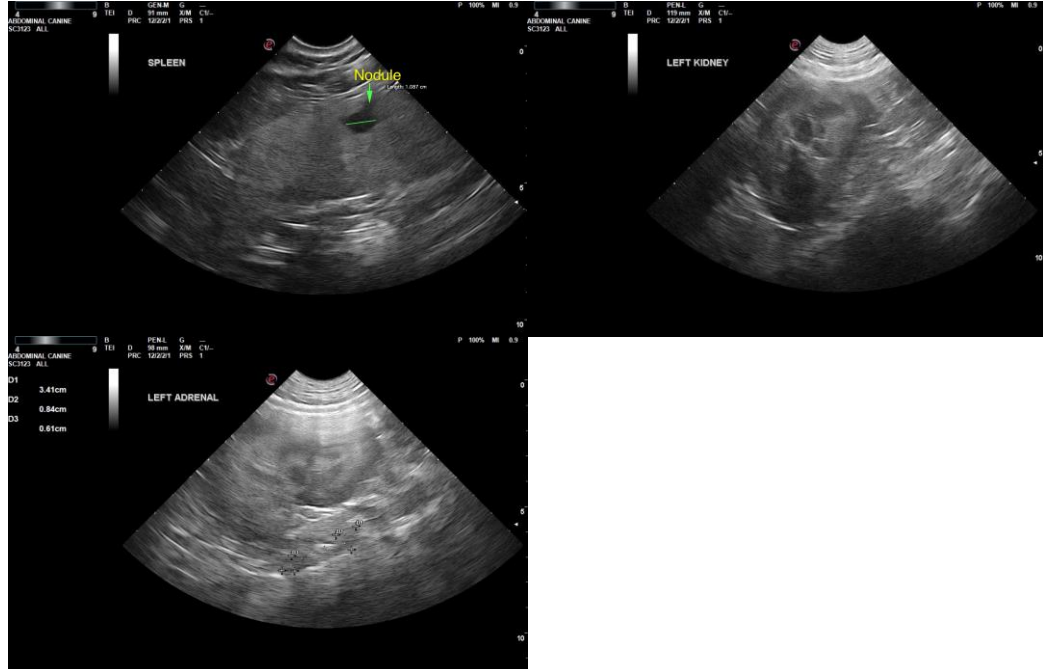
Rottweiler

**SEX**

MN

**AGE**

2017



**WEIGHT**

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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)**

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