



PATIENT PRESENTING CLINICAL SIGNS

Chloe Whittacker Urinary accidents, painful abdomen. Medication: Carafate, Metronidazole, Pepcid.

SPECIES Labs: Hct 35.5, mild monocytosis, ALT 137, 4dx negative, USG 1.034.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

German Shepherd The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

SEX Spayed Female The area of the aortic trifurcation was free of pathology.

AGE 2012 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 6.8 cm. The right kidney measured 7.0 cm.

Adrenal Glands

WEIGHT 90 The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 2.3 cm length x 0.70 cm at the caudal pole. The right adrenal gland measured 2.9 cm length x 0.44 cm at the caudal pole.

INTERPRETED BY *Spleen*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The spleen presented subjective mild enlargement with areas of mild capsule asymmetry. Generalized mild parenchymal heterogeneity with variably echogenic splenic nodules ranging from indistinctly marginated subtly hypoechoic nodules to well demarcated uniform hyperechoic nodules. Mildly expansive, non-homogeneous small mass present in the cranial spleen with mild associated cranial lateral capsule distortion. The mass measured 4.2 cm in diameter. A small pocket of scant perisplenic free fluid noted around the cranial lateral spleen in the area of the small cranial splenic mass. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Rebekah Jakum, CVT
ARDMS/RVT

Liver

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Probable thinly walled intermittent intraparenchymal cysts, example measures 3.9 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

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.



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

Chloe Whittacker **Pancreas**

SPECIES 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.

Canine

Free Abdomen

BREED No omental masses or overt omental lymphadenopathy.

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

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Non-specific variably echogenic splenic nodules with small non-homogeneous, mildly expansive cranial splenic mass.
- Scant perisplenic free fluid
- Hepatic parenchymal remodeling with probable intraparenchymal cysts
- Sonographically unremarkable gastrointestinal tract
- Sonographically unremarkable urinary bladder.

AGE

2012

WEIGHT

90

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The splenic nodules to small cranial splenic mass were non-specific with considerations including hyperplasia, hematopoiesis, splenitis, breed associated hypersplenism, granuloma, hyperechoic myelolipoma, or neoplasia (i.e., sarcoma, hemangioma, round cell neoplasia, or other). No overt or definitive evidence of intraabdominal or cardiac metastasis if splenic nodules/mass are neoplastic. Minor potential for hepatic hypoechoic to anechoic intraparenchymal nodules as opposed to hepatic intraparenchymal cysts considered less likely.

IMAGING PERFORMED BY

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ARDMS/RVT

Assuming normal clotting status and using 25-gauge needle, FNA cytology of splenic parenchyma and accessible nodule or mass could be considered for screening cytology and possible further clarification. Prophylactic and diagnostic splenomegaly with histopathology along with hepatic gross inspection +/- hepatic biopsies could be considered in this case.

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SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

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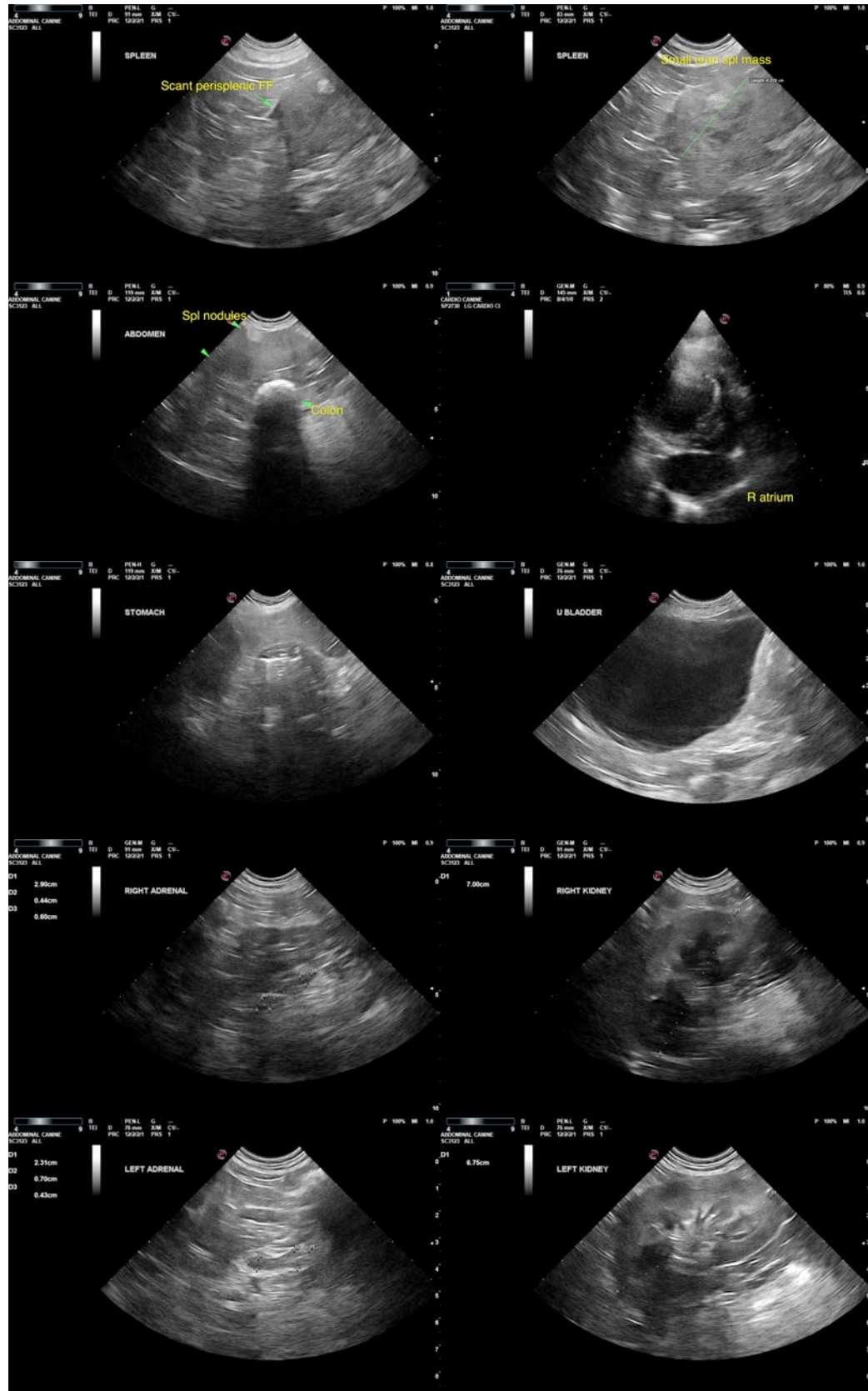
Dr. Dengler

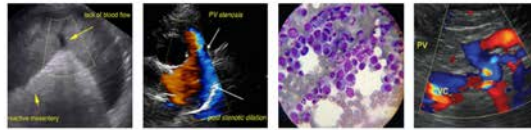
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PATIENT

Chloe Whittacker

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.

SPECIES

Canine

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

BREED

German Shepherd

SEX

Spayed Female

AGE

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