



**PATIENT**

Tyson McCormick

**SPECIES**

Canine

**BREED**

Husky X

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

32 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Goeres

**HOSPITAL NAME**

Kelowna Vet Hospital

**REFERRING VET**

Dr. Neider

**INVOICE**

46957

**DATE**

4/26/23

**PRESENTING CLINICAL SIGNS**

2 months of vomiting, weight loss. rads concerning for splenic mass. BW shows progressive pancytopenia and hypercalcemia

Abnormal PE/Chem/CBC/UA Results: 04/24/2023: WBC 2.69 lym 1.0 mono 0.11 Neut 1.57 HCT 39% Plt 50 Ca 14.5 PE - thin, generalized muscle wasting,, light pink MM. no abnormalities on rectal. H+L clear. tFAST showed no pericardial fluid

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

The prostate gland was not definitively visualized. No overt pathology.

The area of the aortic trifurcation was free of pathology.

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 8.0 cm. The right kidney measured 8.3 cm.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**Spleen**

The spleen was mildly enlarged with maintained symmetrical capsule contour and finely textured homogeneous parenchyma. A solitary, discreet, non-disruptive hypoechoic mid splenic nodule was noted measuring 1.0 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver**

The liver was mild to moderately enlarged with maintained symmetrical capsule contour. Subjective mild decreased hepatic parenchyma echogenicity compared to the spleen and falciform fat, with moderate coarse echotexture. Normal hepatic vascular volume. No hepatic masses or nodules visualized. The gallbladder was non distended in size with mild, hyperechoic, non-organized debris. No evidence of inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation. A small pocket of scant effusion was noted between the liver and gallbladder.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate gas distention noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild upper to mid duodenal ileus pattern noted without evidence of mechanical obstruction, loss of intestinal wall layering, or intestinal masses.



**PATIENT**

Normal visible colon wall layers were present with semiformal to possible soft feces in lumen.

Tyson McCormick

**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

**BREED**

**Free Abdomen**

Husky X

Intermittent, generally mildly prominent, homogeneous to mildly hypoechoic mid abdominal mesenteric nodes were present. Example measured 1.5 cm x 0.75 cm, exhibiting width to length ratio of approximately 0.5. No evidence of perilymphatic inflammation.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

- Hepatomegaly exhibiting subjective mild parenchyma hypoechogenicity – non-specific.
- Gallbladder debris (non-mucocele)
- Mild splenomegaly with non-specific nodule – hyperplasia, hematopoiesis, incidental splenitis, infiltrative neoplasia all potentials.
- Intact gastrointestinal wall layering with mild gastric gas distention and mild upper to mid duodenal ileus pattern.
- Intermittent non-specific, primarily mild mesenteric lymphadenopathy – mild lymphoid hyperplasia, reactive lymphadenitis potentially owing to intestinal disease, early neoplastic lymphadenopathy possible.

8 Years

**WEIGHT**

32 kg

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Goeres

Assuming normal clotting status, hepatosplenic FNA cytology using 25-gauge needle warranted for further assessment, given the hypercalcemia. GI panel to include PLI, TLI, cobalamin and folate as well as resting cortisol level to rule out occult disease as a contributing factor to the weight loss and lab work abnormalities may be considered. No evidence of a definitive intraabdominal mass. Pending additional diagnostics, CBC pathology review +/- infectious disease serology may be considered as additional diagnostics. Empirically, as needed gastrointestinal support is recommended.

**HOSPITAL NAME**

Kelowna Vet Hospital

**REFERRING VET**

Dr. Neider

**INVOICE**

46957

**DATE**

4/26/23





**PATIENT**

Tyson McCormick

**SPECIES**

Canine

**BREED**

Husky X

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

32 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Goeres

**HOSPITAL NAME**

Kelowna Vet Hospital

**REFERRING VET**

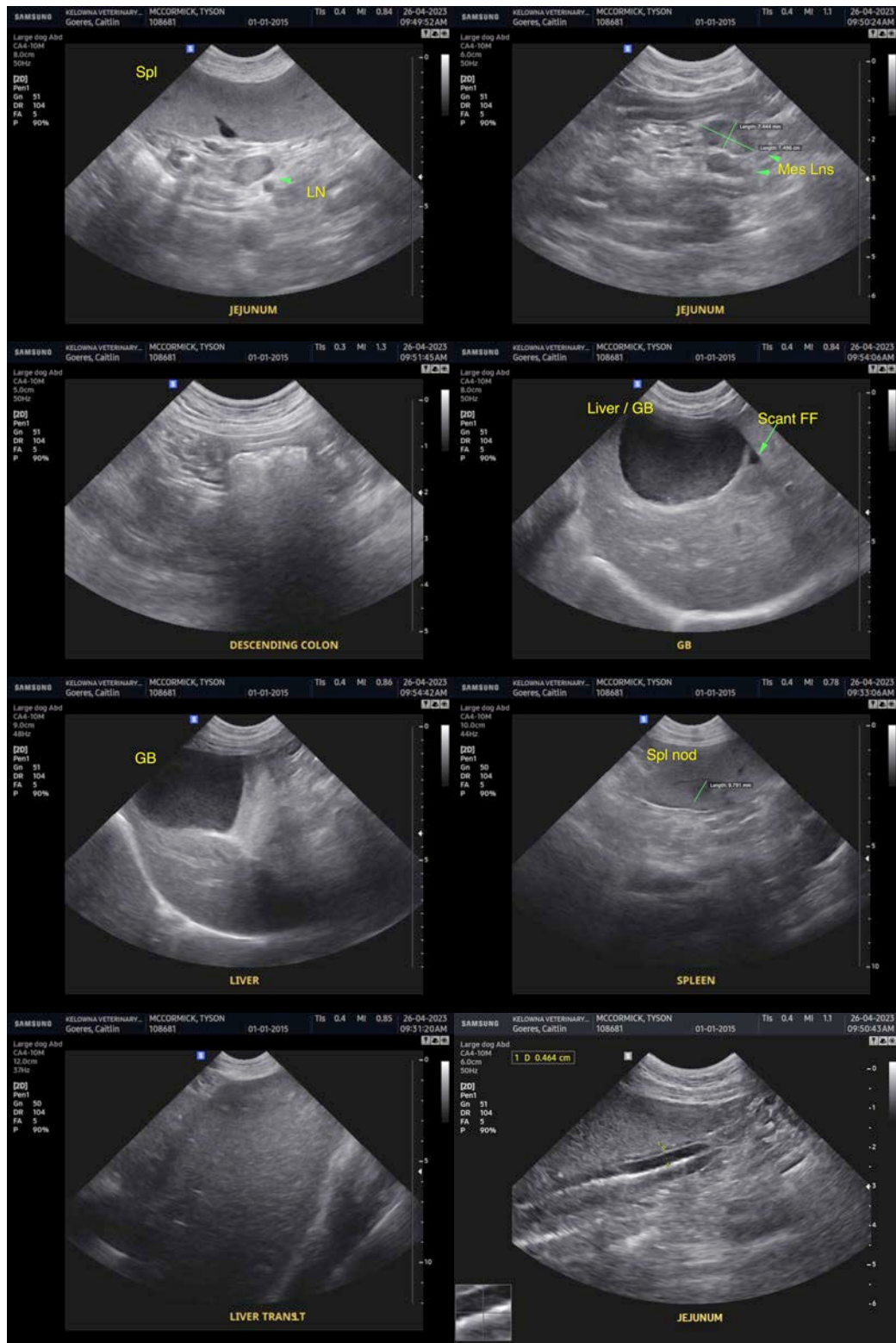
Dr. Neider

**INVOICE**

46957

**DATE**

4/26/23





**PATIENT**

Tyson McCormick

**SPECIES**

Canine

**BREED**

Husky X

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

32 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Goeres, Caitlin

**HOSPITAL NAME**

Kelowna Vet Hospital

**REFERRING VET**

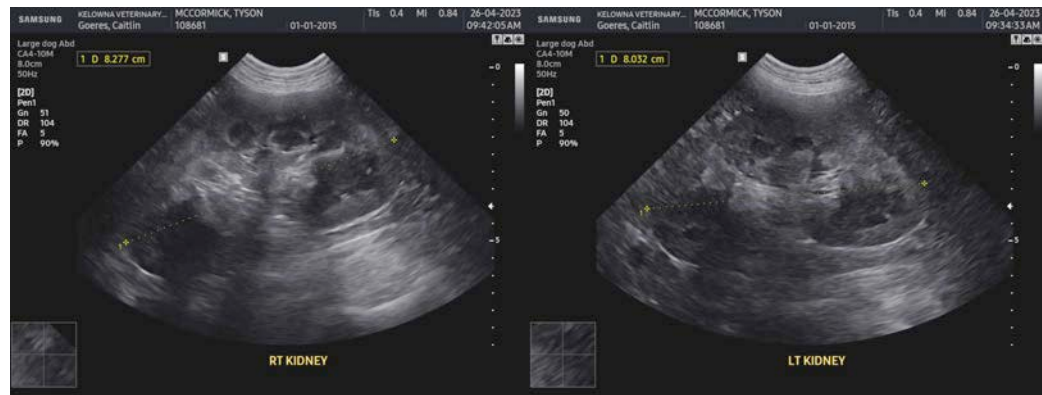
Dr. Neider

**INVOICE**

46957

**DATE**

4/26/23



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