



PATIENT PRESENTING CLINICAL SIGNS

Dawkins Jones History: Severe PU/PD, now decreased appetite and lethargy

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: WBC 2.9 mild neutropenia and lymphopenia, CREAT 1.6, BUN 21, SDMA 17, Ca 12.8, Na:K ratio 32, LIPASE 491 CK 205 SG 1.006 neg pro, neg glu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Boxer

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 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.

SEX

Neutered male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.76 cm in diameter.

AGE

6 years

The area of the aortic trifurcation was free of pathology without evidence of medial, iliac or sublumbar lymphadenopathy.

WEIGHT

77.6 pounds

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 7.1 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.84 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.90 cm width at the caudal pole and 0.75 cm width at the cranial pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

The spleen exhibited normal size and contour with a finely textured primarily homogenous parenchyma with intermittent discretely hypoechoic nondisruptive parenchymal nodules, an example measuring 0.73 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

HOSPITAL NAME

Stanglein VC

Liver/ Gallbladder

REFERRING VET

Dr. Green

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

DATE

04/04/2022

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.

Dawkins Jones **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.

SPECIES

Canine

Free Abdomen

BREED

Boxer

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered male

AGE

6 years

ULTRASONOGRAPHIC FINDINGS

- Intermittent discrete hypoechoic splenic nodules.
- Sonographically unremarkable bilateral kidneys/adrenals.
- Normal urinary bladder.
- Overtly normal GI tract.

WEIGHT

77.6 pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology as an obvious cause of the patients severe PU/PD and decreased appetite.

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Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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Additional work up for PU/PD may include resting cortisol level, urine C/S +/- leptospirosis titer/PCR if clinically indicated or if endemic to the area.

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For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>.

REFERRING VET

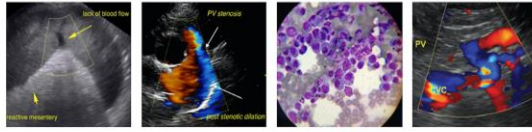
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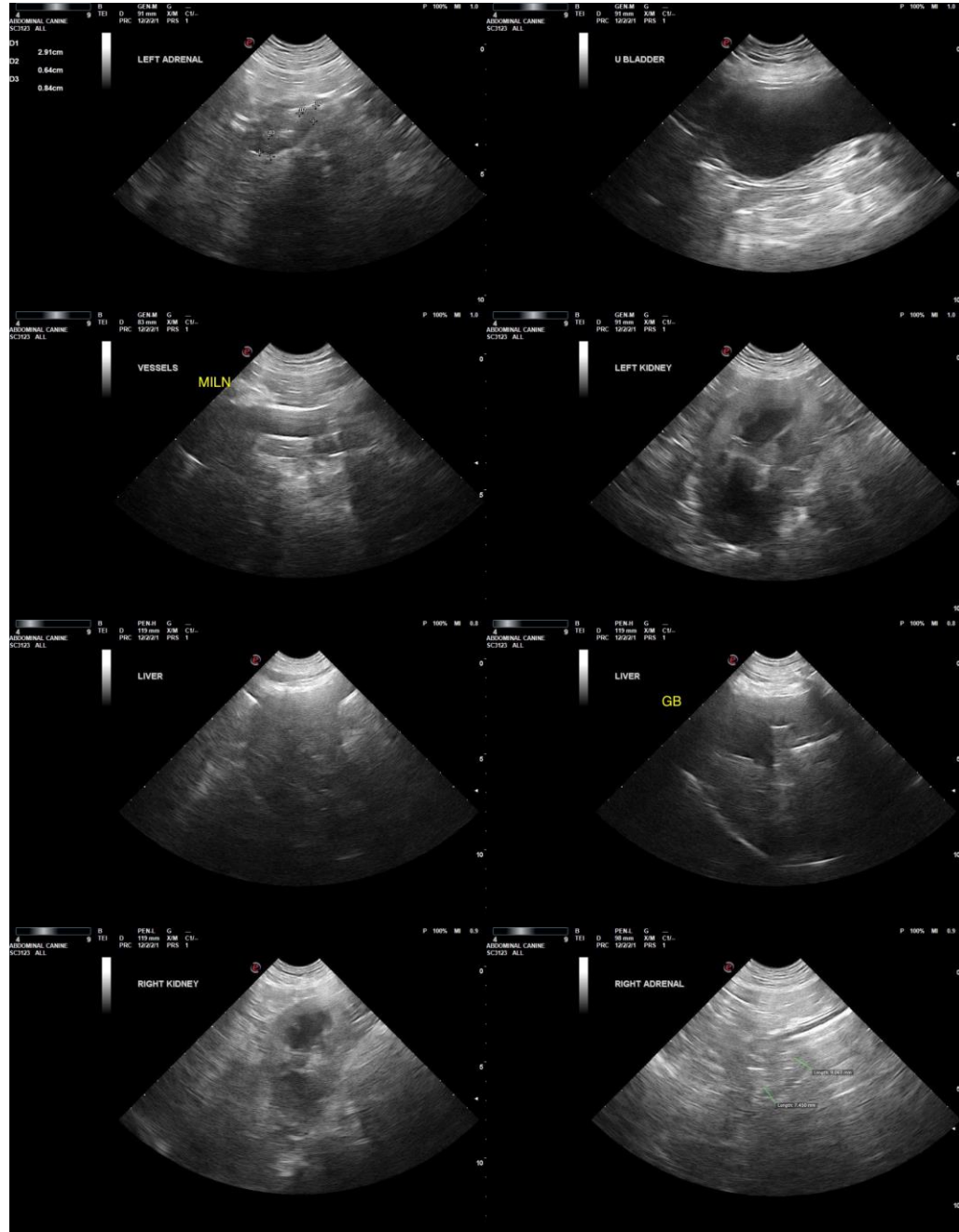
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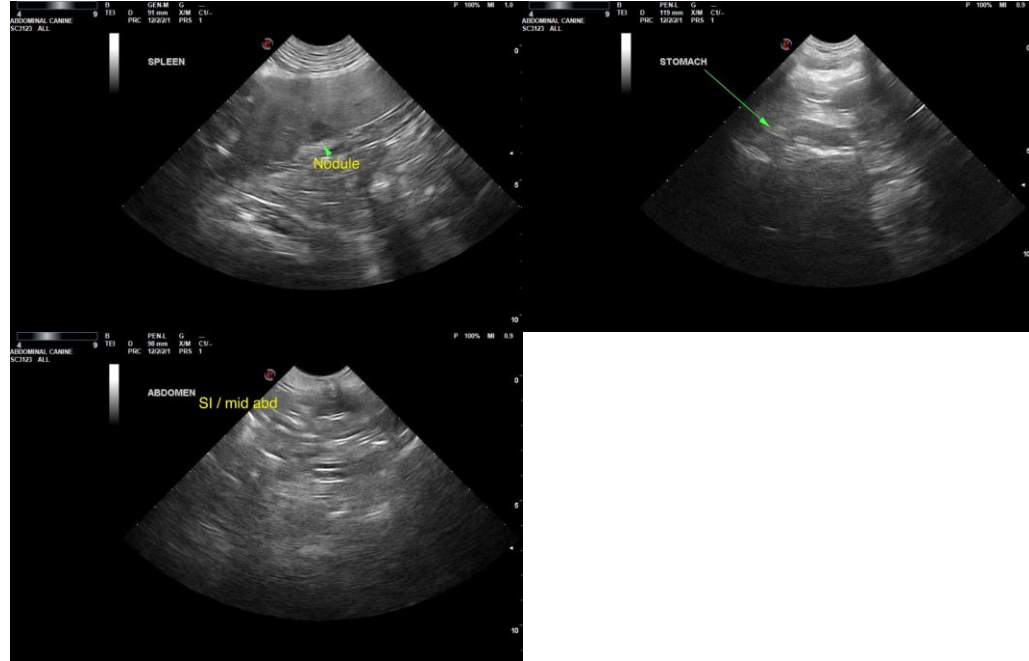
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SEX

Neutered male

AGE

6 years



WEIGHT

77.6 pounds

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.

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(Canine and Feline)

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.

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