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Clinical Sonography & Telecytology
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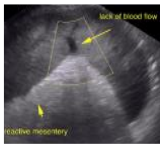
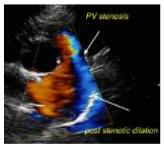
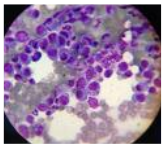
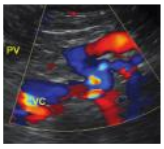





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Indie Roland

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

9 Years

WEIGHT

16

INTERPRETED BY

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

IMAGING PERFORMED BY

Alex Emerson, DVM

HOSPITAL NAME

Animal Clinic of Casselberry

REFERRING VET

Alex Emerson, DVM

INVOICE

21896

DATE

4/5/23

PRESENTING CLINICAL SIGNS

History: Marked lymphocytosis found on pre-dental screening BW. Flow cytometry diagnosed Lymphocytic leukemia. TXR and AXR- no masses seen. AUS submitted for screening. No overt masses recognized on submitted video clips

Abnormal PE/Chem/CBC/UA Results: lymphocytes 45k

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the residual prostate appeared normal and free of pathology.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

Both adrenal glands were overtly normal in size, position and shape, with no evidence of adrenal tumors. The left adrenal gland measured 0.7 cm at the caudal pole in width. The right adrenal gland measured 0.6 cm at the caudal pole in width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

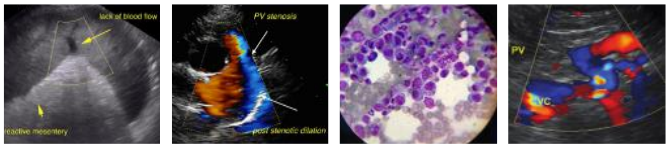
Liver

The liver exhibited mild 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.



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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 was evident.

Free Abdomen

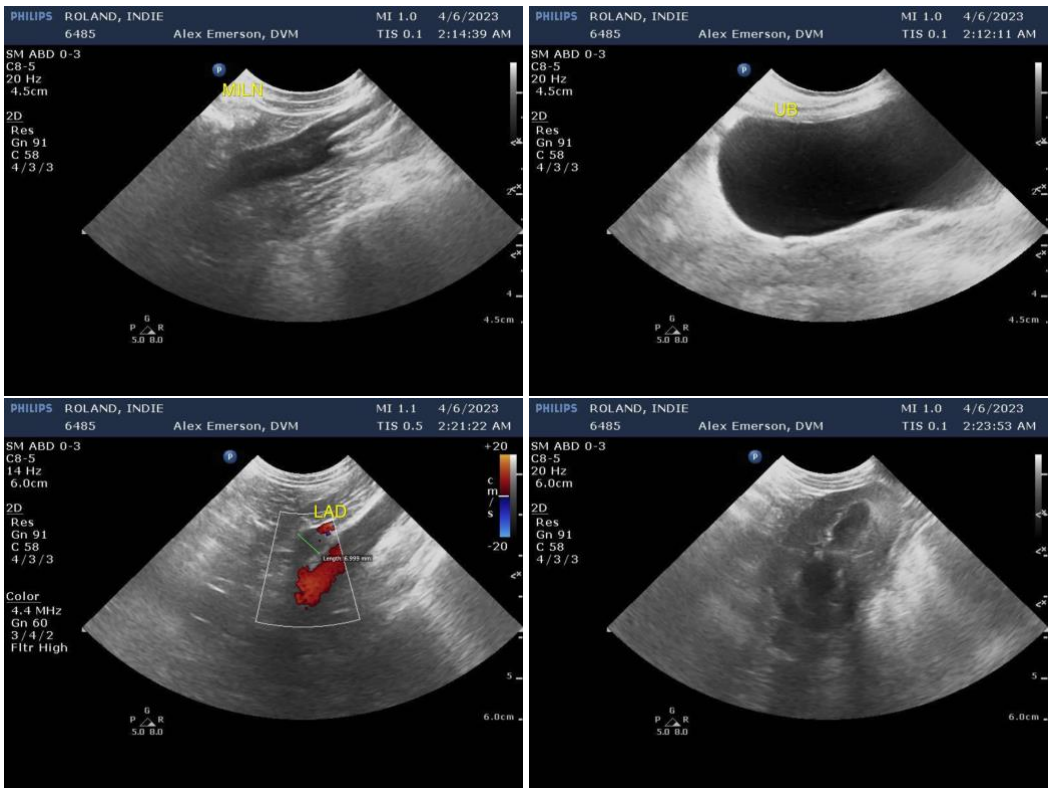
No evidence of omental lymphadenopathy or masses. No peritoneal free fluid was present. No evidence of medial iliac or sublumbar lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly
- Early age-related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology, including no overt evidence of intraabdominal primary or metastatic neoplastic criteria. The mild hepatomegaly is nonspecific yet may suggest mild vacuolar hepatopathy pattern. Screening hepatic FNA cytology could be considered for further clarification, assuming normal clotting status, however, overall, no evidence of overt intraabdominal pathology.



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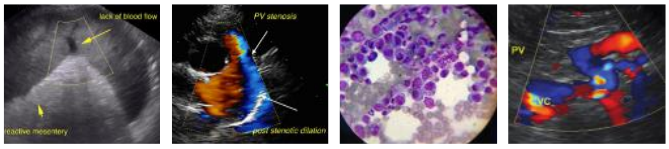

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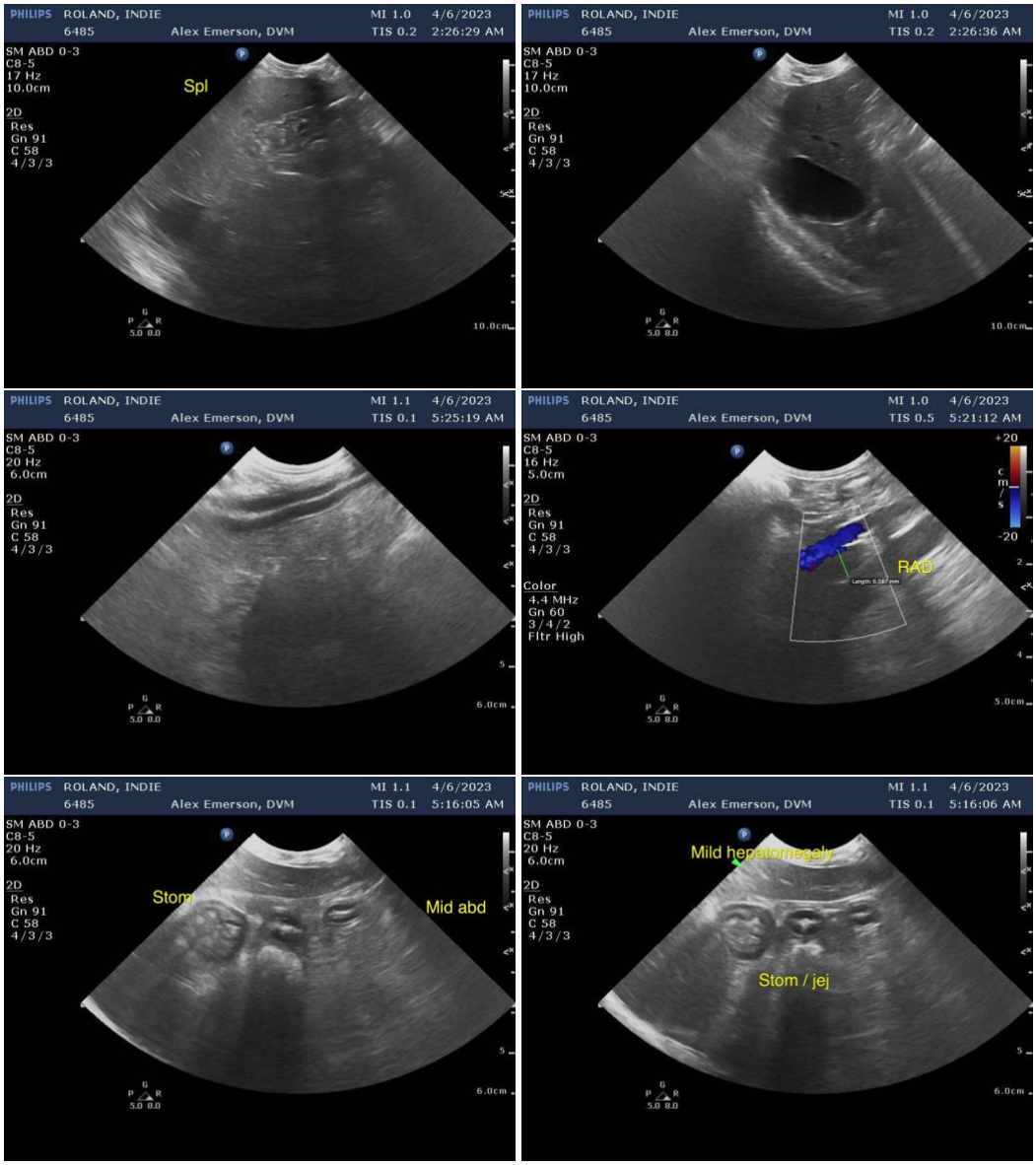

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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