



PATIENT PRESENTING CLINICAL SIGNS

Jimmy Knepp Lethargic, not eating, anemia, painful abdomen.
 Medication: Pred, Doxycycline

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Golden Retriever

Urinary System

The urinary bladder, trigone, and cystourethral junction 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

MN

The area of the residual prostate was free of overt pathology.

AGE

2013

No overt medial Iliac or sublumbar lymphadenopathy was noted.

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 in length. The right kidney measured 6.8 cm in length.

WEIGHT

59.4

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

INTERPRETED BY

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

Spleen

A moderately sized to large, irregular, mixed echogenic nodular to cavitated splenic mass with secondary asymmetrical capsule expansion and disruption was present and measured approximately 7.0-8.0 cm diameter. Concurrent separate mildly expansive splenic nodules were also present. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Blue Ridge VC

Liver/ Gallbladder

The liver was enlarged with asymmetrical contour exhibiting nonuniform diffusely nodular parenchyma. The gallbladder was normal in size. The gallbladder wall was uniformly thickened and echogenic in appearance. This is suggestive of chronic gallbladder wall inflammation and possible fibrosis. Primarily anechoic luminal content was present.

REFERRING VET

Dr. Filchner

INVOICE

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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

4/6/23



PATIENT

Jimmy Knepp

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.

SPECIES

Pancreas

Canine

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.

BREED

Golden Retriever

Free Abdomen

Generalized primarily perisplenic to perihepatic nonuniform hyperechoic omentum was noted. Moderate volume peritoneal effusion was noted.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

2013

- Infiltrative spleen with cavitated splenic mass
- Diffusely irregular to nodular liver
- Peritoneal effusion with generalized primarily perisplenic / perihepatic nonuniform hyperechoic omentum

WEIGHT

59.4

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the sonographic findings are consistent with multicentric infiltrative hepatosplenic neoplasia with probable secondary hemoabdomen and strong potential for concurrent omental seeding. Multicentric sarcoma vs. round cell neoplasia is possible. Given multicentric neoplastic criteria, this case is nonsurgical. An unfavorable prognosis is indicated.

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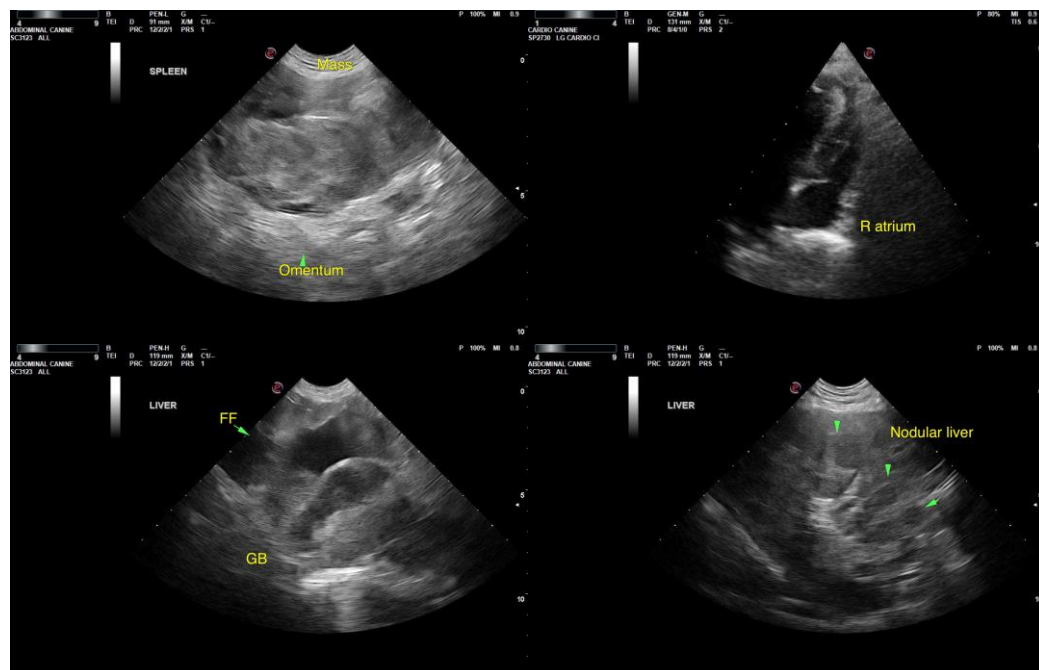
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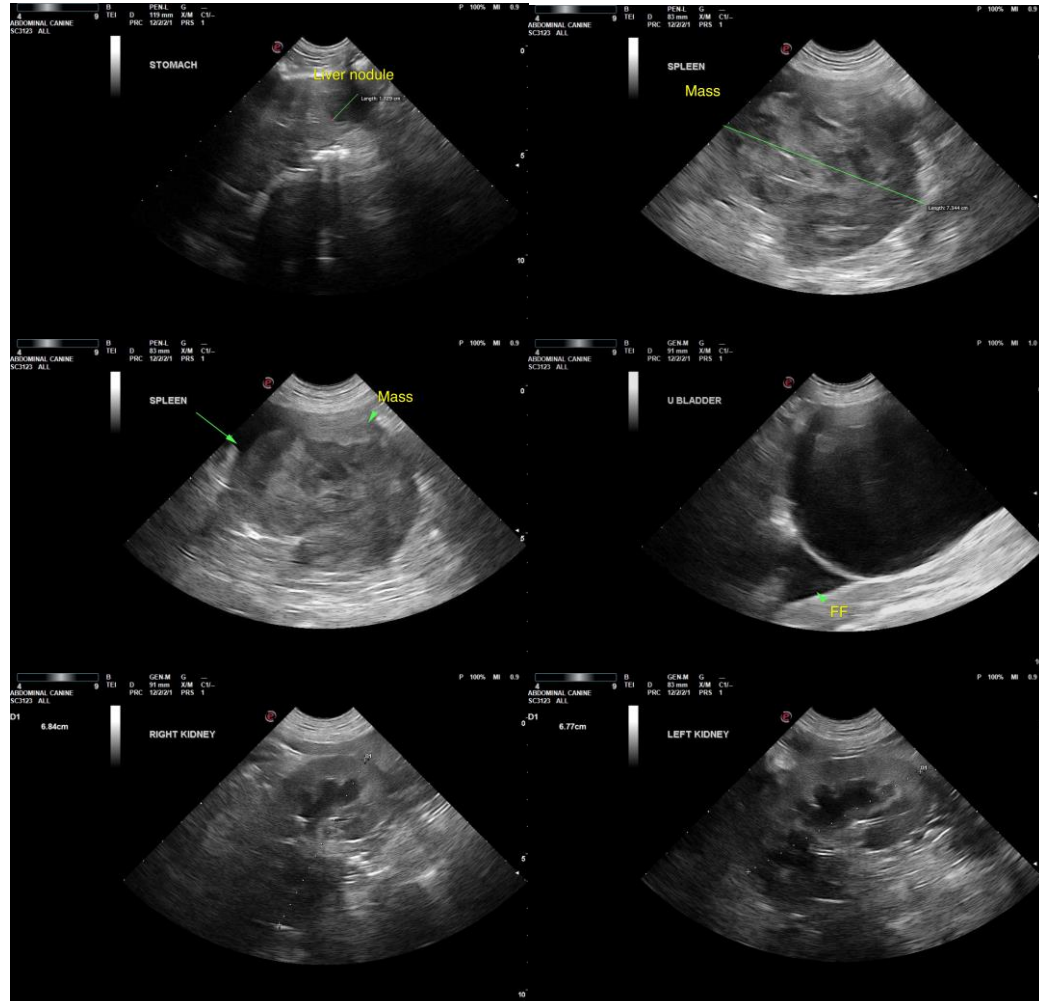
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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