



PATIENT

Milo Rowe

SPECIES

Canine

BREED

St. Bernard Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

88 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Trae Cutchin

HOSPITAL NAME

Friendship Springs VC

REFERRING VET

Trae Cutchin

INVOICE

15120

DATE

5/12/22

PRESENTING CLINICAL SIGNS

History: Lymphadenopathy
Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia, anemia, monocytosis. Cytology and flow cytometry do not support lymphoma.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 were noted.

No overt pathology in the area of the residual prostate.

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 7.8 cm in length. The right kidney measured 8.7 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.81 cm at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited generalized enlargement, which was subjectively mild. Maintained symmetrical capsule contour noted. Primarily uniform yet reduced splenic parenchyma echogenicity. Splenic vascularity was normal. No distinct splenic masses or nodules noted.

Liver

The liver exhibited generalized enlargement. Subjective maintained symmetrical capsule contour noted. Similar hepatic parenchyma echogenicity compared to the spleen with mild to moderate coarse echotexture and intermittent nondisruptive subtly hypoechoic intraparenchymal nodules.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited intact and sonographically unremarkable wall layering. Mild to moderate retained anechoic fluid was present, extending into the area of the pyloric outflow. No evidence of mechanical pyloric outflow obstruction. The ventral gastric body wall measured 0.5 cm.

The small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio with mild segmental nonobstructive jejunal ileus. The jejunum wall measured 0.40 cm.

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



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Pancreas

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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.

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Free Abdomen

Several mildly enlarged, hypoechoic medial iliac and multifocal mid abdominal mesenteric lymph nodes were present. The lymph nodes exhibited mild swollen contour and uniform hypoechoic parenchyma. Mild reactive perilymphatic mesentery was present. An example of a medial iliac lymph node measured 1.4 cm x 1.1 cm. An example of mesenteric lymph node measured 2.7 cm x 2.6 cm.

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Scant peritoneal free fluid was noted in the right cranial abdomen between the cranial spleen and caudal aspect of the left liver.

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ULTRASONOGRAPHIC FINDINGS

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- Splenomegaly, exhibiting decreased parenchyma echogenicity.
- Hepatomegaly, exhibiting intermittent subtly hypoechoic intraparenchymal nodules
- Intact gastrointestinal walls with gastric and segmental jejunal hypomotility/ileus
- Multiple mildly enlarged yet hypoechoic mesenteric and medial iliac lymphadenopathy
- Scant perihepatic/perisplenic free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status and using a 25-gauge needle, ultrasound guided hepatosplenic FNA is recommended for screening cytology. Ideally, ultrasound guided FNA of intraabdominal or medial iliac lymph node, if accessible, is also suggested for comparison to previous lymphatic cytology. Correlation with full lab work, including CBC, chemistry panel and urinalysis is suggested, if not done. If splenic or hepatosplenic round cell neoplasia is ruled out on cytology, further assessment may include infectious disease testing or serology, if clinically indicated.

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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/>.

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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>

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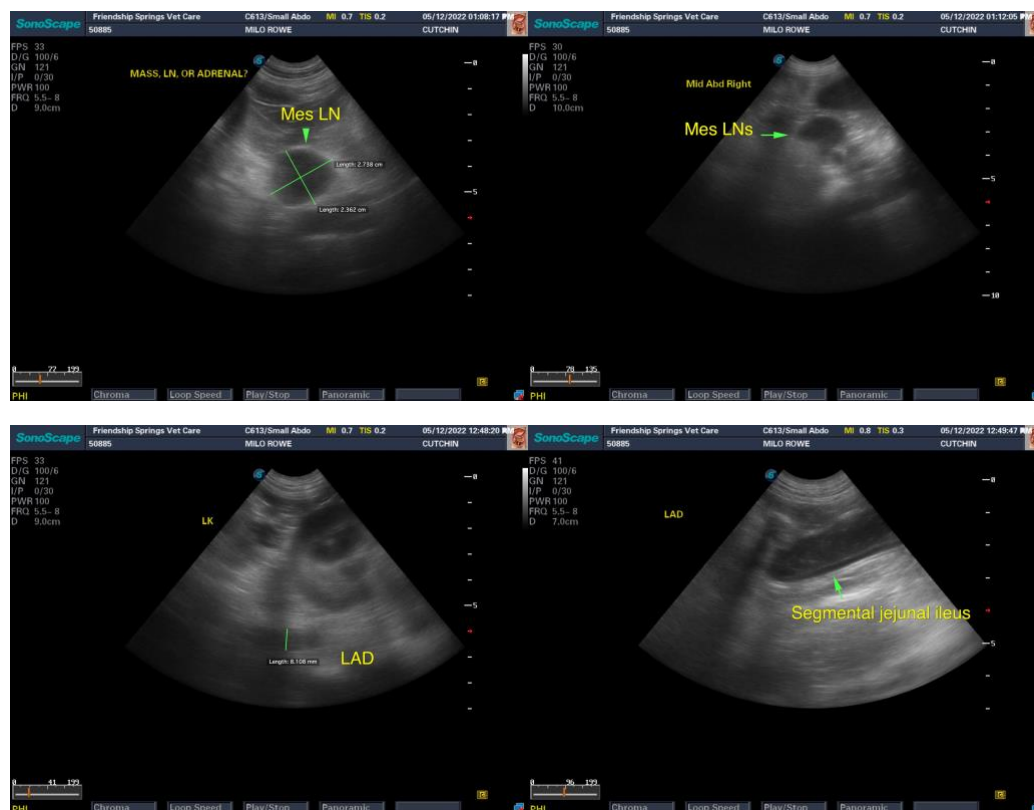
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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