



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Roxy Lamont  
**SPECIES** Canine  
**BREED** Rottweiler

History: P had a seizure on Friday 6th. O states that started subtle, p was sleeping and doing movements like when dreaming. O tried to wake her up but she wouldn't, P started to shake more and urinate herself. After the episode, p has disoriented and tried to bite O. P said that this is the first time that p has an episode like this. P has had decreased appetite since before the seizure.

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)  
 Hydration: N Mentation: N EENT: N Oral Cavity: cannot examine Lymph Nodes: N Skin: yellow turgor  
 CV/Respiratory: N Abd/GI: N Uro/Perineum: N Musculoskeletal: N Neurological: sedated - hard to assess  
 CBC/CHEM RBC( 5.28), HCT (35 %), HGB(12.3), EOS(1.8), PLT(139) ALKP(307), TBIL(17.1), CHOL(70)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** FS  
**Urinary System**

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 were noted.

**AGE** 9 yr  
**WEIGHT** 65lb

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.0 cm in length.

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

The area of the aortic trifurcation was free of pathology. No evidence of medial, iliac or sublumbar lymphadenopathy.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**IMAGING PERFORMED BY** Michaleen

**Spleen**

The spleen exhibited generalized enlargement with subjective medial folding of the caudal spleen. Generalized mild parenchymal heterogeneity was present with focal to intermittent nondisruptive hypoechoic nodules and example measuring 0.87 cm in diameter. 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.

**HOSPITAL NAME**

DPV Veterinary Hospital

**Liver**

**REFERRING VET**

Dr. Schwarte

The liver was subjectively mild enlarged with non-uniform to mixed echogenic nodular parenchyma. An example of a nodule measured 2.7 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was indistinctly visualized yet no overt evidence of gallbladder distention or obvious post hepatic obstruction was noted.

**INVOICE** **Gastrointestinal**

10623ag

The stomach exhibited thickened walls with intact to mildly indistinct wall layering. The lumen of the stomach contained a mild amount of retained echogenic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.70 cm in width.

**DATE**

05/14/2022



**PATIENT**

Roxy Lamont

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mildly prominent segmental submucosal layer was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**SPECIES**

Canine

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.

**BREED**

Rottweiler

**Free Abdomen**

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

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

9 yr

- Nonuniform to nodular liver
- Splenomegaly with focal to intermittent hypoechoic parenchymal nodules and caudal folding
- Mildly thickened stomach exhibited gastric hypomotility
- Mild chronic renal changes

**WEIGHT**

65lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The diffuse hepatic changes are nonspecific with considerations including vacuolar hepatopathy, chronic inflammatory/immune mediate disease, nodular hyperplasia, hematopoiesis or fibrosis. Likewise, the splenomegaly with intermittent nodules was nonspecific with considerations including hyperplasia, hematopoiesis, splenitis etc. However, hepatic neoplastic criteria is strongly favored with potential for multicentric hepatosplenic neoplasia. Concurrent gastritis is suspected although early gastric involvement if neoplastic process is confirmed cannot be excluded. Further assessment may include hepatosplenic FNA assuming normal clotting status for screening cytology and potential for oncology consult. Hepatic functionality is suspected to be normal assuming normal BUN, ALB, GLU and CHOL levels. Fasting and post prandial bile acids could be considered for further assessment of hepatic function given the seizure activity. A very guarded prognosis pending hepatosplenic FNA cytology.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

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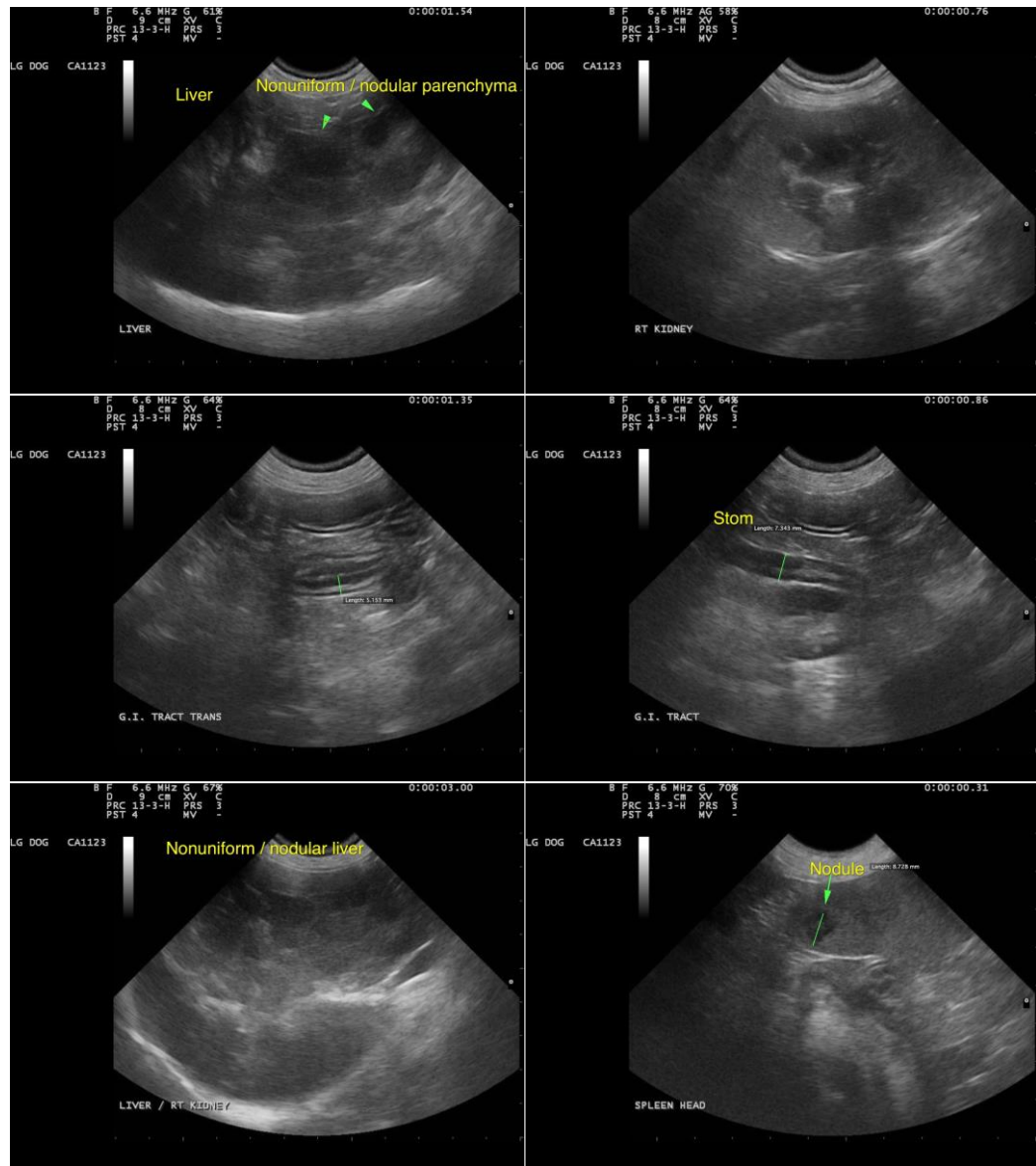
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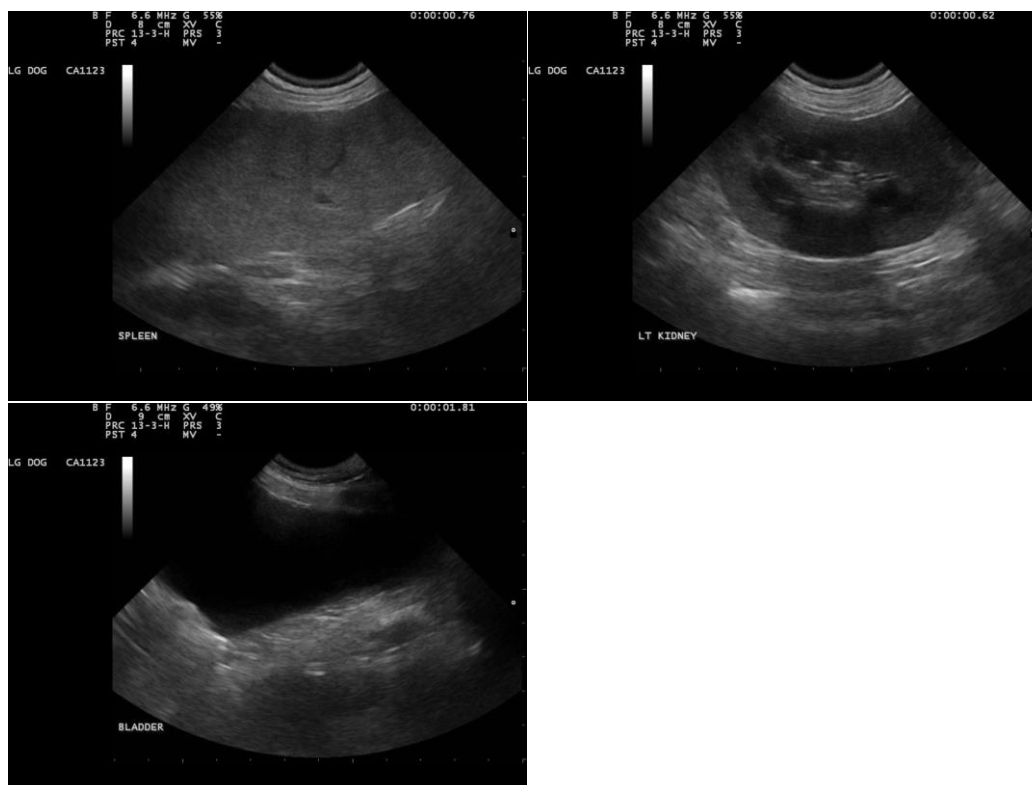
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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