



PATIENT

Murphy Peterson

SPECIES

Canine

BREED

Nova Scotia Duck

SEX

M/N

AGE

12.5 years

WEIGHT

44 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

BetterVet - Eugene

REFERRING VET

Dr. Graham

INVOICE

16725

DATE

5/2/23

PRESENTING CLINICAL SIGNS

Episodes of salivating and ataxia (1 a year ago, several more in the last week) Weight and muscle loss
Current Medications None in last 24 hours, on Trifexis, was given midazolam nasally last week for suspected seizure (4mg)
Radiographic Findings None taken, owner opted to have ultrasound
Primary Question/Differential to Be Answered in This Exam Owner would like to rule out cardiac disease/syncope and look at entire abdomen, evidence of internal bleeding?

Abnormal PE/Chem/CBC/UA Results: 5/2/23 Mild nonregenerative anemia (HCT 35.6) SDMA 15, BUN 37, Cr 1.5 11/10/22 HCT 45.9 SDMA 11, BUN 15, Cr 1.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A solitary caudolateral cortical cyst was noted in the left kidney measuring 1.2 cm diameter. The left kidney measured 6.4 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.0 cm length x 0.62 cm width at the caudal pole. The right adrenal gland measured 2.5 cm length x 0.68 cm width at the caudal pole.

Spleen

The spleen exhibited generalized asymmetrical enlargement with concurrent asymmetrical capsule contour and generalized nonhomogeneous mottled to nodular parenchyma. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver presented subjective mild enlarged in size. 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 containing primarily anechoic content with mild, nonorganized hyperechoic gallbladder debris. 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.

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 were evident.

Free Abdomen

A small pocket of scant free fluid was noted between the cranial lateral spleen and the caudal left liver. No evidence of significant peritoneal effusion was noted. No overt lymphadenopathy or omental masses were present.

ULTRASONOGRAPHIC FINDINGS

- Irregularly enlarged nonhomogeneous mottled/nodular spleen
- Scant peri splenic free fluid
- Subjective mild hepatomegaly
- Mild gallbladder debris
- Bilateral chronic renal changes
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, infiltrative splenic neoplastic criteria is met with considerations including sarcoma, nonspecific round cell neoplasia, or other. Benign splenic etiology i.e., hyperplasia, hematopoiesis, splenitis, etc., is possible yet thought less likely.

Assuming normal clotting status and using a 25-gauge needle with potential Benadryl pretreatment, splenic, as well as screening hepatic, FNA cytology is recommended.

Pending hepatosplenic sampling, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs to assess for occult pathology as a contributing factor to the patient's weight loss may be considered.



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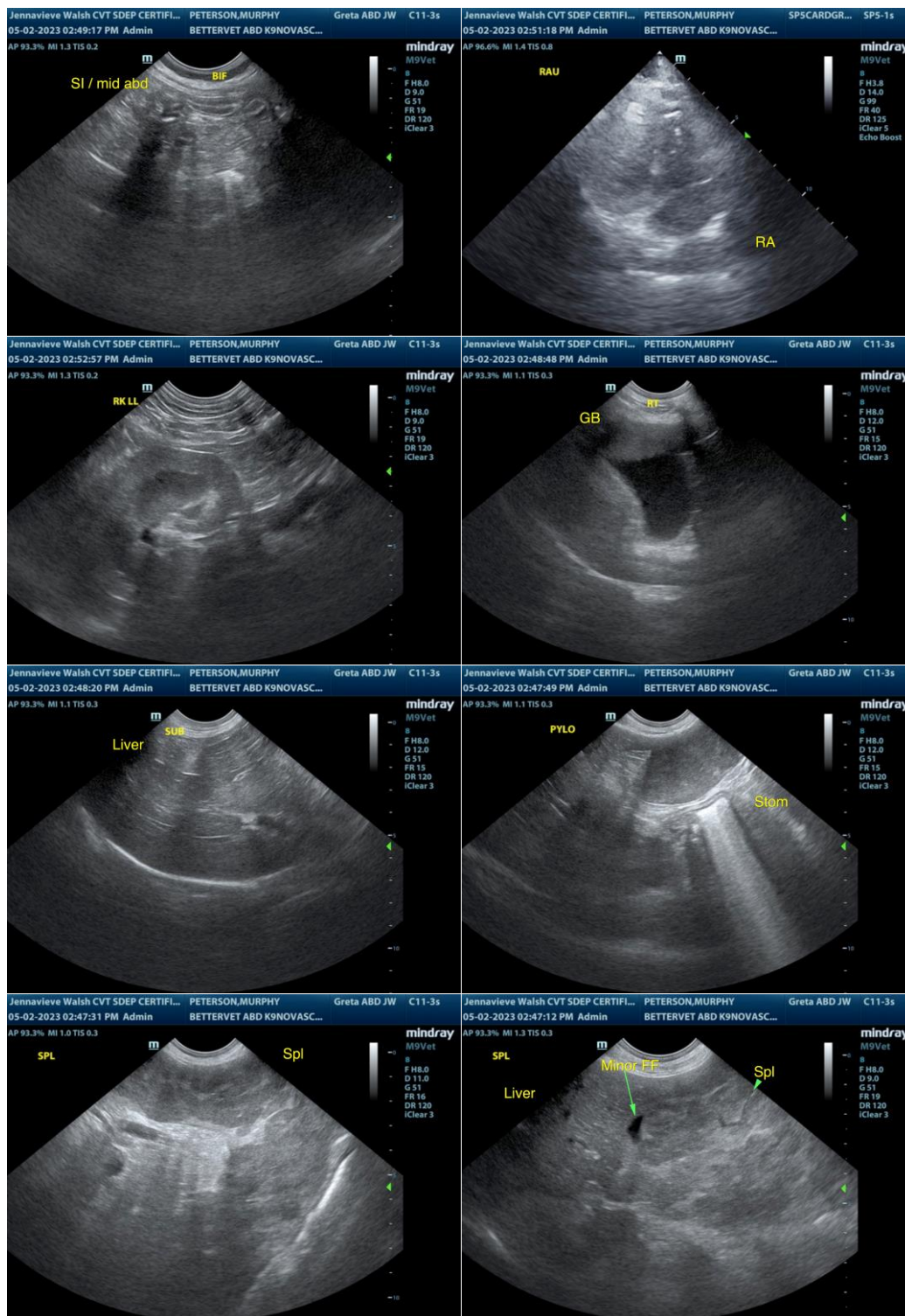
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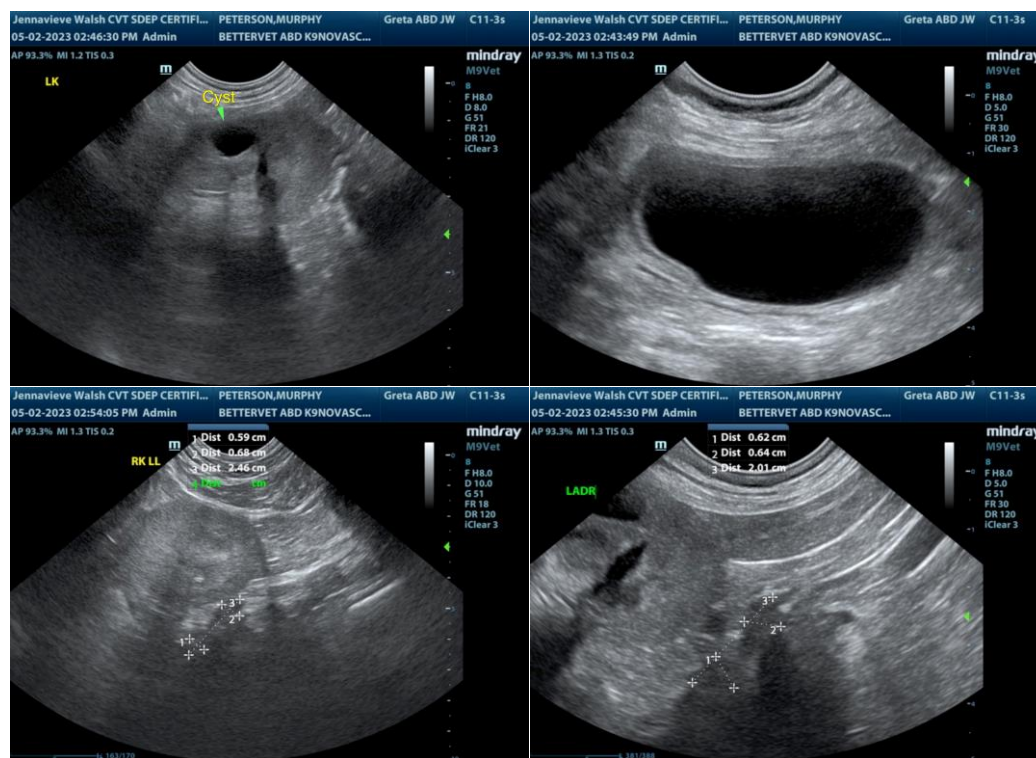
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com