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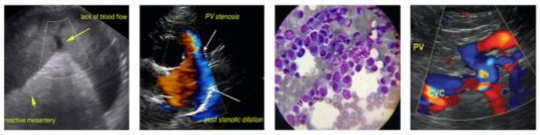

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Jager Semenza

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

2014

WEIGHT

75 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Conrad Weiser AH

REFERRING VET

Dr. Comalli

INVOICE

15728

DATE

5/23/22

PRESENTING CLINICAL SIGNS

History: ~25# weight loss, otherwise WNL Probiotic joint supplement

Labs: Unremarkable CBC/Chemistry Panel. Urine Specific Gravity 1.050

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.

Aortic trifurcation was normal. No evidence of medial iliac or sublumbar lymphadenopathy.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 6.2 cm in diameter.

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 7.6 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm in length x 0.71 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm in length x 0.45 cm width at the caudal pole.

Spleen

The spleen exhibited generalized enlargement, primarily maintained symmetrical yet rounded capsule contour and generalized subtle splenic parenchyma heterogeneity. No splenic masses or nodules noted. Splenic vascularity was normal.

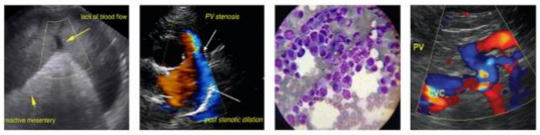
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic content with minor nondependent particulate debris. 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. The gastric body wall measured 0.44 cm.



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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. The small intestine measured 0.37 cm in width.

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.

Other

The left and right testicles were sonographically normal.

Free Abdomen

No omental masses, lymphadenopathy or evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenomegaly, exhibiting mild nonhomogeneous parenchyma
- Overtly normal gastrointestinal tract

Secondary Findings

- Minor gallbladder debris- non-mucocele, likely incidental, potentially secondary to fasting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenomegaly is nonspecific with multiple potential etiologies, including benign hyperplasia, hematopoiesis, breed associated hypersplenism, incidental splenitis possible. However, the possibility of early infiltrative disease (i.e., lymphoma, mast cell neoplasia) can at times present in this manner. True hypersplenism from an internal medicine standpoint may cause sequestration of thrombocytes, potentially resulting in thrombocytopenia or anemia, which does not appear to be present at this time.

Assuming normal clotting status, ultrasound guided FNA of the spleen, using 25-gauge needle and with potential Benadryl pretreatment warranted to ensure only benign or reactive changes are present and assess for potential neoplasia given the patients weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Pending additional diagnostics, assessment of caloric plane +/- competitive eating environment could be considered.

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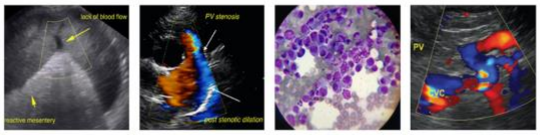

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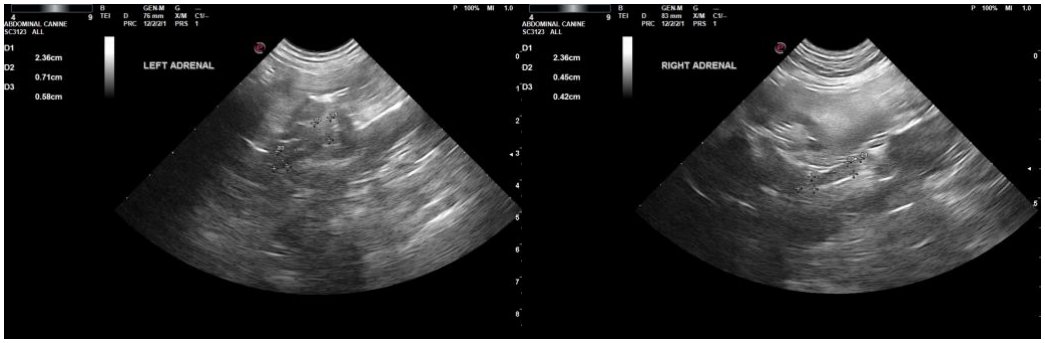

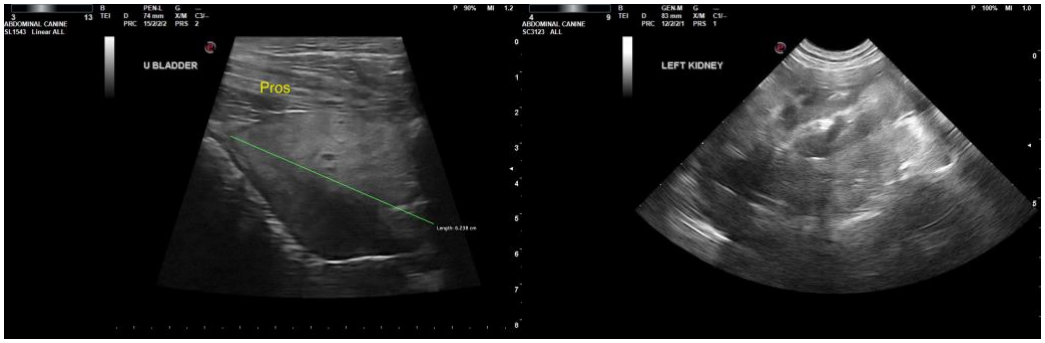

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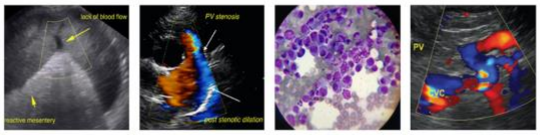

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com