



**PATIENT PRESENTING CLINICAL SIGNS**

Roxy Dees Hyporexia and weight loss x 3 months. Labwork in February unremarkable. Had initially lost 7 lbs; now an additional 3 lbs in last month. Radiographs NSF. PE unremarkable other than some temporalis muscle loss/atrophy

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Pit Bull

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

**SEX**

Spayed Female

Normal size and margination was 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 6.5 cm. The right kidney measured 5.8 cm.

**AGE**

7 Years

**Adrenal Glands**

**WEIGHT**

50 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 0.72 cm at the caudal pole.

**Spleen**

**INTERPRETED BY**

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

The spleen exhibited potential for mild subjective enlargement. Primarily maintained symmetrical capsule contour noted. Generalized mild splenic parenchymal heterogeneity noted. Normal vascularity. No splenic masses or nodules noted.

**Liver**

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

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 luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Chase Vet Clinic

**Gastrointestinal**

**REFERRING VET**

Dr. Hallie Lipinski

The stomach exhibited overtly normal, intact wall layering. The stomach exhibited mild to moderate distention with retained, primarily anechoic fluid along with subjective moderate gas.

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. Duodenum wall measured 0.49 cm. Jejunum wall measured 0.35 cm.

**INVOICE**

37556

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

**Pancreas**

**DATE**

5/9/22

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.

**Free Abdomen**



**PATIENT**

Roxy Dees

Intermittent, mildly prominent to enlarged mid abdominal mesenteric and medial iliac lymph nodes were present. Example of medial iliac lymph node measured 3.2 cm x 0.93 cm. Example of mesenteric lymph node measured 2.6 cm x 0.55 cm. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**SPECIES**

Canine

No peritoneal effusion.

**BREED**

Pit Bull

**ULTRASONOGRAPHIC FINDINGS**

- Hypomotile stomach with mild retained fluid and subjective moderate gas
- Overtly normal small bowel
- Intermittent, non-specific yet subjectively benign/reactive mesenteric and medial iliac lymphadenopathy
- Potential mild splenomegaly exhibiting mild parenchyma heterogeneity – non-specific.

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

7 Years

The appearance of the stomach is suggestive of metabolic gastric stasis or hypomotility with potential for mild hypomotile gastritis. Technically, the possibility of small, non-visualized gastric foreign body cannot be definitively excluded, yet considered less likely and without evidence of mechanical pyloric outflow obstruction. Likewise, the possibility of structurally insignificant generalized gastrointestinal disease, given the patient's weight loss, could be present and sonographically unremarkable.

**WEIGHT**

50 Pounds

Further assessment may include GI panel to include PLI, TLI, cobalamin and folate.

**INTERPRETED BY**

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

The visualized medial iliac and intermittent mesenteric lymph nodes were not overtly consistent with neoplastic criteria. Sonographic monitoring of these lymph nodes +/- ultrasound guided FNA, if accessible, or if evidence of progressive lymphatic enlargement, is recommended.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

Considerations for the potential mild splenomegaly and parenchyma heterogeneity may include hyperplasia, hematopoiesis, splenitis, age related or patient variant, with mild to emerging splenic neoplastic criteria thought less likely. Given the patient's weight loss, ultrasound guided FNA of the spleen using 25-gauge needle warranted for screening cytology, primarily to ensure only benign changes are present.

**HOSPITAL NAME**

Chase Vet Clinic

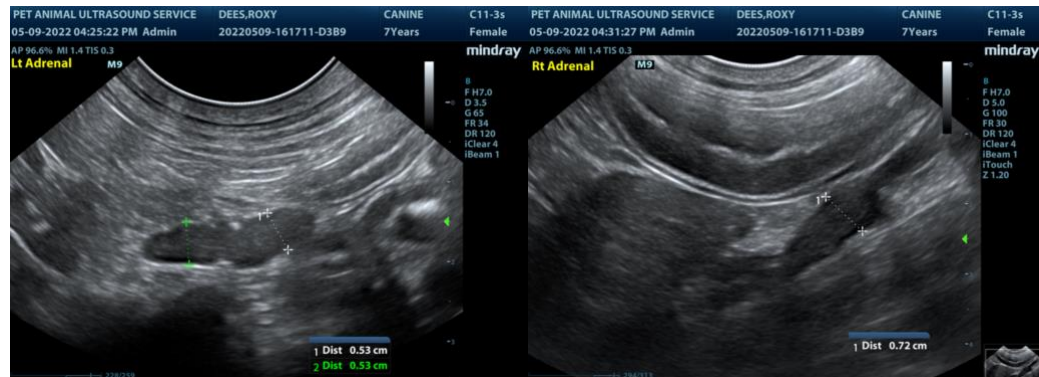
3-view chest radiographs +/- thorough musculoskeletal and neurological examination to rule out occult disease as contributing factors to the patient's clinical signs is recommended.

**REFERRING VET**

Dr. Hallie Lipinski

**INVOICE**

37556



**DATE**

5/9/22



**PATIENT**

Roxy Dees

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

50 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Chase Vet Clinic

**REFERRING VET**

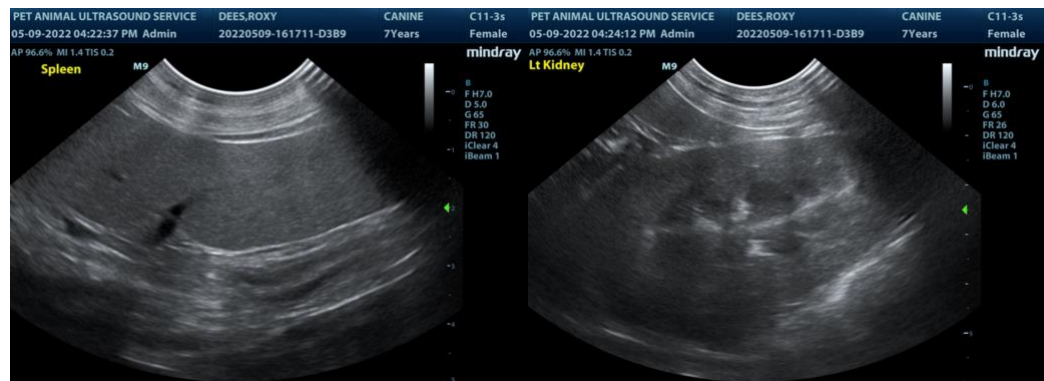
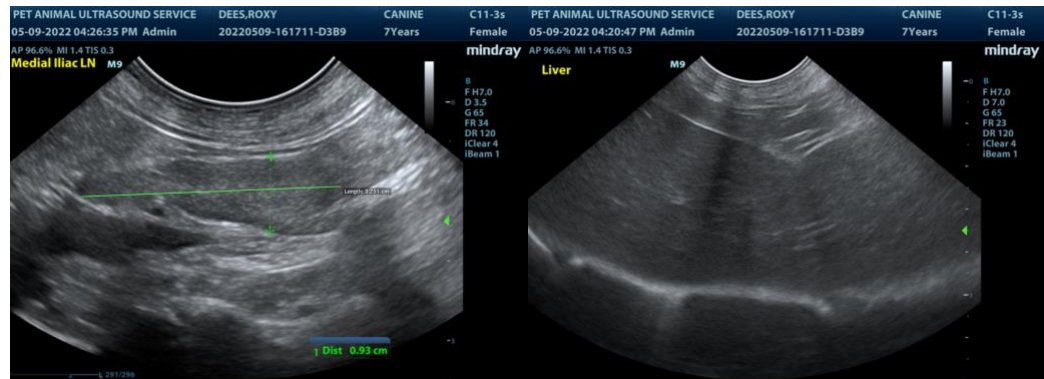
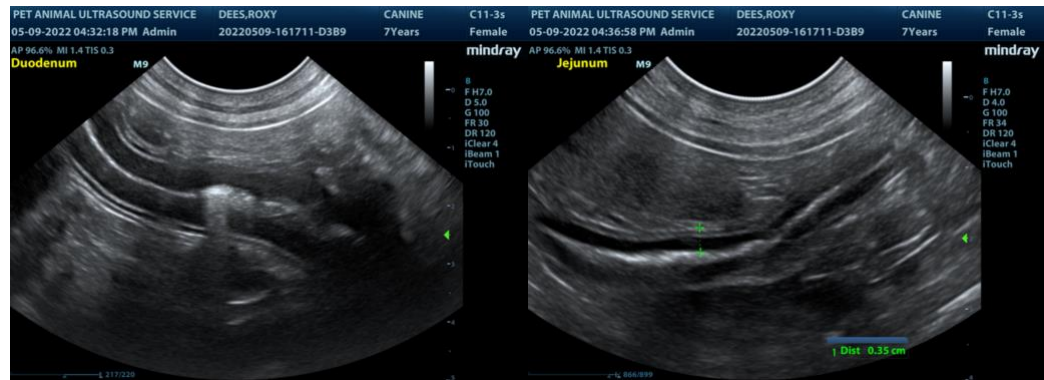
Dr. Hallie Lipinski

**INVOICE**

37556

**DATE**

5/9/22





**PATIENT**

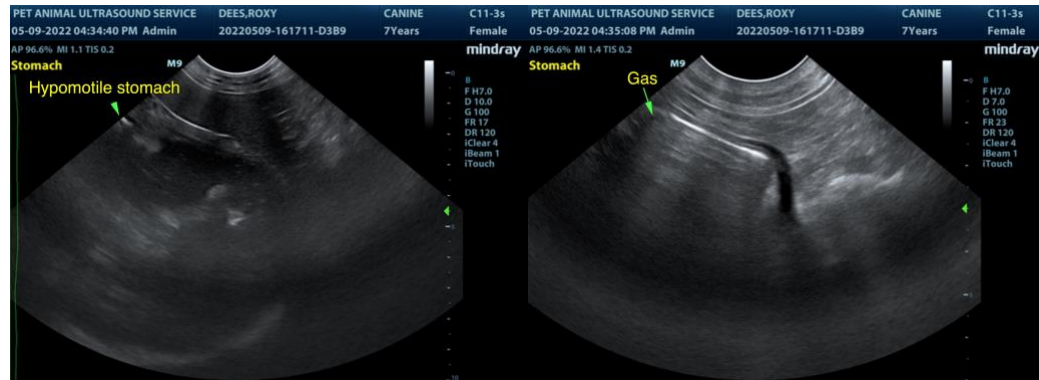
Roxy Dees

**SPECIES**

Canine

**BREED**

Pit Bull



**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

50 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Chase Vet Clinic

**REFERRING VET**

Dr. Hallie Lipinski

**INVOICE**

37556

**DATE**

5/9/22

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