



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Samson Spink -Was a rescue from Thailand. Very anxious dog. Has recently been diagnosed with Erlychia. Recently has been aggressive with owners which is new and has been having diarrhea.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: n/a

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Husky X 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 was noted.

**SEX**

MN

No overt pathology was noted in the area of the residual prostate.

**AGE**

10 years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

49.2 lbs.

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. The left kidney measured 6.1 cm in length. The right kidney measured 7.0 cm in length.

**Adrenal Glands**

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.58 cm width at the caudal pole. The right adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 0.82 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Kelly Reschny

**Spleen**

**HOSPITAL NAME**

Norwich Vet Services

The spleen was overall normal in size and primarily maintained a symmetrical contour with subtle splenic parenchymal heterogeneity. Two visualized variably echogenic to mildly expansive splenic nodules were present. A centrally echogenic to peripherally hypoechoic nodule was present in the mid caudal spleen without associated capsule distortion measuring 0.64 cm in diameter. A separate nodule in the cranio-lateral spleen with subtle symmetrical lateral capsule distortion exhibiting primarily homogeneous mildly hypoechoic parenchyma measuring 1.7 cm in diameter was also present.

**REFERRING VET**

Dr. DePaulo

**Liver/ Gallbladder**

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The liver presented normal in size. The hepatic parenchyma revealed subjective mild reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vein prominence was evident. A maintained symmetrical capsule contour was noted. Intermittent small thin-walled intraparenchymal cysts were present. Distinct masses were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-

**DATE**



**PATIENT**

distended in size with primarily anechoic content containing mild gallbladder debris. The cystic and common bile ducts were normal.

Samson Spink

**Gastrointestinal**

**SPECIES**

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Retained anechoic gastric fluid was present. The gastric body wall width measured 0.65 cm.

Canine

**BREED**

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.

Husky X

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

**SEX**

**Pancreas**

MN

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.

**AGE**

**Free Abdomen**

10 years

No omental masses, lymphadenopathy or evidence of peritoneal effusion were present.

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

49.2 lbs.

- Intermittent variably echogenic to subtly expansive nonspecific splenic nodules
- Subjective mild hypoechoic liver with focal small thinly-walled intraparenchymal cysts
- Gastritis pattern with mild retained gastric fluid
- Sonographically unremarkable small bowel / colon
- Mild age-related kidneys

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Kelly Reschny

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound-guided FNA of the nodule using a 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with an initial recheck in 3-4 weeks would be a more conservative approach.

**HOSPITAL NAME**

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The subjective decreased hepatic parenchyma echogenicity is nonspecific and may indicate normal patient variant. Decreased hepatic parenchyma echogenicity has also been at times associated with acute hepatopathy or hepatitis, although this finding is not specific. Correlation with hepatic enzyme assessment is recommended.

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Dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, and structurally insignificant inflammatory gastroenterocolonopathy, could be considered as potential etiologies for the diarrhea. Fresh fecal analysis to rule out parasitic ova / Giardia +/- a GI panel to include PLI / TLI/ Cobalamin / Folate is recommended.



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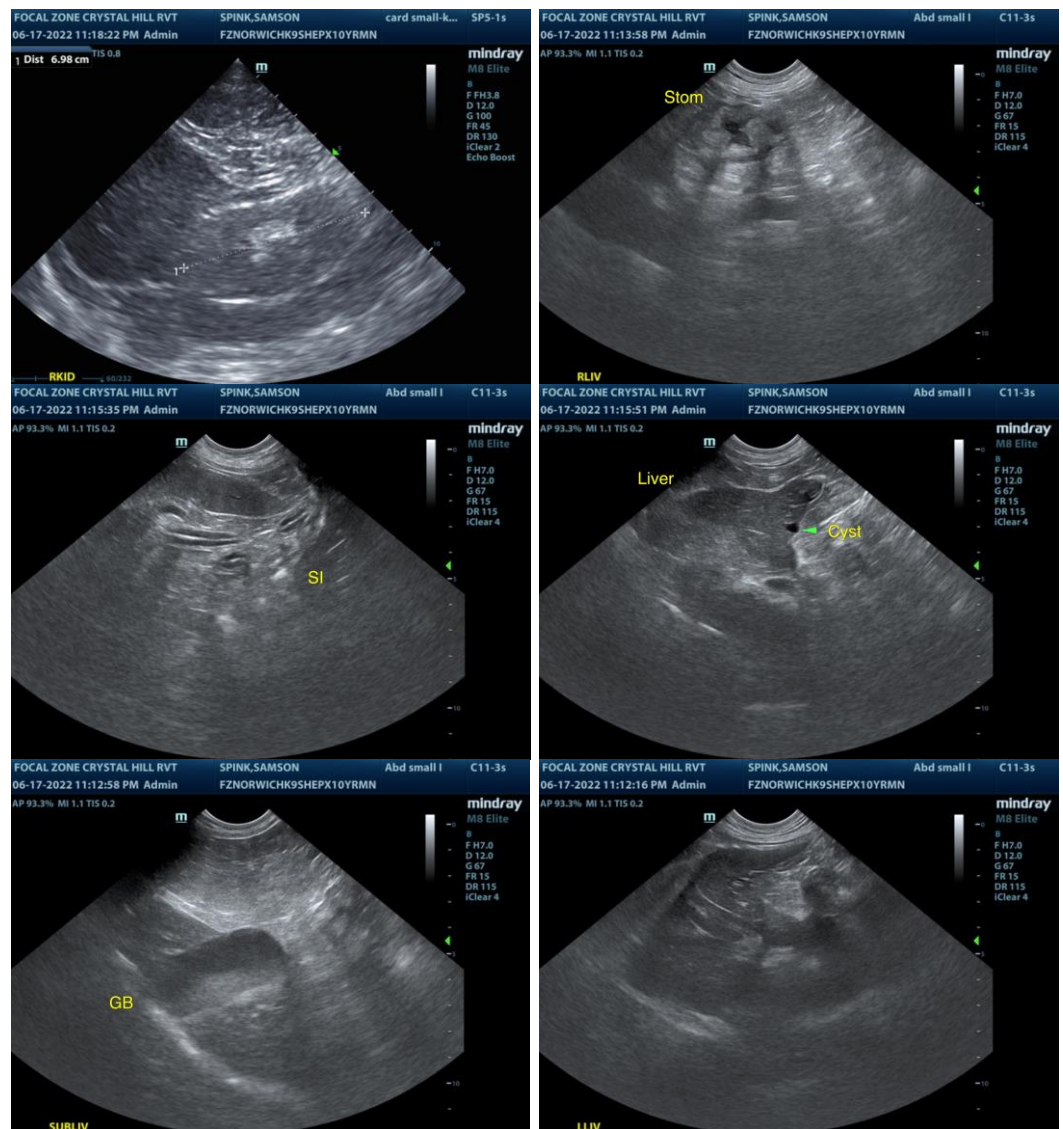
Dr. DePaulo

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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.





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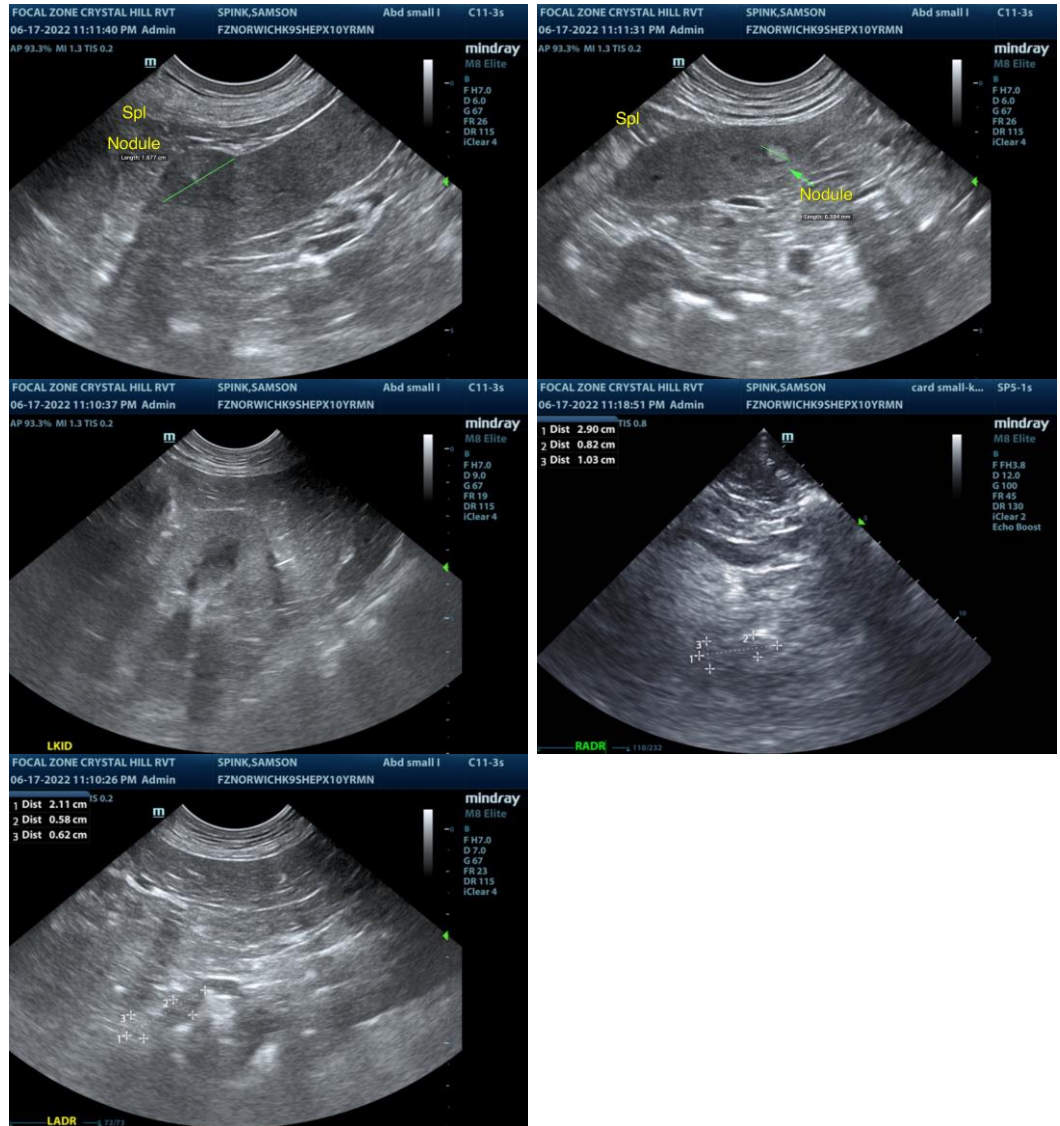
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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