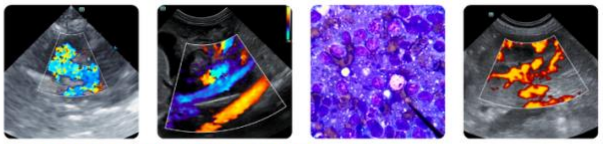


PATIENT

Odin WCPD

SPECIES

Canine

BREED

GSD

SEX

Intact Male

AGE

3 Years 6 Months

WEIGHT

32.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

East Bradford Veterinary Hospital

REFERRING VET

Meghan McGrath DVM

INVOICE

16770

DATE

06/18/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate splenomegaly (appreciated on recent ER AUS), chronic intermittent soft stool, hematochezia, always had thin body condition (BCS 3/9) but weight loss noted (~2 lbs in 3 mos; total 6 lbs in 1 yr). Recent visit to ER for acute excessive panicked licking and drooling. Did not get into anything. Then started eating grass vehemently. Splenomegaly was noted. Diet: Hills GI Biome

6/6/26 ER BW / Diagnostics - PCV 59% / 6.4 Abd XR Spleen: The splenic margins are poorly delineated on the majority of the images. A more rounded opacity is present within the left cranial region of the abdomen caudal to the fundus on the ventrodorsal view. A thickened rounded margin is present at the level of the spleen on the right lateral image. On the left lateral view, the spleen has a more elongated appearance along the ventral abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 4.0 cm in diameter.

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 7.8 cm in length. The right kidney measured 6.0 cm in length with suspect mild underestimation of right kidney size owing to kidney depth and patient conformation.

Adrenal Glands

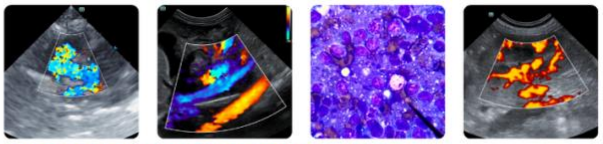
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole.

Spleen

The spleen was enlarged and folded upon itself with maintained symmetrical contour and subtle parenchyma heterogeneity, which may indicate differentiation between areas of red and white pulp. No mass or nodules were evident with normal splenic vascularity.

Liver & Gallbladder



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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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild nonshadowing intestinal ingesta/chyme.

Normal visible colon wall layers were present with formed to semi formed fecal matter.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged folded subtle nonhomogenous spleen- suspect breed associated hypersplenism and subtle areas of red/white pulp differentiation, moderate to significant hyperplasia, hematopoiesis, potential splenitis, possible occult splenic neoplasia thought less likely.
- Normal gastrointestinal tract with gastrointestinal ingesta- consistent with food echogenicity.
- Formed to semi formed fecal matter in colon.
- Benign prostatic hyperplasia- minor potential for prostatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of a splenic mass. Assuming normal clotting status and using a 25-gauge needle, splenic FNA cytology is warranted for further clarification. No evidence of gastrointestinal pathology. Given weight loss and thin body condition, a GI panel to include PLI, TLI, cobalamin and folate is recommended. 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 (Proviable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

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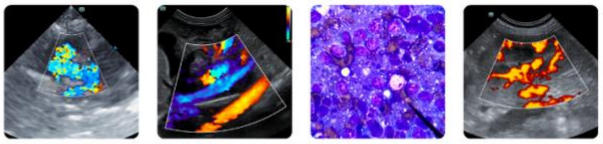

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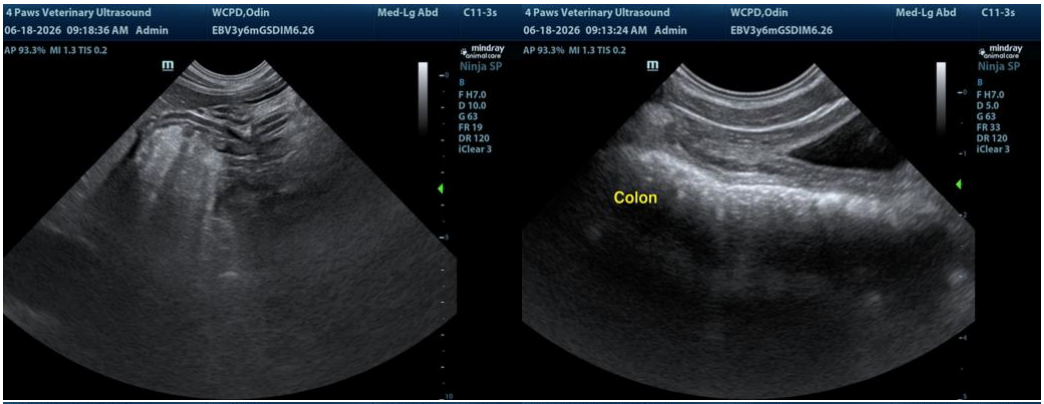

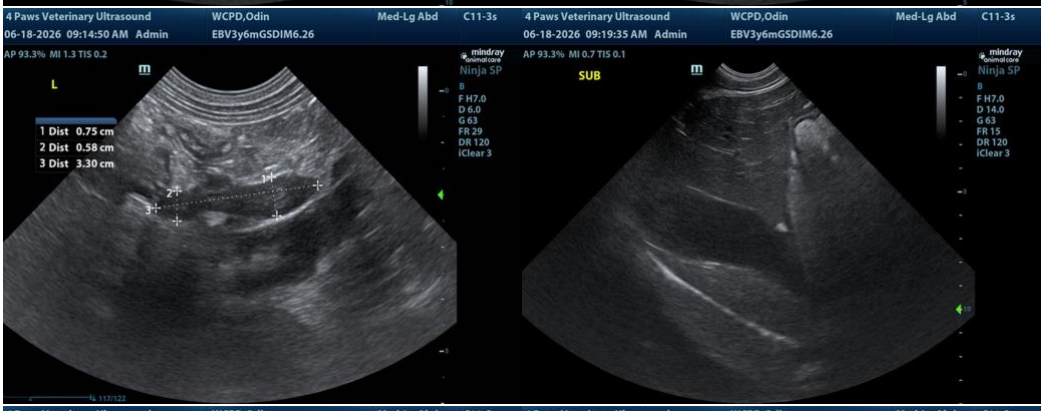

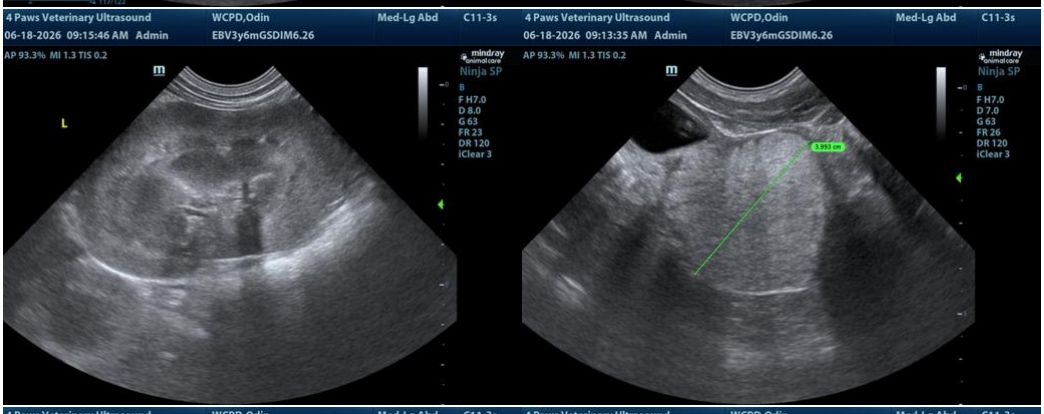

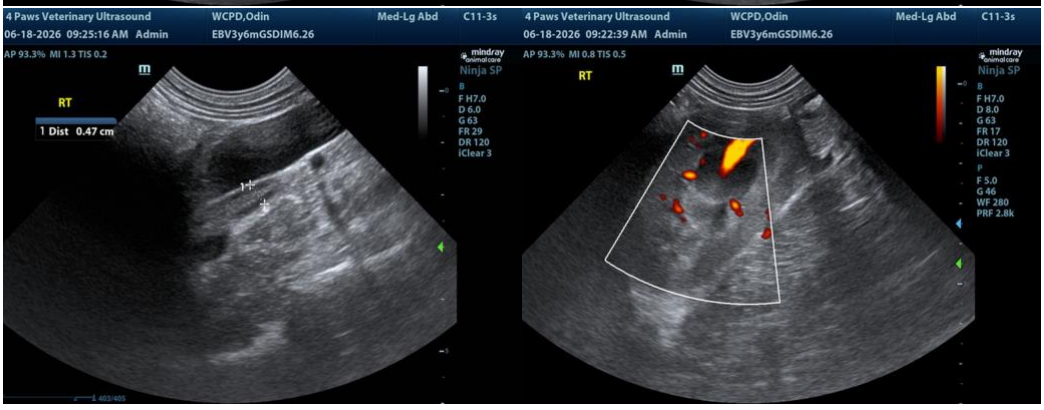

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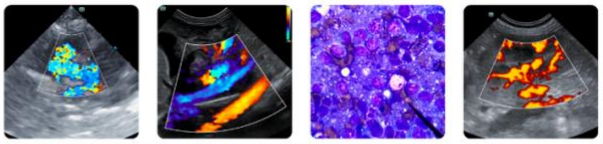

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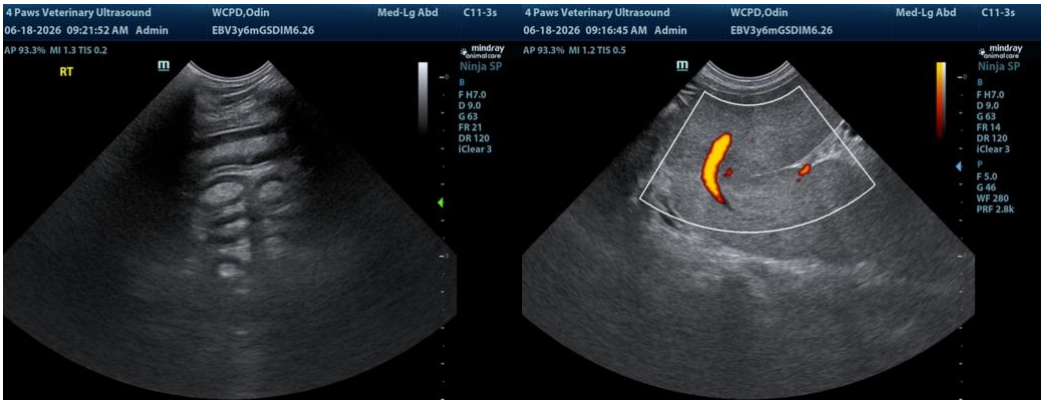

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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