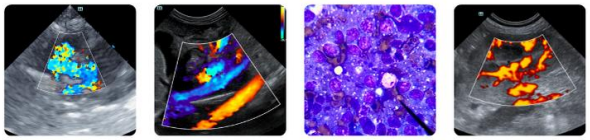


PATIENT

Penny Stachel

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

8Y

WEIGHT

75lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Jones

INVOICE

75272

DATE

6-2-26

PRESENTING CLINICAL SIGNS

Patient has lost weight. BCS 3.5/9 with muscle atrophy
Heart and lungs WNL
No V/D/C.
Current on vaccines.
O is concerned about splenic masses as they lost their previous 2 GSDs to splenic tumors
Abnormal PE/Chem/CBC/UA Results: CHEM WNL 4DX neg CBC - RBC 7.48 but has acanthocytes 2.5%

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 changes was noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

No evidence of distal aortic thrombus.

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

Adrenal Glands

Overall normal left adrenal gland size measuring 3.4 cm length x 0.49 cm width at the caudal pole with a uniformly hypoechoic parenchyma. A noncapsule deforming, nonhomogeneous, hyperechoic, nonmineralized nodule was present in the left adrenal gland. The nodule did not exhibit signs of vascular invasion. The nodule measured 0.65 x 0.52 cm.

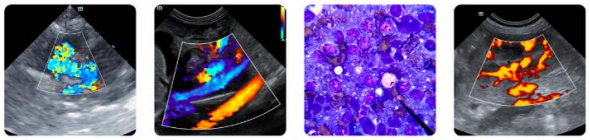
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.5 cm length x 0.48 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. Echogenic splenic vein content was present which may indicate emerging accumulated cells or possible emerging splenic vein thrombus. No evidence of a splenic mass. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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.



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The gallbladder was non-distended in size with moderate congealed hyperechoic nonorganized primarily gravity dependent 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 contained mild retained fluid without obstruction to pyloric outflow.

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 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal spleen with echogenic splenic vein content – possible emerging current clinically insignificant splenic vein thrombus.
- Sonographically normal liver.
- Congealed nonorganized gallbladder debris (nonmucocele).
- Sonographically normal gastrointestinal tract with mild gastric fluid.
- Cranial left adrenal nodule – hyperplasia, lipogranuloma, adenoma, emerging left adrenal tumor thought less likely yet not excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious significant visceral pathology as a definitive cause of the patient's weight loss and muscle atrophy.

Coagulation profile suggested given potential emerging splenic vein thrombus. Three-view chest radiographs, a GI panel to include PLI/TLI/Cobalamin/Folate, and correlation with the neurological/ musculoskeletal exam to assess for occult disease is recommended.

No evidence of abdominal, specifically splenic, neoplastic criteria.

CBC pathology review may be considered. Assessment of caloric plane or for competitive eating environment if considered clinically indicated is recommended.

Sonographic monitoring of the left adrenal nodule as well periodic assessment of systemic BP for evidence of hypertension is recommended. Concurrent monitoring of the spleen given the potential for

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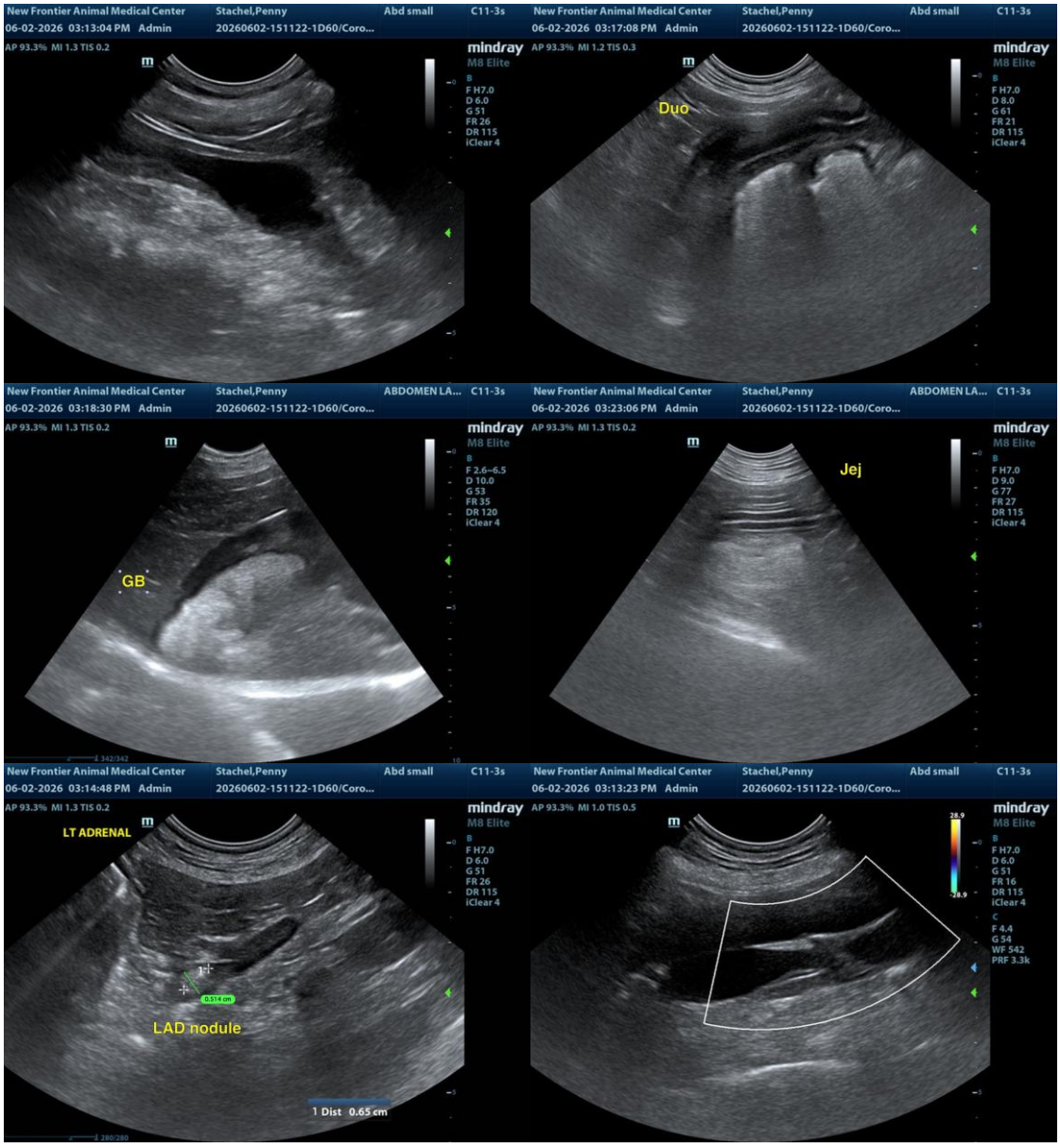
emerging splenic vein thrombus with initial recheck of both the left adrenal gland and spleen in 4 weeks would be ideal.



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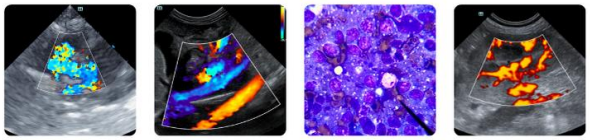

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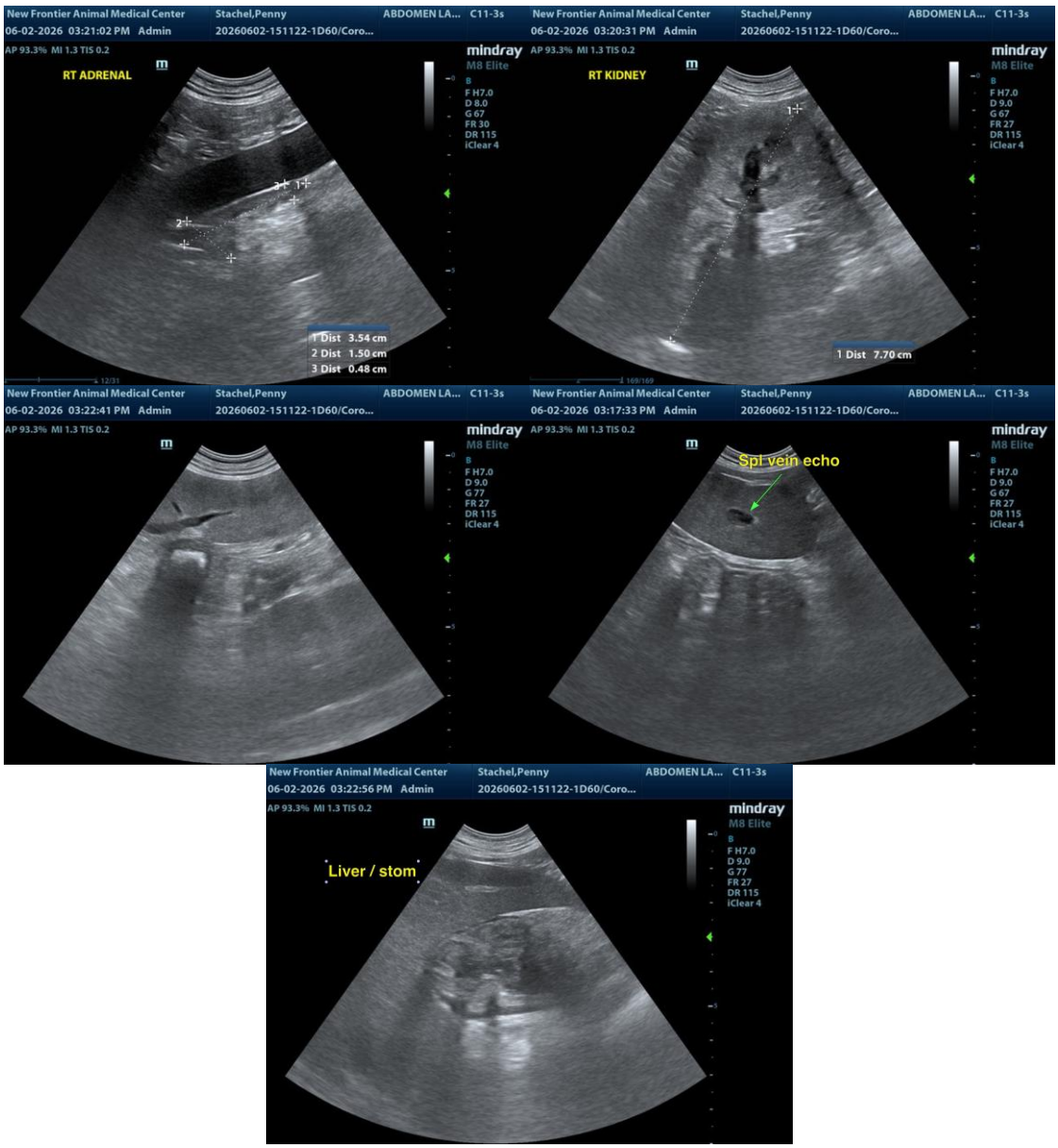

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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