

PATIENT

Zeus Hodge

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

6y

WEIGHT

49kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes Veterinary
Hospital

REFERRING VET

Dr. Biederbeck

INVOICE

10943ag

DATE

06/24/2022

PRESENTING CLINICAL SIGNS

History: Ultrasound for neighbouring clinic. Enlarged spleen noted on PE so here for u/s

Abnormal PE/Chem/CBC/UA Results: Enlarged spleen on PE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 7.9 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 0.48 cm width at the caudal pole. The right adrenal gland was not visualized.

Spleen

The spleen exhibited subjective mild regional mid to cranial enlargement with mild nonhomogeneous parenchyma. No distinct masses or nodules were noted. Symmetrical capsule contour was maintained with cranial and caudal contour tapering.

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 luminal content with minor luminal 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 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 apparent formed feces in lumen.

Pancreas



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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Regional mid to cranial splenomegaly with mild nonhomogeneous parenchyma-consistent with probably benign hypersplenism given the breed, hyperplasia, hematopoiesis, incidental splenitis are possible. No evidence of neoplastic criteria was noted.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status a splenic FNA in the area of the regional splenomegaly using a 25g needle for screening cytology is warranted primarily to ensure only benign changes are present. Empirical prophylactic Benadryl administration 15 minutes prior to the FNA if elected could be considered. Sonographic monitoring of the spleen for evidence of progression would be a more conservative approach. Monitoring for evidence of thrombocytopenia and anemia is suggested.

AGE

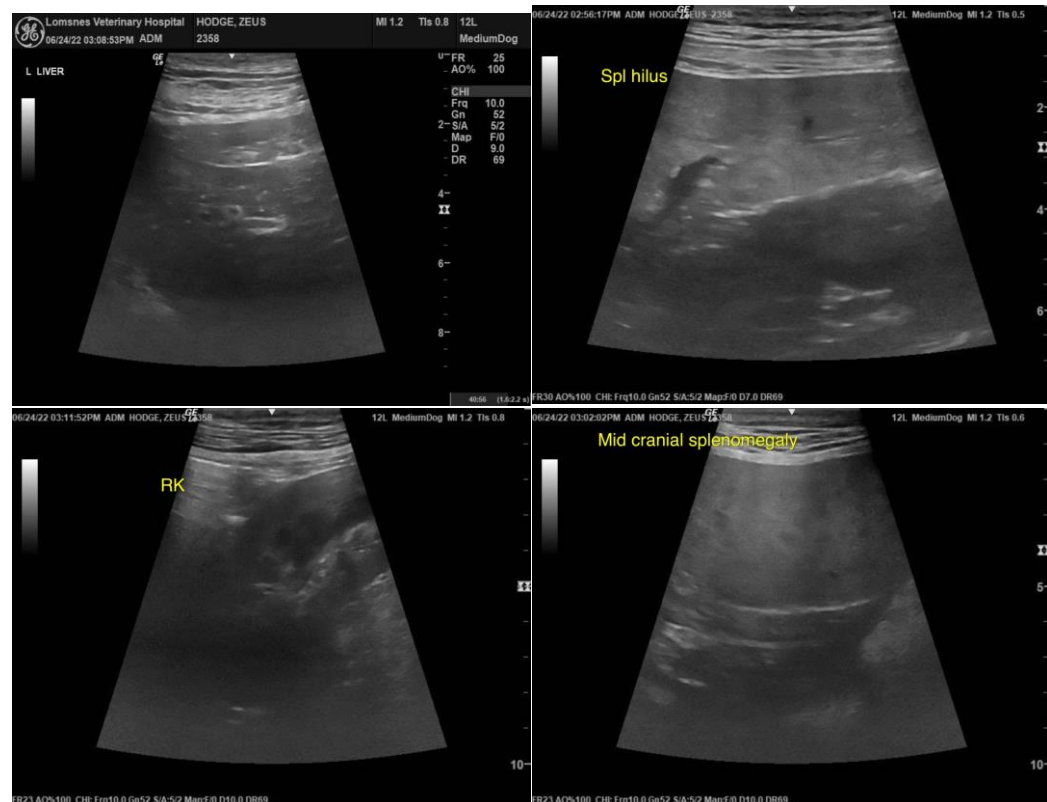
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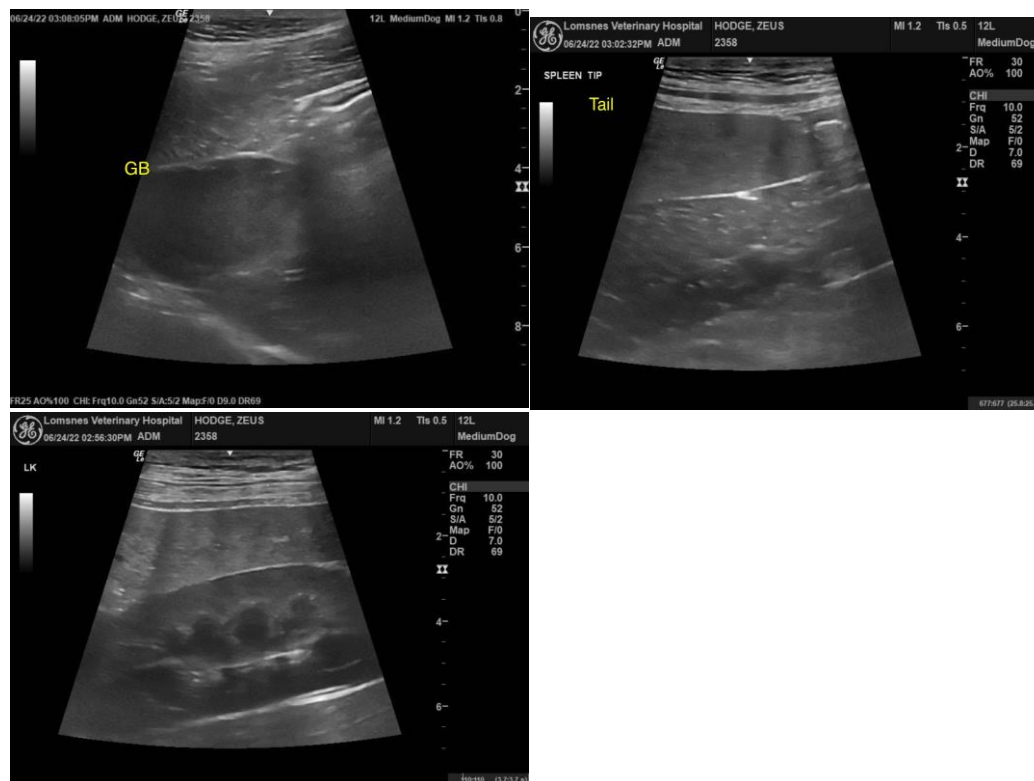
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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