



PATIENT

Lily Dubois

SPECIES

Canine

BREED

Australian Cattle
Dog Mix

SEX

FS

AGE

8 years

WEIGHT

49 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Peyser

INVOICE

14130

DATE

6/27/22

PRESENTING CLINICAL SIGNS

Presented for diarrhea x 6 weeks. Hookworms found on fecal. Treated with Panacur. At recheck exam, pendulous abdomen with palpable enlarged spleen. Possible mid-abdominal mass/splenomegaly X-ray. History of seizures, current medications: Keppra and KBr. Has not had a seizure in several years. Abnormal PE/Chem/CBC/UA Results: PE: pendulous abdomen, mild muscle wasting. Deep cervical mass on L side, mid-neck. BCS 3-4/9. BW (6/15): Monocytosis, slt decreased Plt. Estimated at 100,000. BUN 8, CI 137 H. T-4 normal HW4Dx: NEG x 4 RADS: Possible mid-abdominal mass and splenomegaly.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN & NECK

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.

The area of the aortic trifurcation was free of pathology.

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 6.3 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole.

Spleen

The spleen exhibited subjective mild generalized enlargement and maintained symmetrical capsule contour with a finely texture homogeneous parenchyma. No masses or nodules were noted. Normal splenic vascularity was present. Mild medial folding of the cranial spleen was noted.

Liver/ Gallbladder

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 containing primarily anechoic content with very minor luminal debris, likely incidental. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact, sonographically unremarkable gastric wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of mechanical pyloric outflow obstruction. The stomach was otherwise normal.

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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.

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

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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.

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Free Abdomen

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

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Neck

Ultrasound evaluation of the ventral neck revealed a moderately sized, spherical, primarily uniform mass in the ventral left neck and adjacent to the trachea. The mass measured approximately 7.0 cm in diameter. No evidence of regional inflammation or cellulitis was noted.

IMAGING PERFORMED BY

Dr. Ebersole

ULTRASONOGRAPHIC FINDINGS

- Mild uniform splenomegaly exhibiting symmetrical capsule symmetry, finely textured homogeneous parenchyma, and mild folding of the cranial spleen - nonspecific, hyperplasia, hematopoiesis, incidental splenitis. Neoplastic criteria thought less likely yet cannot be definitively excluded.
- Sonographically unremarkable gastrointestinal tract
- Ventral neck mass - based on location, thyroid adenoma or carcinoma could be considered. Potential for nonspecific focal lymphadenopathy or other

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status and using a 25-gauge needle, ultrasound-guided FNA of the spleen for screening cytology primarily to ensure only benign changes are present would be warranted.

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If persistent or recurrent gastrointestinal signs, a GI panel to include PLI/TLI/Cobalamin/Folate and recheck fresh fecal analysis to rule out parasitic ova/Giardia could be considered. Empirical gastrointestinal support which may include bland limited antigen or hydrolyzed diet trial with potential



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for long-term dietary therapy may be indicated if recurrent diarrhea and no evidence of occult parasitism.

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The ventral neck mass did not have the appearance of inflammation i.e., abscess or cellulitis as with penetrating foreign body. Ultrasound-guided FNA of the ventral neck mass, again assuming normal clotting status and using a 25-gauge needle, is warranted for screening cytology and for further assessment. Potential for a functional thyroid tumor may be considered less likely given the normal T4 levels. Pending additional diagnostics, cervical CT may be ideal given the mass location to neck vasculature and the trachea for further clarification and potential for surgical planning.

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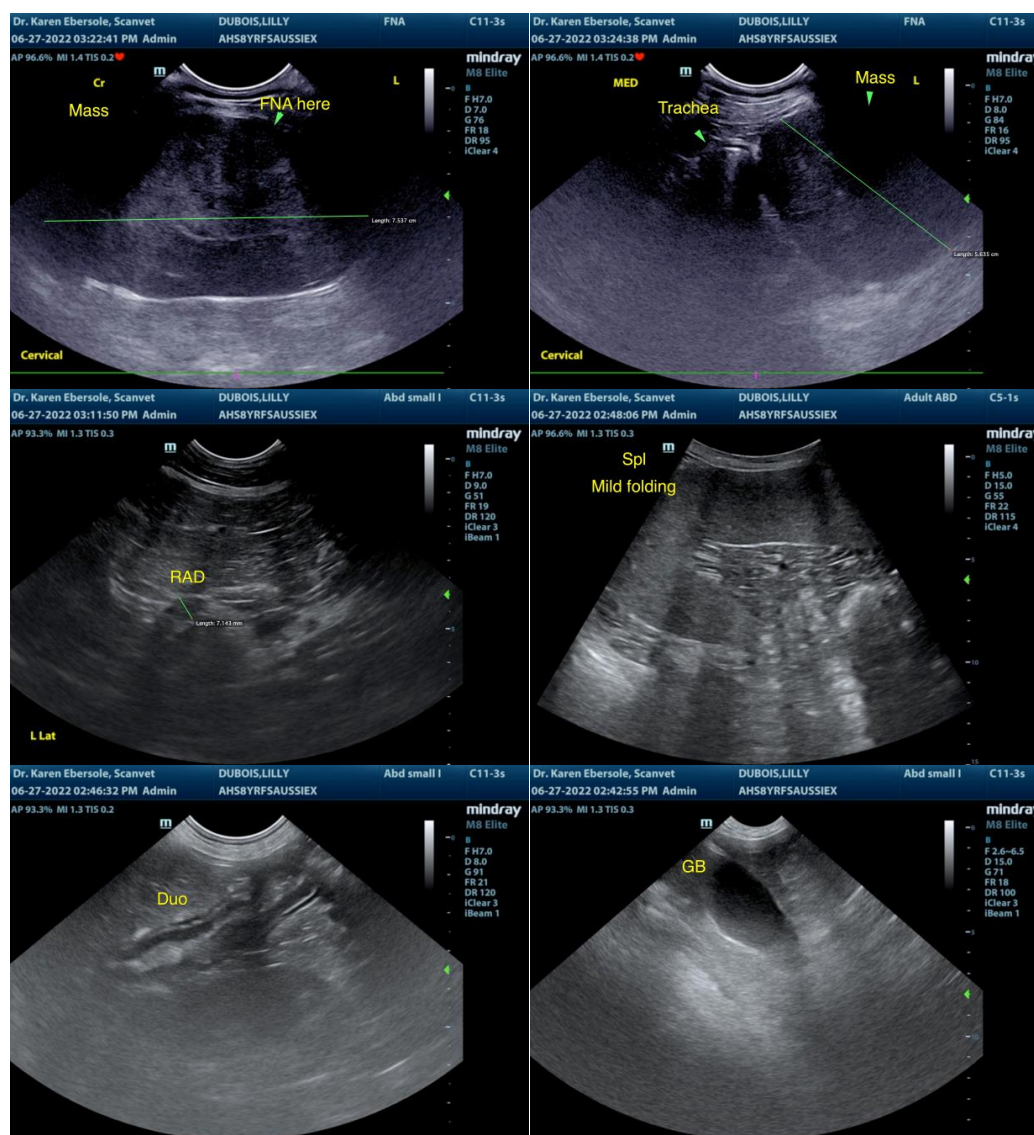
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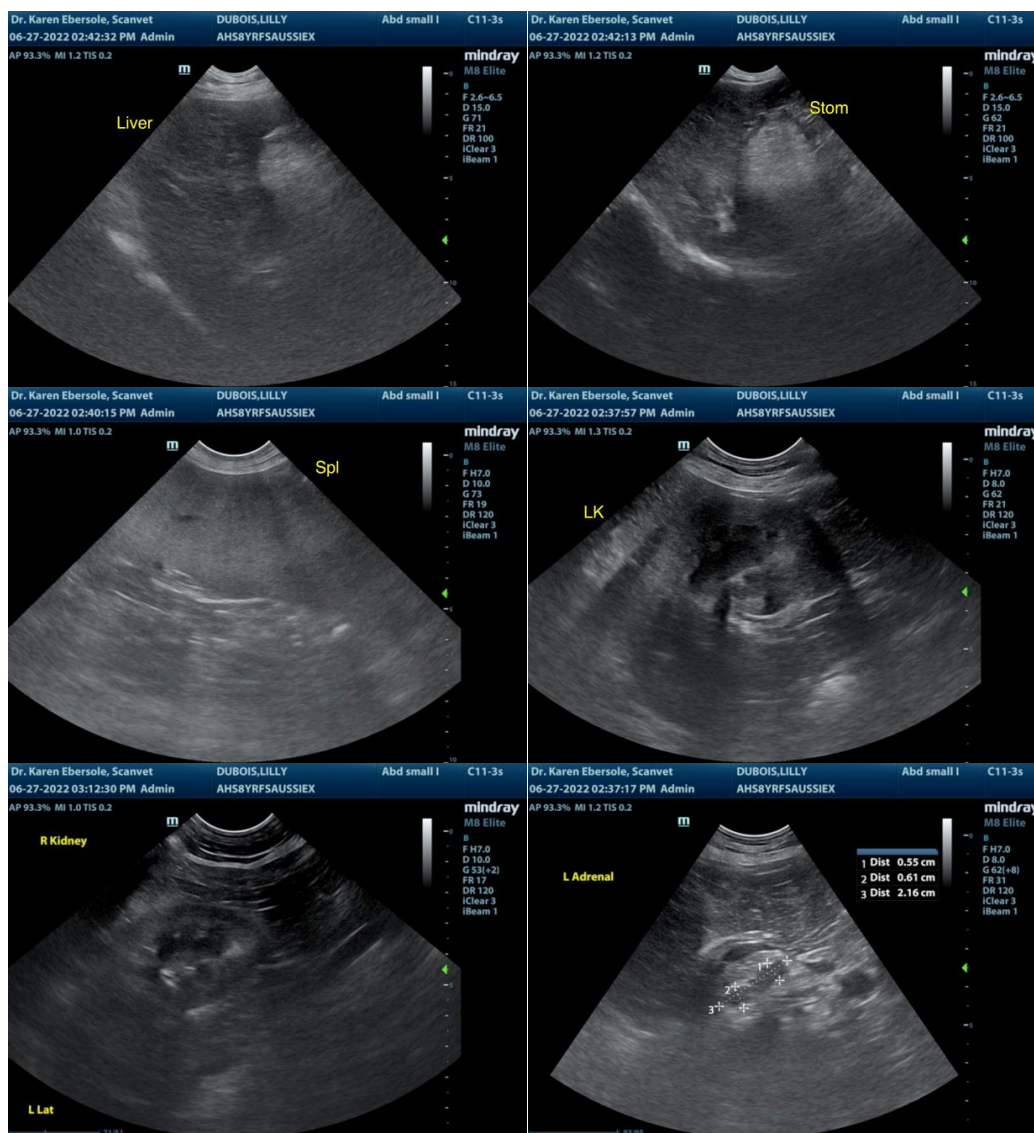
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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