



PATIENT

Xander Marcinek

PRESENTING CLINICAL SIGNS

Recheck

SPECIES

Canine

ULTRASONOGRAPHIC RECHECK EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

BREED

Pitbull Mix

Normal size and margination was 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. Multiple small thinly walled cysts containing anechoic fluid were present. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.9 cm in length. An example of a right kidney cyst measured 1.0 cm in diameter.

SEX

MN

The area of the aortic trifurcation was free of pathology.

AGE

9 yr

The residual prostate was free of pathology measuring 1.1 cm.

WEIGHT

63 lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 3.1 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 3.1 cm length.

INTERPRETED BY

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

Spleen

The spleen exhibited generalized mild parenchyma heterogeneity. A previously noted isoechoic to nonhomogeneous nodule present in the cranial spleen with evidence of mild progressive increased size was present measuring 2.7 cm in diameter. The nodule appeared to subtly distort the associated lateral capsule.

IMAGING PERFORMED BY

Jessica Miller

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. The cystic and common bile ducts were normal.

HOSPITAL NAME

Lake Hopatcong
Animal Clinic

REFERRING VET

Dr. Batta

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.

INVOICE

10986ag

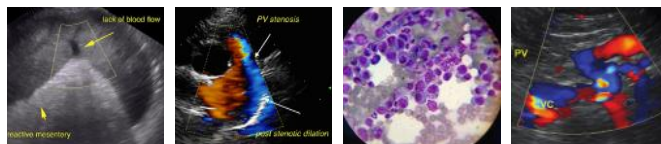
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

DATE

06/27/2022

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.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

BREED

Pitbull Mix

ULTRASONOGRAPHIC FINDINGS

- Mildly progressive previously noted cranial splenic nodule with mild generalized parenchyma heterogeneity
- Bilateral chronic renal changes with cortical cysts

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

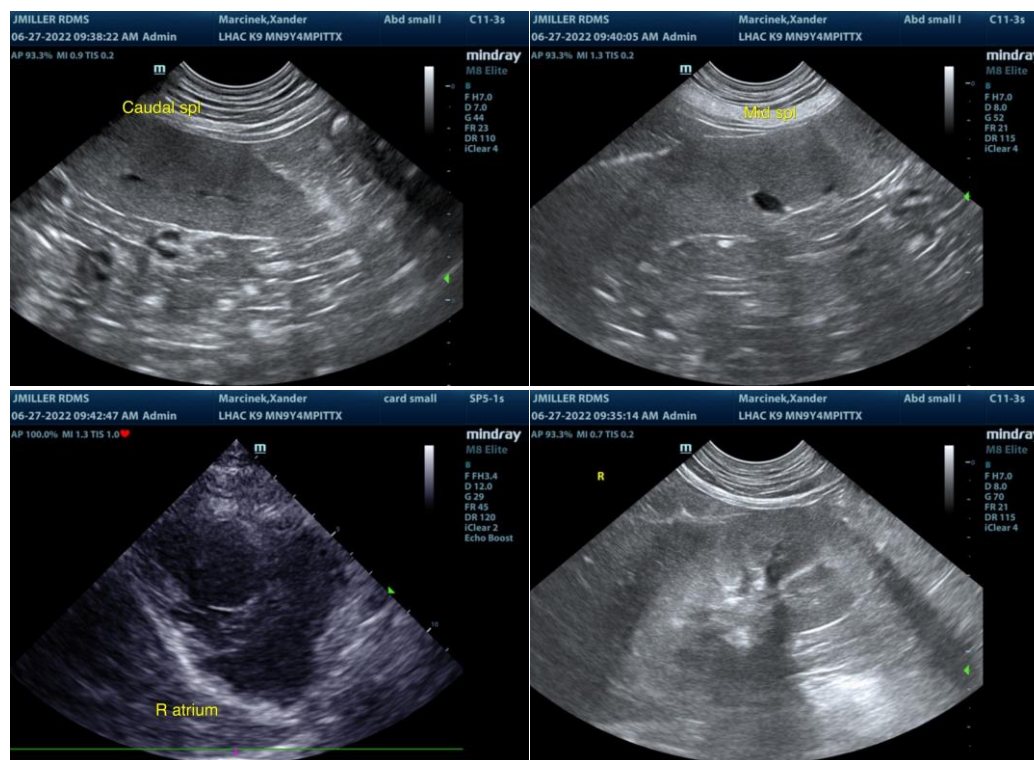
The previously noted splenic nodule appeared to maintain similar spherical contour yet exhibited mild progressive increased size compared to the previous study. Multiple etiologies are possible including hyperplasia, hematopoiesis, myelolipoma, small hematoma or focal splenitis while the possibility of neoplastic criteria given the mild progression may be a higher differential diagnosis.

Assuming normal clotting status, an ultrasound guided FNA of the splenic parenchyma and nodule using a 25g needle is warranted for screening cytology. A prophylactic splenectomy would be a more aggressive approach. Monitoring for evidence of continued progression would be a more conservative approach.

No overt evidence of peri splenic free fluid or intra-abdominal metastasis. Three view chest radiographs could be considered if not recently done.

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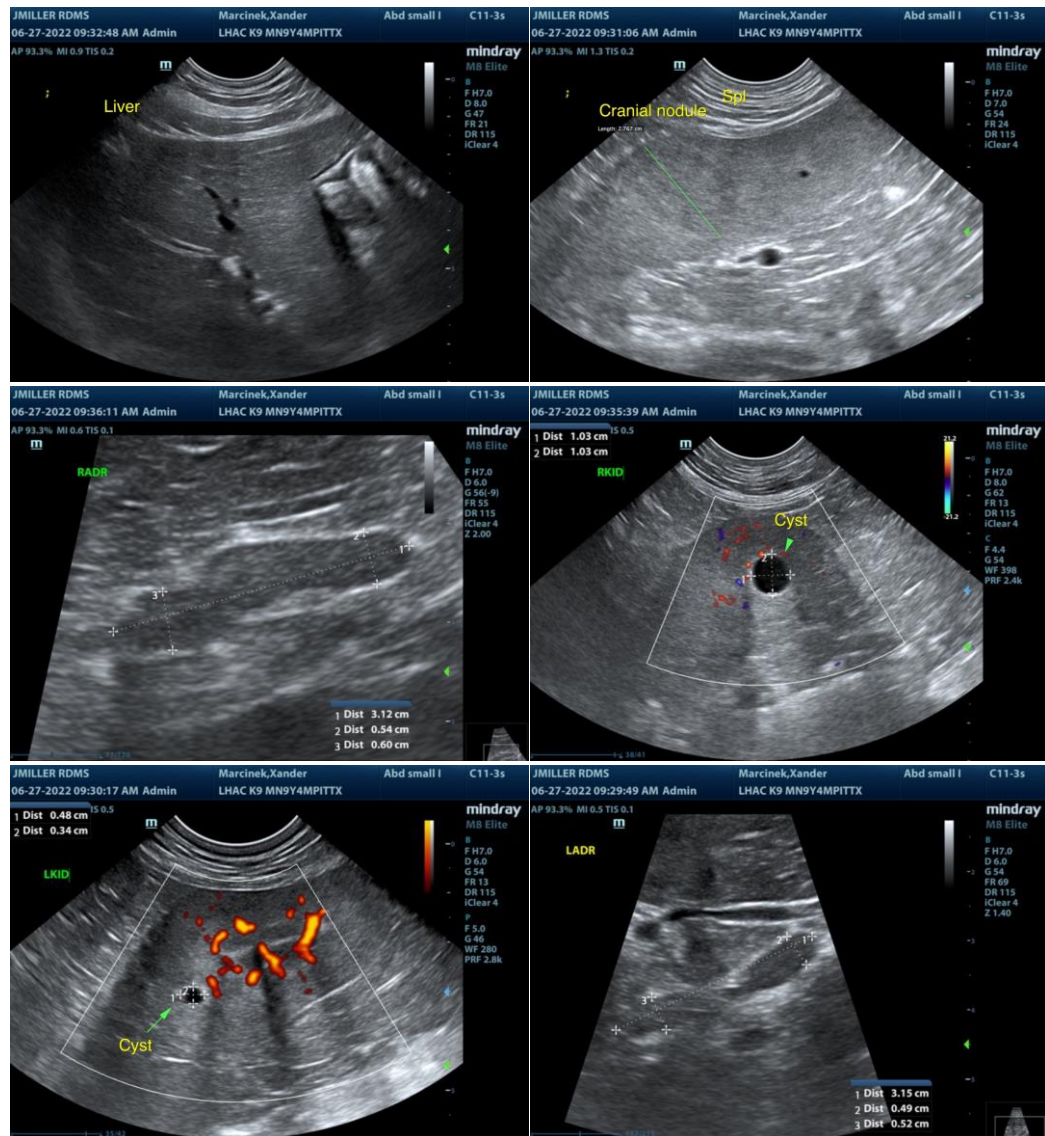
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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