**PATIENT**

Davidson Parker

SPECIES

Canine

BREED

German Shepherd

SEX

M Intact

AGE

10.5 years

WEIGHT

76.5 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Harman

INVOICE

14009

DATE

6/3/22

PRESENTING CLINICAL SIGNS

Not eating for several days, increased drinking, losing weight, panting.

Abnormal PE/Chem/CBC/UA Results: Grade III murmur (hx of juvenile murmur). Plain film rads and barium series show possible gastric mass. CBC 31 K WBC with neutrophilia and monocytosis, chem 17 normal except slight elevation to globulins.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 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 6.0 cm x 5.0 cm.

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 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. No evidence of pelvic dilation was present. The left kidney measured 7.7 cm in length. The right kidney measured 7.9 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.95 cm width in the cranial pole and 0.62 cm width in the caudal pole. The right adrenal gland was indistinctly visualized owing to overlaying shadowing likely secondary to areas of retained intestinal to colonic barium. No overt pathology associated with the right adrenal gland was noted. The right adrenal gland subjectively measured 0.75 cm width at the cranial pole and 0.96 cm width at the caudal pole.

Spleen

The spleen was enlarged in size with folding of the cranial spleen. Generalized mild nonhomogeneous splenic parenchyma was present. No masses or nodules were noted. Normal splenic vascularity was present.

Liver/Gallbladder

The liver presented normal in size. The liver exhibited subjective mild generalized hypoechoic parenchyma with a mild coarse echotexture and mild increased prominence of the portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was distended in size with sectorial to generalized prominent to hyperechoic gallbladder walls. Moderate

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nondependent yet nonorganized subjectively mobile luminal sludge. No evidence of mineralization or choleliths was noted. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact yet prominent wall layering. The dorsal gastric body wall width measured 0.41 up to 0.5 cm. The stomach was primarily empty with minor retained fluid. No overt evidence of retained barium was noted in the stomach.

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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. The duodenum wall width measured 0.37 cm. The jejunum wall width measured 0.32 cm.

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

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**R. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)***Primary Findings***

- Splenomegaly exhibiting generalized mild nonhomogeneous parenchyma
- Subjective nonspecific hypoechoic liver - patient variant likely
- Distended gallbladder exhibiting prominent to hyperechoic wall with moderate nonorganized luminal sludge - possible mild chronic cholecystitis
- Gastritis pattern, overtly normal small bowel - no evidence of gastric neoplastic criteria or mass

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Secondary Findings

- Mild chronic renal changes
- Benign prostatic hyperplasia, potential for prostatitis possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall spleen was nonspecific with considerations including patient variant, splenomegaly owing to sedation, breed associated hypersplenism, benign hyperplasia, hematopoiesis, and incidental splenitis, while the possibility of splenic neoplasia cannot be definitively excluded. Given the patient's weight loss, and assuming normal clotting status, ultrasound guided splenic FNA for screening cytology is warranted.

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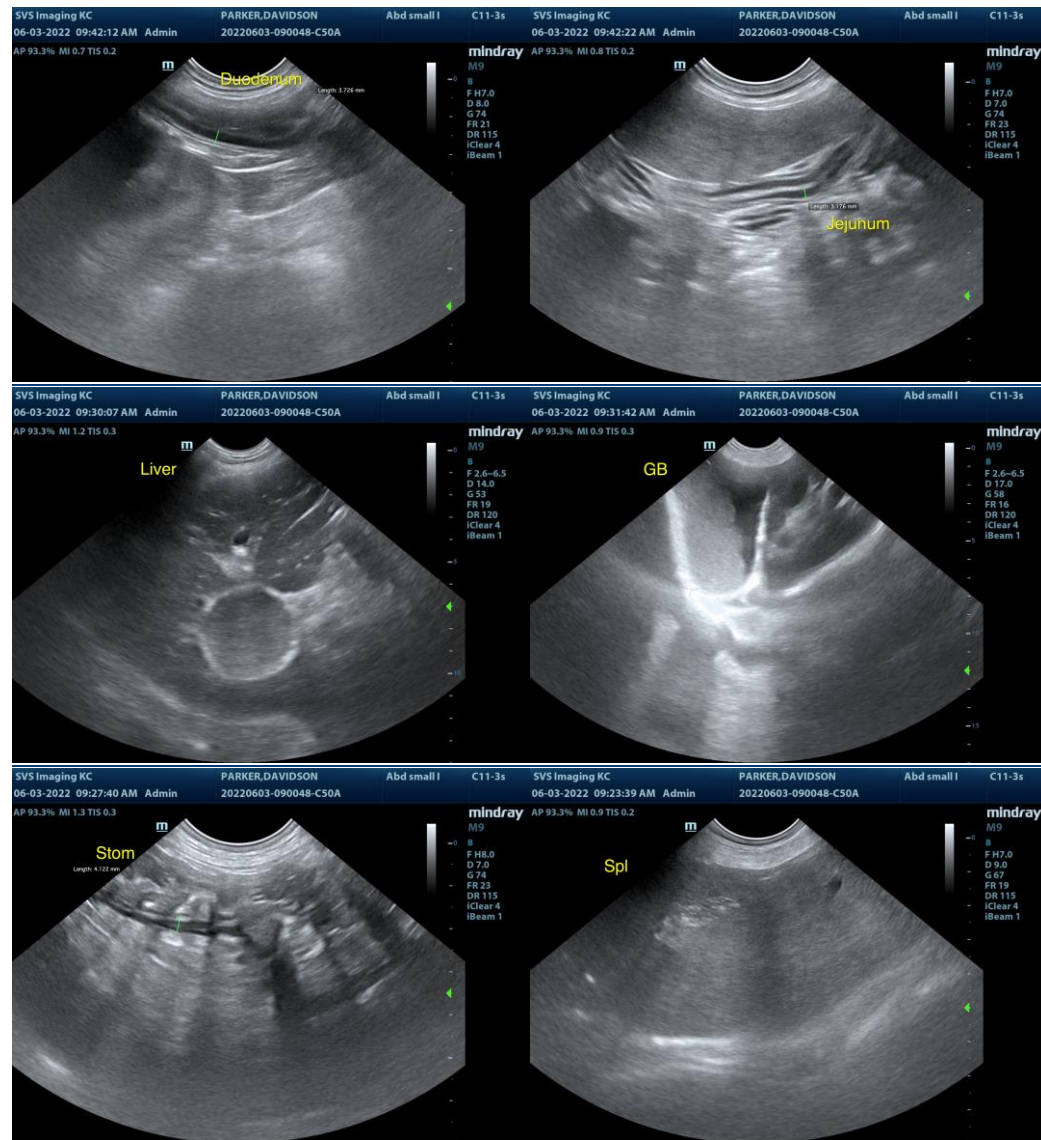
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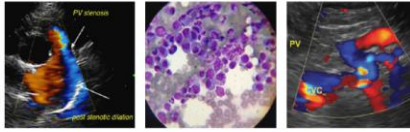
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An obvious cause of the patient's gastrointestinal signs was not definitively evident. At times the sonographic gastrointestinal presentation does not always correlate with gastrointestinal signs exhibited. Dietary intolerance / food allergy, structurally insignificant inflammatory bowel disease or low-grade to chronic pancreatitis, both of which may present as sonographically normal, with occult intestinal neoplasia (less likely), possible.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Leptospirosis titers/PCR could be considered if evidence of hepatic enzyme elevations are noted.





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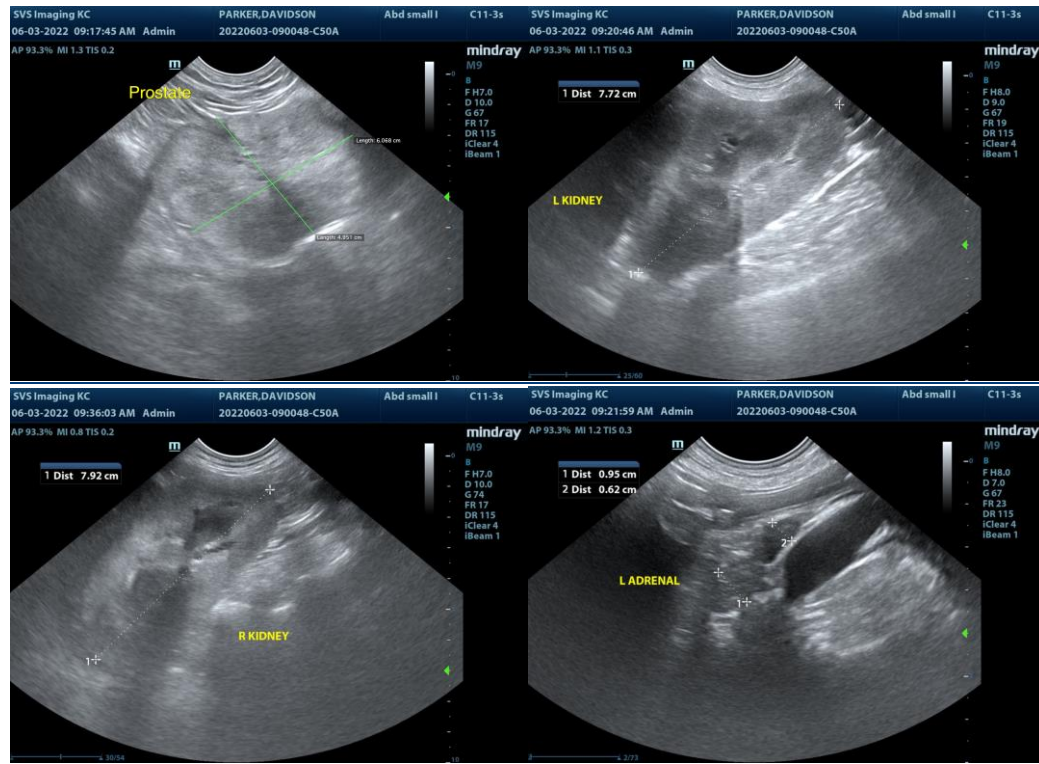
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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