

**PATIENT**

Jax Hamilton

**SPECIES**

Canine

**BREED**

Pit Mix

**SEX**

MN

**AGE**

9 years

**WEIGHT**

62 lbs.

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

Amy Mayhew LVT

**HOSPITAL NAME**SVS Imaging MI  
**REFERRING VET**  
Patterson Dog and  
Cat Hospital**INVOICE**

14064

**DATE**

6/9/22

**PRESENTING CLINICAL SIGNS**

Losing weight. History of mast cell tumor (see previous record).

Abnormal PE/Chem/CBC/UA Results: Enlarged spleen upon abdominal radiographs, also noted minimal lumbar spondylosis and moderate hip remodeling

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.5 cm in diameter.

The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar lymphadenopathy was noted.

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 6.7 cm in length. The right kidney measured 6.8 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 0.74 cm width at the caudal pole and 0.73 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 0.77 cm width at the caudal pole and 0.70 cm width at the cranial pole.

**Spleen**

The spleen exhibited subjective mild generalized enlargement and primarily maintained symmetrical capsule contour with generalized mild splenic parenchyma heterogeneity. A solitary, mildly expansive, nonhomogeneous macronodule to small mass was present in the medial aspect of the mid to caudal spleen measuring approximately 4.0 cm in diameter. The macronodule to small mass appeared to subtly yet symmetrically distort the associated medial capsule, yet without evidence of parenchyma escape.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate distention with anechoic fluid. In conjunction with history, this is likely consistent with drinking water prior to the ultrasound. No evidence of mechanical pyloric outflow obstruction was present. The gastric body wall width measured 0.43 cm.

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 0.48 cm. The jejunum wall width measured 0.32 cm.

Normal visible colon wall layers were present with apparent 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 omental masses or evidence of lymphadenopathy were present. No evidence of perisplenic or peritoneal free fluid was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Mild splenomegaly exhibiting generalized parenchyma heterogeneity, solitary subtly expansive nonhomogeneous macronodule to small mass mid to caudal spleen
- Overtly normal gastrointestinal tract with moderate gastric fluid
- Mild chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic presentation including the mildly expansive nonhomogeneous macronodule to small mass is nonspecific with multiple potential etiologies including hyperplasia, hematopoiesis, hematoma, inflammation / splenitis. However, given the patient's history of weight loss and mast cell tumor, concern for splenic neoplastic criteria is warranted.

Assuming normal clotting status, using a 25-gauge needle, and with Benadryl pretreatment, ultrasound-guided FNA of the splenic parenchyma, as well as the macronodule to small mass (if accessible), is suggested for screening cytology, further assessment, and potential for oncology consultation if primary vs. metastatic neoplasia is confirmed.

Otherwise, overtly normal abdomen without evidence of additional visceral pathology.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs to assess for occult pathology as contributing factors to the patient's weight loss may be considered.

IMAGING PERFORMED BY

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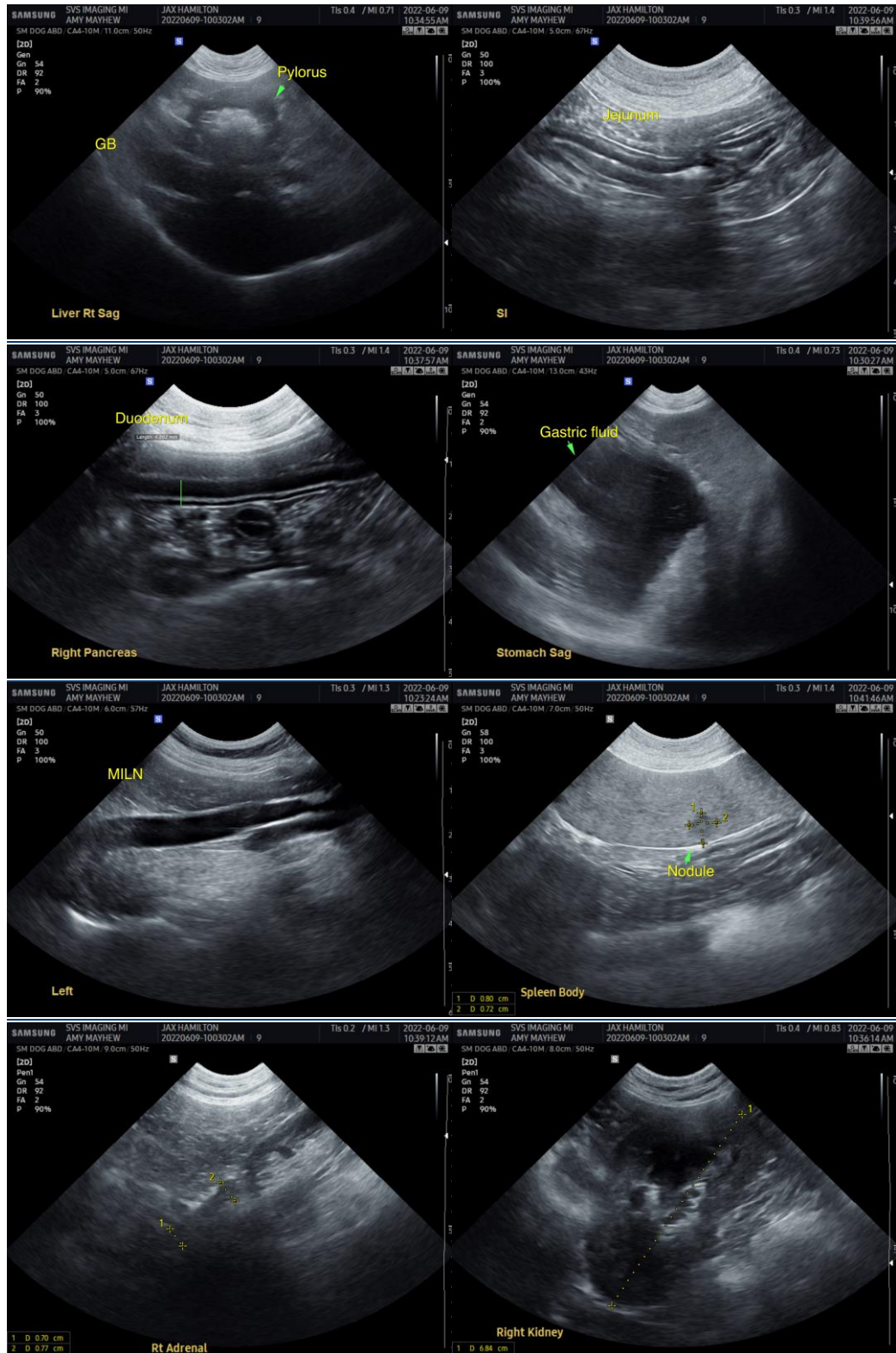
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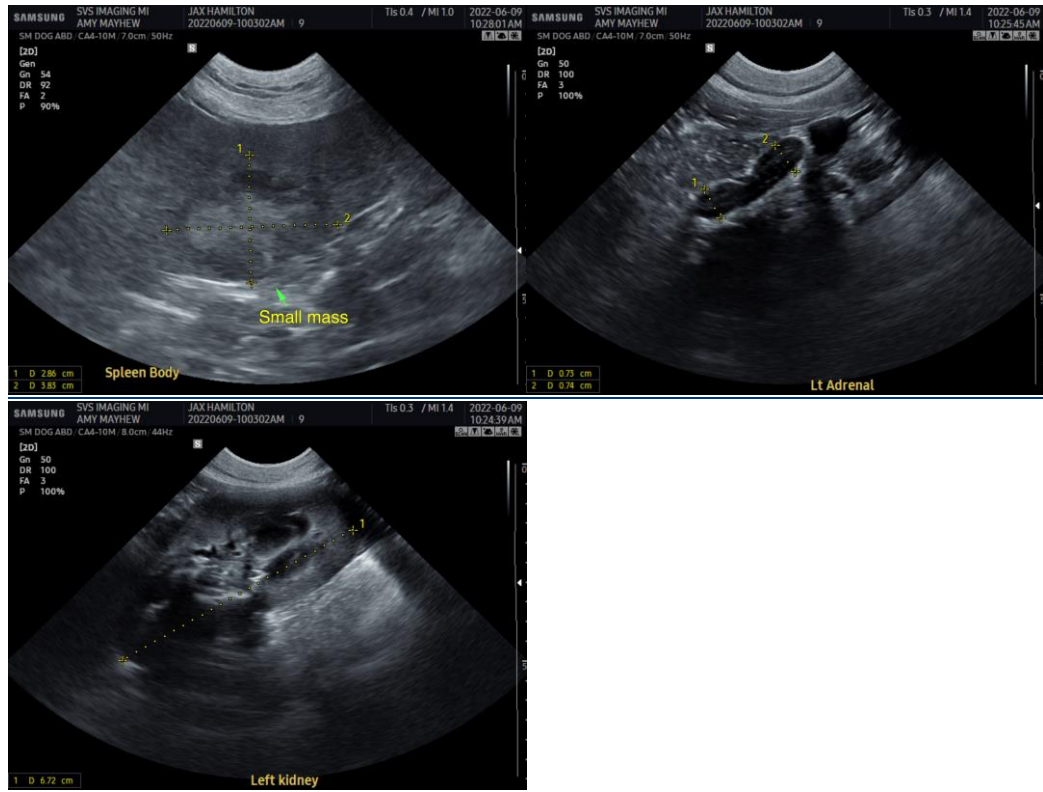
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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