



PATIENT

Hugo Nicholson

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

11

WEIGHT

31kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Creature Comfort AC

REFERRING VET

Dr. Decker

INVOICE

11218ag

DATE

07/26/2022

PRESENTING CLINICAL SIGNS

History: Intermittent poor appetite , no weight loss. Patient given diazepam for scan

Abnormal PE/Chem/CBC/UA Results: Mild elevation ALT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

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. No evidence of pelvic dilation was present.

The left kidney measured 6.7 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology measuring 0.86 cm in width.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.45 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 0.51 cm width at the caudal pole and 0.47 cm width at the cranial pole.

Spleen

The spleen exhibited mild generalized enlargement with generalized mild heterogeneous parenchyma with a solitary mildly expansive hypoechoic nodule in the mid lateral spleen measuring 1.4 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

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.

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.



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

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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. A thinly walled cystic lesion containing anechoic fluid was noted within the area of the pancreas base caudal to the pylorus measuring 4.2 cm in diameter. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Shepherd Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild generalized splenomegaly exhibiting nonhomogeneous parenchyma including a solitary mildly expansive hypoechoic nodule
- Cystic structure in the area of the pancreas base-consistent with pancreatic cyst, subjectively benign
- Hepatopathy-potential low grade inflammatory hepatopathy given the ALT elevation
- Overtly normal GI tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status an ultrasound guided FNA of the splenic parenchyma and the nodule using a 25g needle is warranted for screening cytology. Sonographic monitoring of the spleen for evidence of progressive enlargement or nodular changes would be a more conservative approach.

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Potential for low grade pancreatitis which may present sonographically normal could be present. Correlation with a spec cPL is warranted. Potential for pancreatic abscess is considered a less likely differential. Sonographic reassessment of the cyst and general pancreas in 4 weeks is suggested.

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Empirical as needed GI support is recommended.

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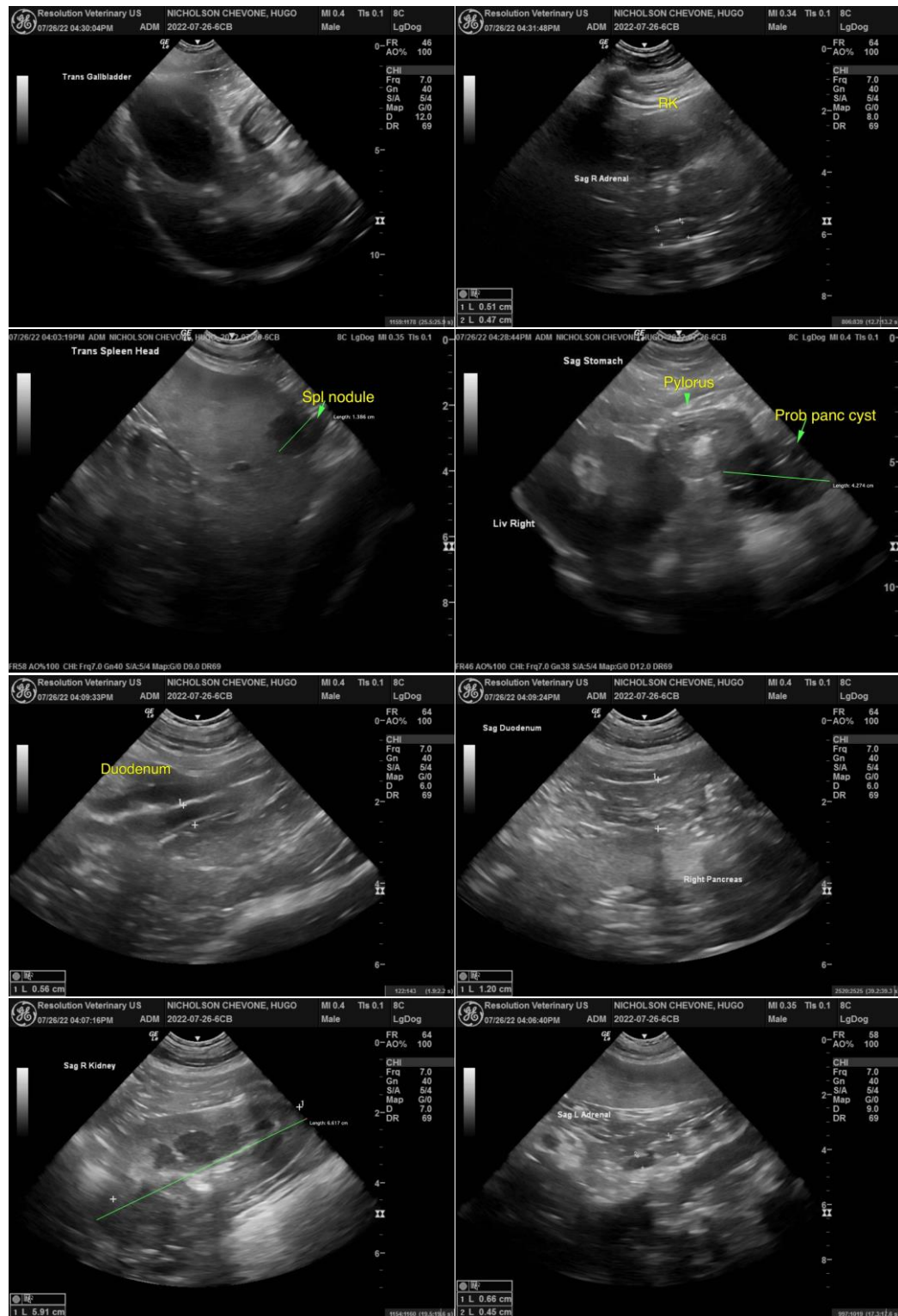
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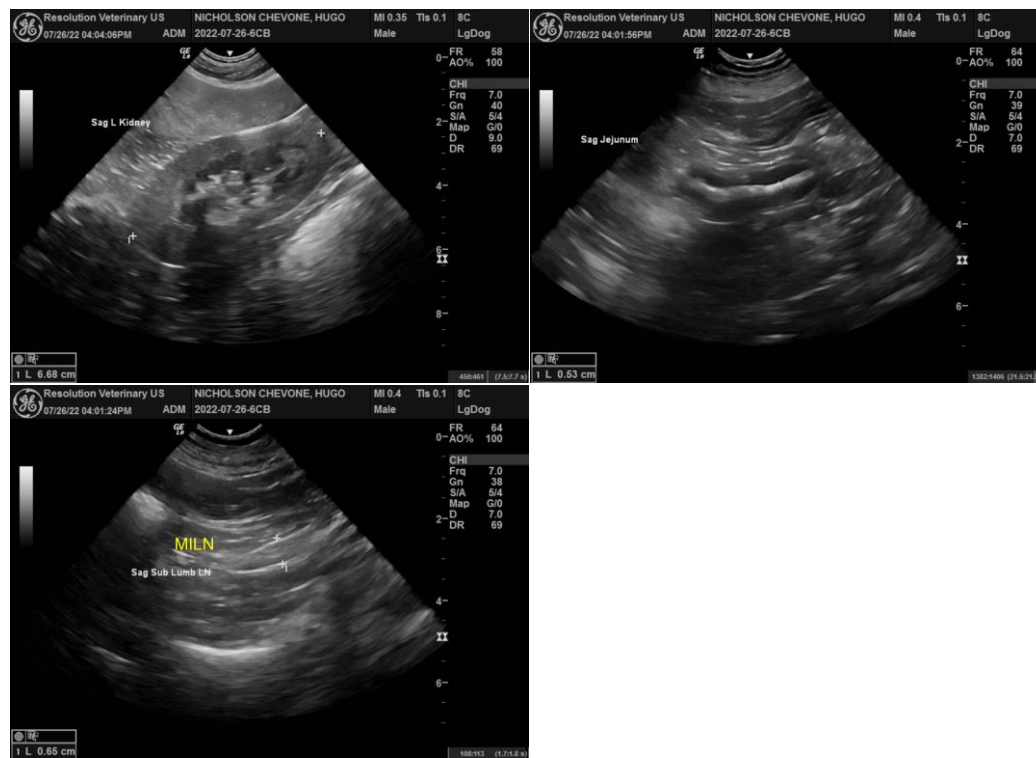
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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