



PATIENT

Jax Kirkpatrick

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

10 years

WEIGHT

97 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

Hallie Lipinski, DVM

INVOICE

17425

DATE

7/27/23

PRESENTING CLINICAL SIGNS

2-3 week history of ADR/lethargy and weight loss. Still normal appetite, no vomiting or diarrhea. Labwork 7/19 - mild neutrophilic, otherwise rest of labwork unremarkable.

Abdominal radiographs show round, soft tissue structure mid abdomen - possible normal folding of the spleen vs concern for splenic mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size was noted 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor bilateral pyelectasia was noted. The right kidney exhibited mild lateral capsule asymmetry owing to cortical infarct. The left kidney measured 7.7 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.86 cm width in the cranial pole and 0.76 cm width in the caudal pole. The right adrenal gland measured 0.95 cm width in the cranial pole and 0.75 cm width in the caudal pole.

Spleen

The spleen was mildly enlarged with medial folding of the caudal spleen. The spleen primarily maintained a symmetrical capsule contour with generalized heterogeneous parenchyma exhibiting several non-disruptive, mildly hypoechoic to nonhomogeneous splenic nodules. An example of a splenic nodule measured 3.0 cm in diameter. The nodules did not distort the splenic capsule.

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

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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.

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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 measured 0.47 cm width. The jejunum wall measured 0.40 cm width.

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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 overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatic parenchymal remodeling - benign
- Mild folded splenomegaly with nonspecific splenic nodules - hyperplasia, hematopoiesis, splenitis, early infiltrative splenic neoplasia, all potentials
- Chronic renal changes with minor pyelectasia and right kidney lateral infarct
- Sonographically unremarkable gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

Pamela Harrigan, RDMS

Assuming normal clotting status and using a 25-gauge needle, splenic FNA cytology is recommended for further clarification, given the reported weight loss. 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. There was no sonographic evidence of intrabdominal mass. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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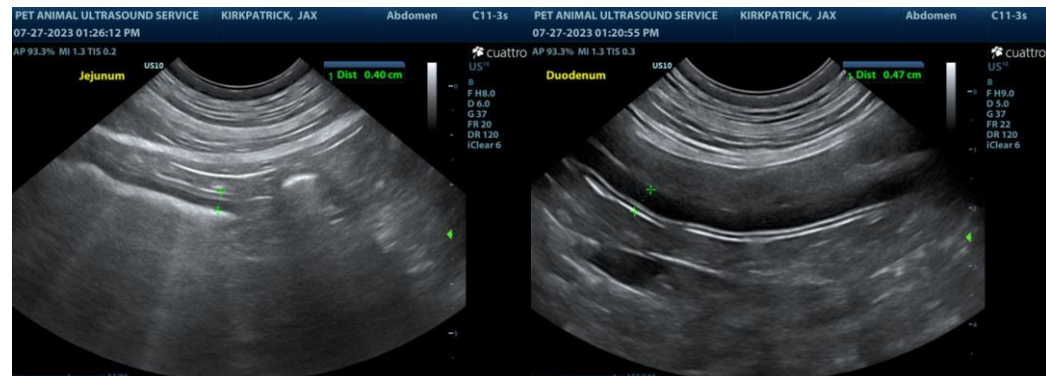
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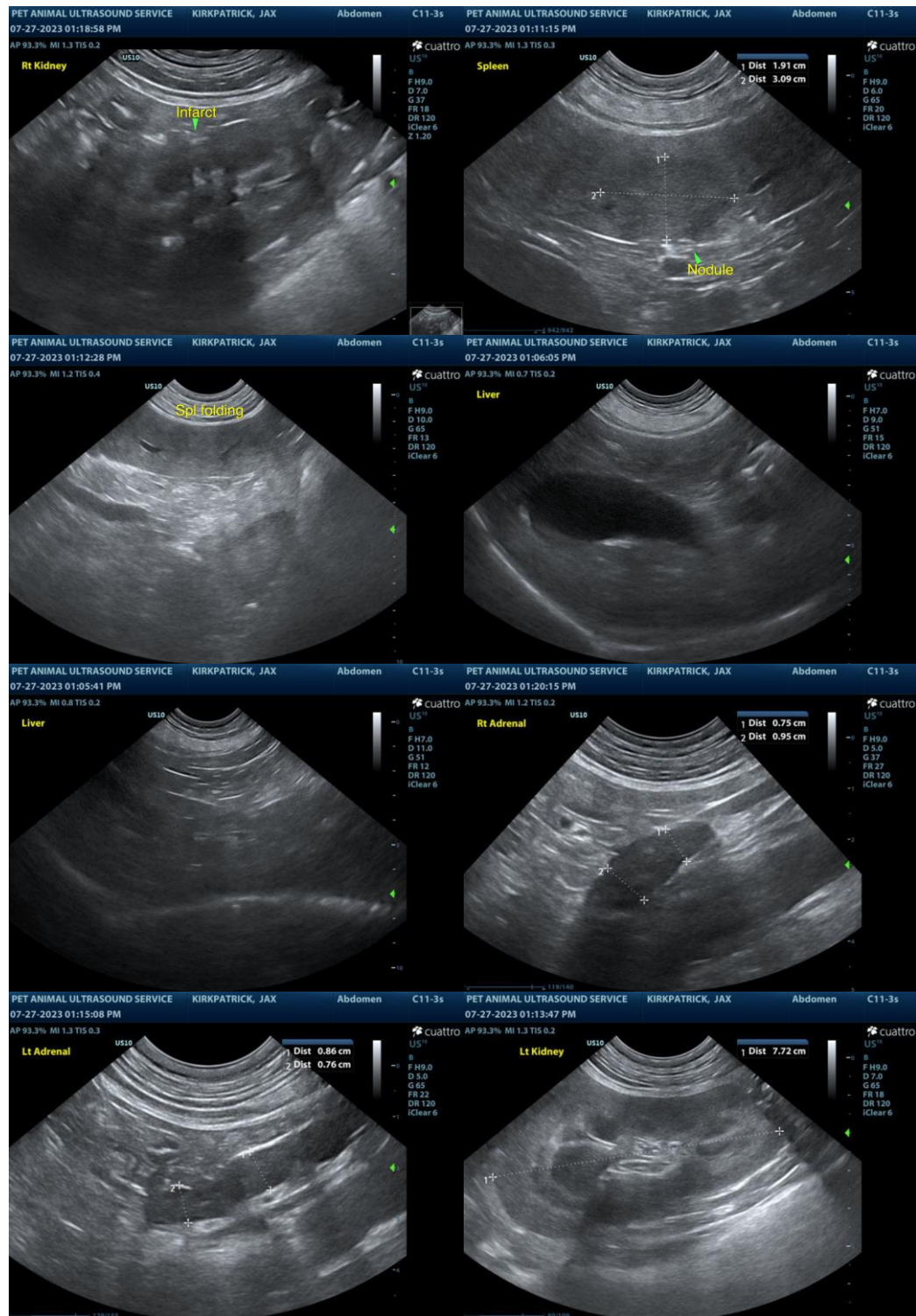
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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