

**PATIENT**

Jewell Sneed

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

5 years

WEIGHT

63.6

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

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jonathon Renfro

INVOICE

11472

DATE

8/2/22

PRESENTING CLINICAL SIGNS

Lethargic, off and on eating, weight loss, Isosthenuria, symptoms started in April 2022. Was 90 lb in April. Has lost 4 pounds in just a few days. Seems to have a hard time swallowing/eating - eats very slow and small amounts. No abnormalities noted in neck or mouth. Hypersalivating.

Abnormal PE/Chem/CBC/UA Results: Labs and x-ray appeared normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was normal in size and tone containing anechoic urine primarily with mild areas of primarily dependent to mildly nondependent hyperechoic sediment to mineral. No evidence of inflammatory neoplastic urinary bladder changes. The urethra was overtly normal in structure and tone to a depth of 3.0 cm.

No evidence of pathology was noted in the area of the iliac trifurcation including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 8.0 cm in length. The right kidney measured 8.1 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 0.57 cm width at the caudal pole and 0.64 cm width at the cranial pole.

The right adrenal gland exhibited mild prominent cranial pole, maintained capsule integrity yet mild asymmetrical capsule contour, and subjective nonhomogeneous parenchyma without evidence of parenchymal mineralization. The right adrenal gland measured 2.9 cm length x 1.3 cm width at the cranial pole and 0.78 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour exhibiting subtle generalized splenic parenchyma heterogeneity with intermittent discretely hypoechoic nondisruptive splenic nodules. An example measured 0.40 cm in diameter. No splenic masses were noted. Normal splenic vascularity was noted.

Liver/ Gallbladder

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 with very minor nondependent mildly hyperechoic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

**PATIENT**

Jewell Sneed

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

5 years

WEIGHT

63.6

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

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jonathon Renfro

INVOICE

11472

DATE

8/2/22

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 gastric body wall width measured 0.54 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 measured 0.4 cm width. The jejunum wall measured 0.32 cm width. No evidence of pathology was noted in the area of the ileocolic junction.

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, lymphadenopathy, or evidence of peritoneal effusion were noted.

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

ULTRASONOGRAPHIC FINDINGS

- Intermittent discrete splenic nodules - multiple etiologies possible including suspected areas of mild lymphoid hyperplasia, hematopoiesis, small hematomas, focal minor splenitis or similar. Neoplastic splenic nodular criteria is considered a less likely differential diagnosis yet cannot be excluded.
- Overtly normal gastrointestinal tract
- Mild primarily dependent urinary bladder mineral
- Subjective mildly prominent to irregular right adrenal gland - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, screening splenic FNA is warranted for cytology, given the patient's weight loss.

Urinalysis +/- urine culture and sensitivity is recommended, given the presence of urinary bladder mineral.

The subjective mildly prominent to irregular right adrenal gland is nonspecific and may indicate a normal patient variant with potential for early adenomatous change, benign hyperplasia, and without overt evidence of neoplastic criteria, which is considered a less likely differential diagnosis. Screening blood pressure to assess for evidence of hypertension is suggested. Ideally, sonographic monitoring of the right adrenal gland for evidence of progressive enlargement or parenchymal changes with initial recheck in 4-6 weeks would be ideal.



PATIENT

Jewell Sneed

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

5 years

WEIGHT

63.6

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jonathon Renfro

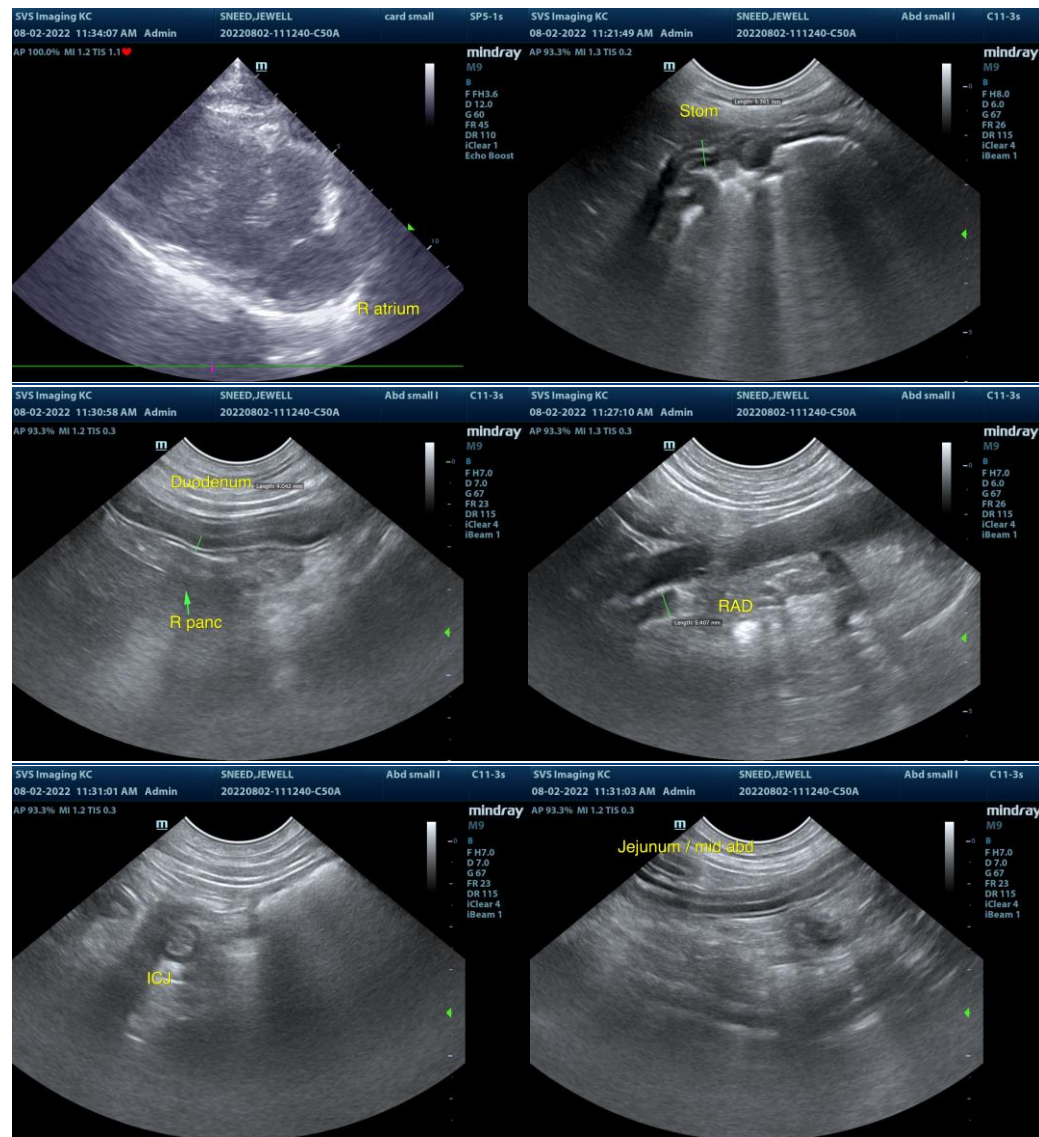
INVOICE

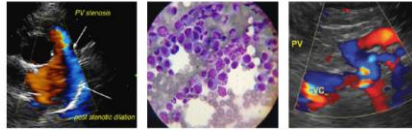
11472

DATE

8/2/22

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.





PATIENT

Jewell Sneed

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

5 years

WEIGHT

63.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

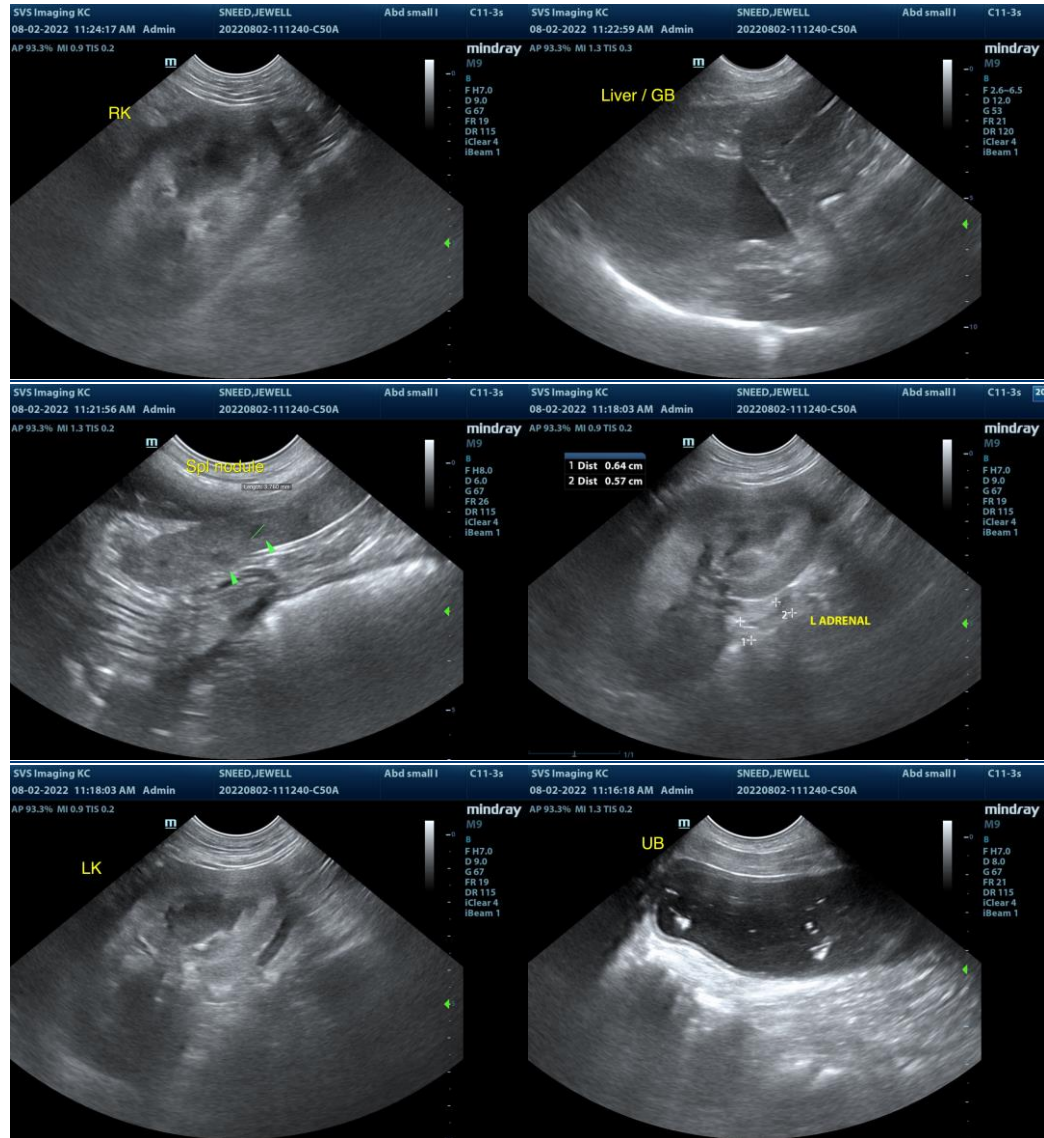
Dr. Jonathon Renfro

INVOICE

11472

DATE

8/2/22



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