



PATIENT PRESENTING CLINICAL SIGNS

Molly Barnes Anemic Dasaquin
HCT 43, RBC 4.17, Reticulocytes 154, Albumin 2.5

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

GSD

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.

SEX

FS

The area of the iliac trifurcation and dorsal urinary bladder was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy/masses, or uterine stump pathology.

AGE

2011

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 6.9 cm in length. The right kidney measured 7.1 cm in length.

WEIGHT

62.5

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.55 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient conformation.

INTERPRETED BY

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

Spleen

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

Brodheads ville VC

Liver/ Gallbladder

REFERRING VET

Dr. Goldstein

The liver was normal in size and contour with overall normal hepatic parenchyma echogenicity exhibiting mild coarse echotexture. A solitary, well-demarcated, nondisruptive, ventral intraparenchymal nodule was present in the liver measuring 2.5 cm in diameter without evidence of hepatic capsule distortion. The nodule was uniform mildly hypoechoic compared to adjacent hepatic parenchyma. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

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Gastrointestinal

DATE

8/24/22

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.



PATIENT

Molly Barnes

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.

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

SPECIES

Pancreas

Canine

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.

BREED

GSD

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

SEX

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract
- Sonographically unremarkable spleen
- Nonspecific liver nodule

AGE

2011

WEIGHT

62.5

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a definitive cause of the patient's CBC abnormalities was not evident. No evidence of gastrointestinal mural pathologies such as gastrointestinal masses or definitive evidence of ulceration, as well as no evidence of splenic neoplastic criteria or masses.

The solitary liver nodule may indicate focal area of nodular to regenerative hyperplasia, hematopoiesis, small lipogranuloma, or similar. Neoplastic criteria for the nodule cannot be definitively excluded. Assuming normal clotting status and if accessible, ultrasound-guided FNA of the hepatic nodule for cytology and further clarification is warranted. Sonographic monitoring of the hepatic nodule for evidence of progression with initial recheck in a month would be a more conservative approach.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

BrodheadsVille VC

CBC pathology review +/- infectious disease serology could be considered. Three-view chest radiographs are suggested to rule out occult thoracic pathology, if not done.

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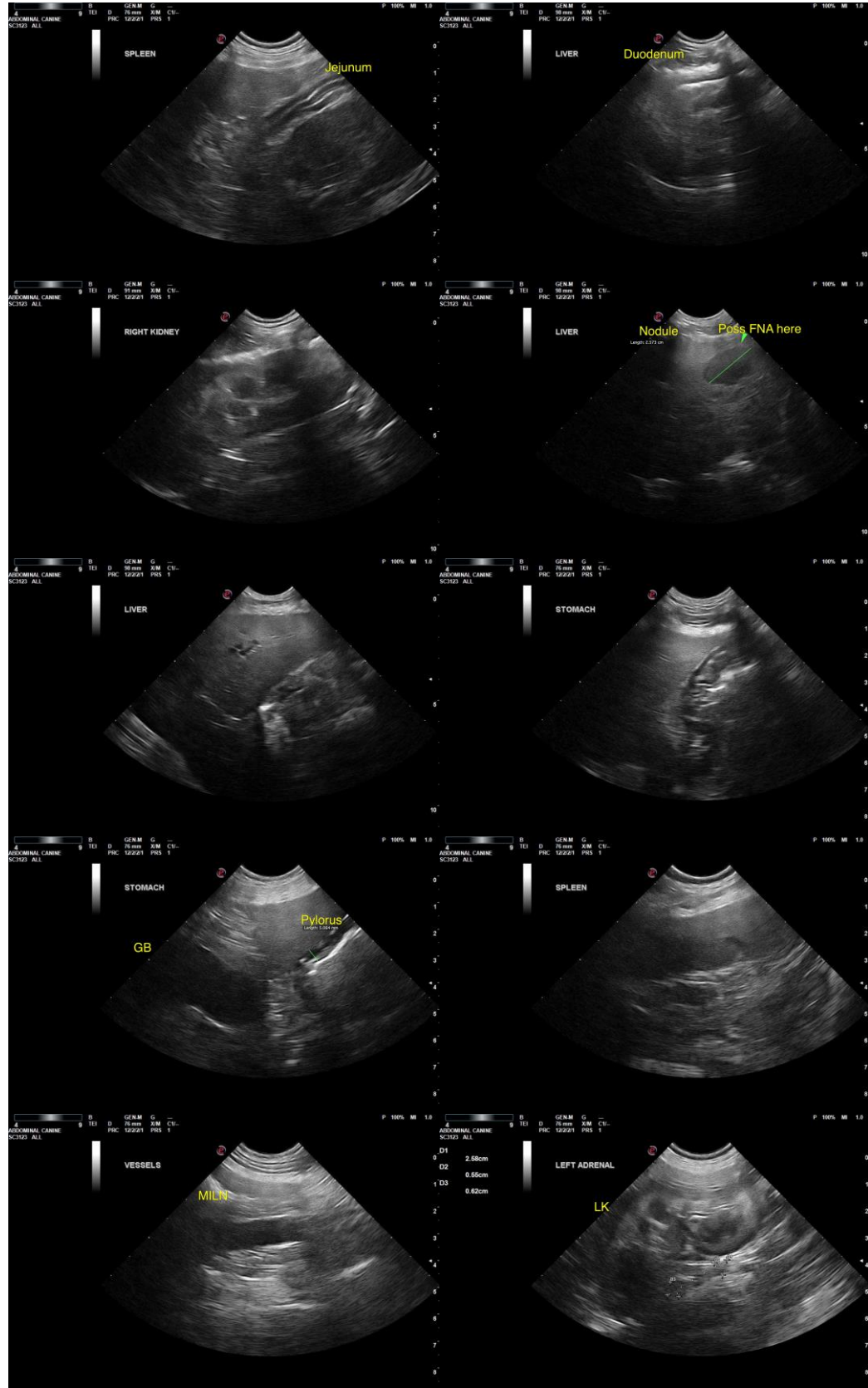
Dr. Goldstein

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Canine

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.

BREED

GSD

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.

SEX

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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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