



PATIENT

Radar Weiss

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

11 Years

WEIGHT

27.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Chester AH

REFERRING VET

Dr. Migliaccio

INVOICE

47225

DATE

8-31-21

PRESENTING CLINICAL SIGNS

Lethargy, weakness, wt loss. Jaundice- enlarged abdomen, inappetence Current meds: famotidine, B vit and B12 inj, doxycycline

Abnormal PE/Chem/CBC/UA Results: WBC 19.4, Neuts 25.95, RBC 5.08, Hgb 55, HCT 18.9, PCV 18, mCH 17, mCHC 28.9, Alb 2.1, ALP 2050, ALT 125, T. Bili 1.3, BUN 36, TP 4.9 UA: bilirubin + rod SG: 1.026 Platelet count 173, HCT 18.9, PCV/TP 18/5.6

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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

No evidence of pathology in the area of the aortic trifurcation.

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 5.6 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.51 cm width at the caudal pole.

No overt pathology in the area of the left adrenal gland.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple primarily cranial splenic hypoechoic to expansive nodules were present. The nodules distorted the splenic capsule without evidence of parenchymal escape. An example of a nodule measured 1.6 cm diameter. Mild generalized parenchyma heterogeneity was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited generalized enlargement, asymmetrical caudal contour, generalized decreased hepatic parenchyma echogenicity with moderate coarse echotexture and variable lobar swelling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content. The gallbladder wall measured 0.22 cm width. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.42 cm width. Mild gastric distension with minor retained echogenic ingesta/chyme was present.
Radar Weiss	
SPECIES	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
Mix	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 was evident.
SEX	<i>Free Abdomen</i>
MN	Subtle regional perisplenic and perihepatic reactive mesentery was present. No overt evidence of effusion or concurrent lymphadenopathy was noted.
AGE	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
11 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
27.4 lbs	Primary
INTERPRETED BY	<ul style="list-style-type: none"> • Hepatomegaly with decreased parenchyma echogenicity, coarse echotexture, and asymmetrical margination. • Several expansive to hypoechoic splenic nodules. • Mild gallbladder wall edema. • Probable gastritis.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Secondary
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Mild chronic renal changes.
Jessica Miller	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME	Although cytology is required for further clarification of a potential definitive diagnosis, the presentation of the spleen and liver is most consistent with multicentric hepatosplenic neoplasia. Potential acute non-neoplastic hepatopathy such as acute hepatitis or other hepatopathy as well as benign splenic nodules (hyperplasia, hematopoiesis, or other) possible, yet considered less likely.
Chester AH	
REFERRING VET	The gallbladder wall edema may be owing to hepatic parenchymal pathology, inflammation, or potential neoplasia. Pending hepatosplenic FNA, oncology consult with potential for chemotherapeutic intervention may be considered. CBC pathology review given the anemia may be considered. Potential for paraneoplastic anemia may be possible if hepatosplenic neoplasia is confirmed.
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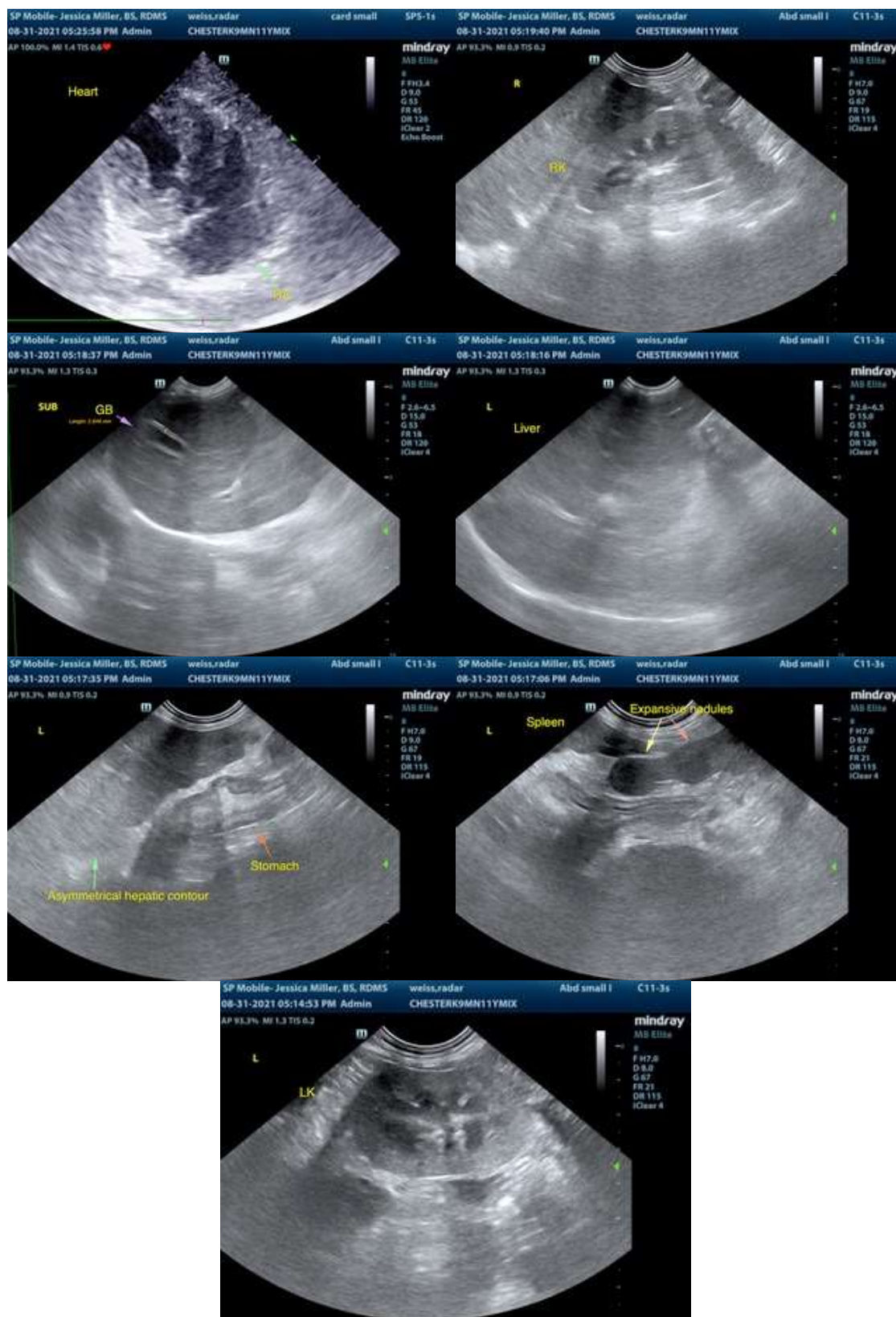
Dr. Migliaccio

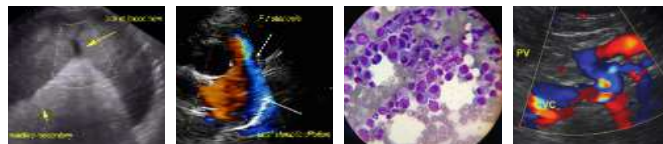
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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