

PATIENT PRESENTING CLINICAL SIGNS

Juno West Panting, weight loss, PUPD, mild exercise intolerance.

SPECIES Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings ALP 971, Spec 232, cardio pet 464, UTI Current Medications Amoxicillin Tri Clav 500mg BID Radiographic Findings No rads taken.

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

GSD *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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

Spayed Female

AGE

11 yrs

No overt pathology in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

WEIGHT

76lbs

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. No evidence of pyelectasia in both kidneys. The left kidney measured 7.7 cm in length. The right kidney measured 8.1 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was indistinctly visualized subjectively measuring 0.43 cm. The right adrenal gland was not definitively visualized. Owing to patients size confirmation and possible isoechoic echogenicity compared to adjacent omentum.

IMAGING PERFORMED BY

Sara Hansen

Spleen

The spleen is enlarged in size with medial folding of the cranial spleen within the subjective cranial spleen mild to moderately expansive non homogenous to mixed echogenic mass measuring approximately 5 cm in diameter was present. Intermittent, discrete subtly heterogenous non disruptive concurrent separate splenic nodules. Example of splenic nodule 2.3 cm in diameter. Primarily maintained symmetrical capsule contour aside from mild capsule distortion associated with the splenic mass. Normal splenic vascularity.

HOSPITAL NAME

Countryside Animal
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REFERRING VET

Dr. Cox

Liver/ Gallbladder

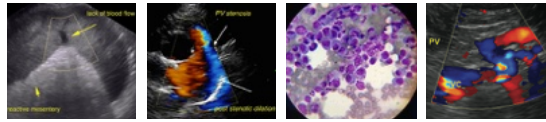
The liver is exhibiting subjective mild enlargement in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with anechoic content with mild non organized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

INVOICE

10386

DATE

8/8/2023



PATIENT *Gastrointestinal*

Juno West 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.

SPECIES

Canine

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.

BREED

GSD

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

SEX

Spayed Female

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.

AGE

11 yrs

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

76lbs

Primary Findings

INTERPRETED BY

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and Feline)

- Folded splenomegaly with mild to moderate expansive non homogenous splenic mass and concurrent non disruptive separate nodules.
- Hepatomegaly/subjectively benign, sonographically consistent with vacuolar hepatopathy pattern.
- Mild gallbladder sediment (non-mucocele)
- Mild age-related renal changes.
- Sonographically unremarkable visualized gastrointestinal tract.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass and concurrent non disruptive nodules are nonspecific with considerations including hyperplasia, hematopoiesis, hypersplenism, granuloma, splenitis, with primary concern neoplasia i.e., sarcoma, round cell neoplasia, or other. No overt evidence of major organ intraabdominal metastasis. A side from the spleen, a definitive cause of the patient weight loss and PUPD was not obvious. A GI panel to include PLI/TLI/Cobalamin/Folate, three view chest radiographs, and screening urine cortisol creatine ratio to assess for occult disease as a contributing factor may be considered. If no evidence of pathology on three view chest radiographs and pending additional diagnostics splenectomy with gross inspection of the gastrointestinal tract and liver may be a consideration.

REFERRING VET

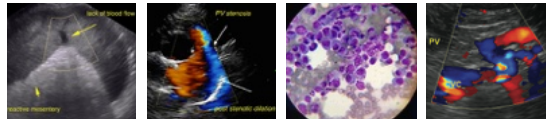
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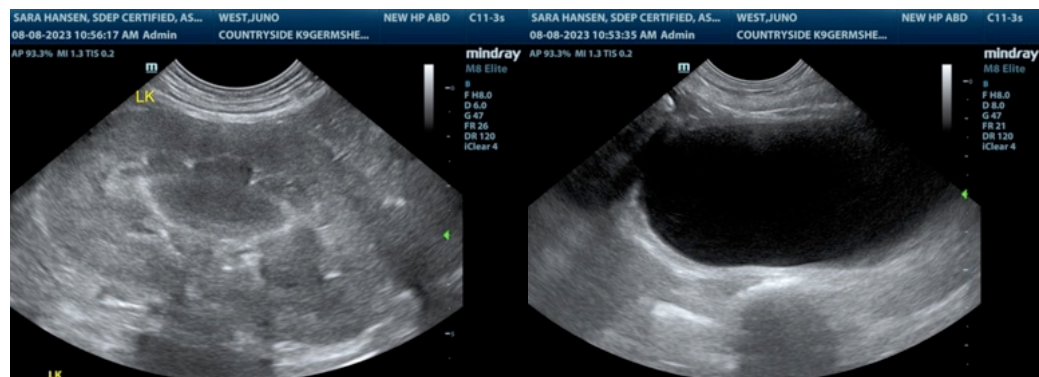
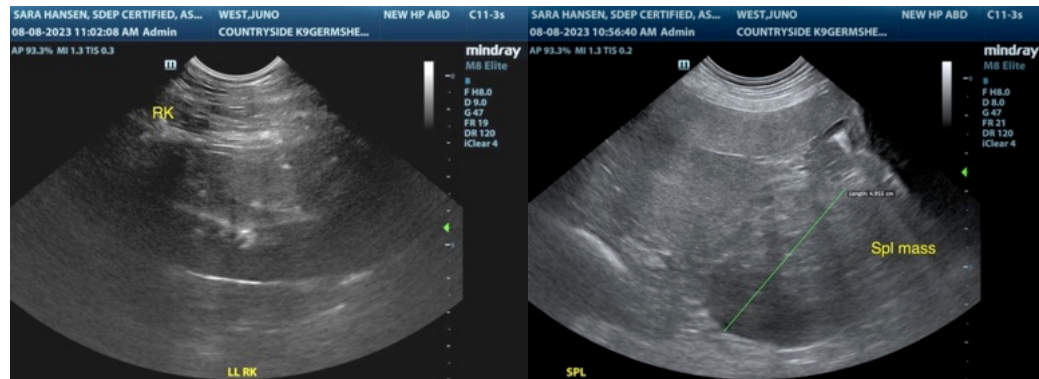
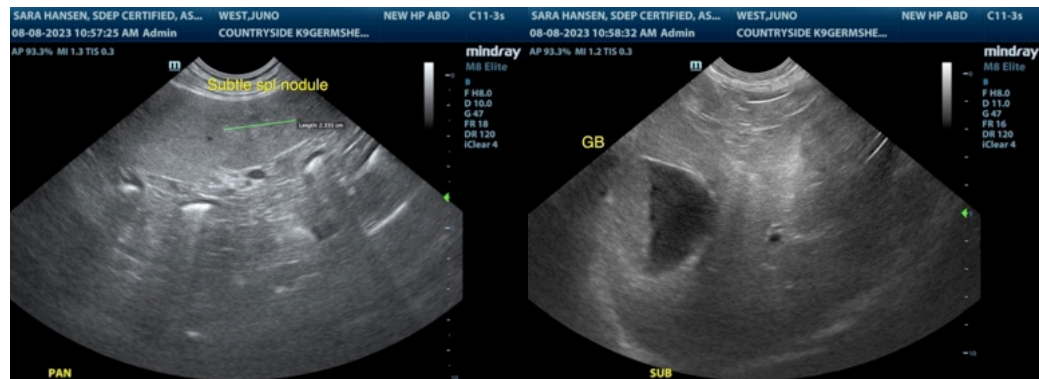
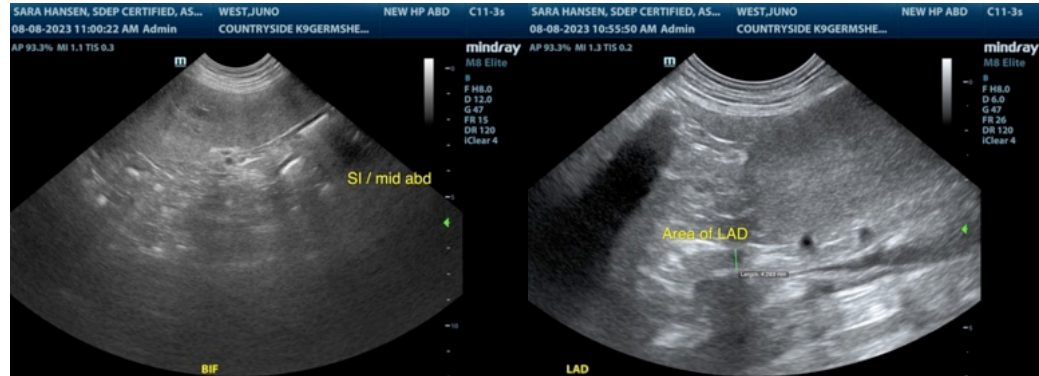
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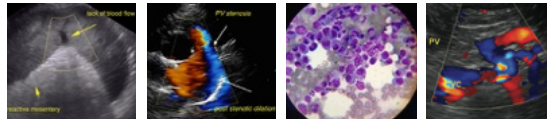
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PATIENT

Juno West

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.

SPECIES

Canine

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.

BREED

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

GSD

info@SonoPath.com

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