



PATIENT PRESENTING CLINICAL SIGNS

Dylan Turetzky Possible seizure history, decreased appetite, 4/6 murmur Entyce, Baytril, Metronidazole, Galliprant
WBC 47.5 with marked lymphocytosis, monocytosis, suspected BAND neutrophils, HCT 41.6, Chemistry Panel- ALP 372, Globulin 5.2, Calcium 9.4, Na:K 41

SPECIES
Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

Lab Mix 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

MN

The area of the residual prostate was free of overt pathology.

AGE

2009

The area of the aortic trifurcation was free of pathology.
Normal size and margination were 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 6.2 cm in length. The right kidney measured 6.2 cm in length.

WEIGHT

40

INTERPRETED BY

Adrenal Glands

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

The bilateral adrenal glands were indistinctly visualized yet without overt pathology. The left adrenal gland subjectively measured 0.61 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland subjectively measured 0.65 cm width at the caudal pole.

IMAGING PERFORMED BY

Spleen

Rebekah Jakum, CVT
ARDMS/RVT

The spleen was enlarged in size with primarily maintained symmetrical capsule contour with mild areas of medial capsule asymmetry. Generalized hypoechoic splenic parenchyma exhibiting uniform echotexture was present with no masses or nodules. Normal splenic vascularity was noted.

HOSPITAL NAME

White Haven VH

Liver/ Gallbladder

REFERRING VET

De. Dengler

The liver was borderline to mildly enlarged with symmetrical to mildly rounded hepatic contour and generalized decreased hepatic parenchyma echogenicity exhibiting mild coarse echotexture. No hepatic masses or nodules were noted. Mild, non-dependent, mildly hyperechoic, nonorganized gallbladder debris was present. The gallbladder and peripheral gallbladder were normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

INVOICE

14545

Gastrointestinal

DATE
8/9/22

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

Dylan Turetzky

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

Lab Mix

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

SEX

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

2009

- Mild hepatosplenomegaly exhibiting hepatosplenic parenchyma hypoechogenicity
- Overtly normal gastrointestinal tract
- Mild chronic renal changes

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The hepatosplenic presentation is nonspecific with considerations including metabolic, reactive, or vacuolar hepatopathy vs. inflammatory hepatopathy, splenic hyperplasia, hematopoiesis, incidental splenitis, or similar.

IMAGING

PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

Given the degree of white blood cell elevation, concern for hepatosplenic infiltrative round cell neoplasia such as lymphoma or other IIs warranted vs. hepatosplenic inflammatory disease. Further assessment may include, assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA for cytology. CBC pathology review +/- flow cytometry, given the lymphocytosis, could be considered.

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A guarded prognosis is warranted.

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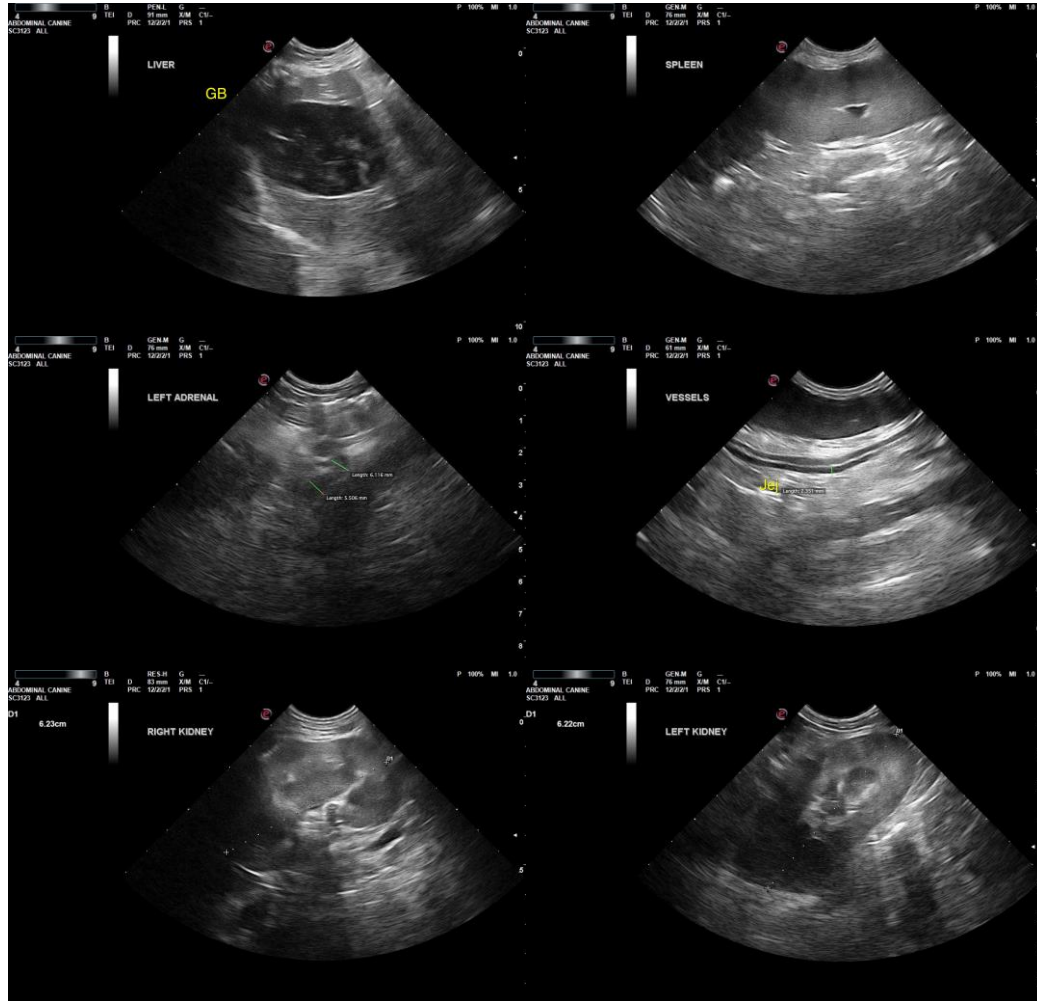
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com



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