



PATIENT

Harley Storjohann

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

7 Years 9 Months

WEIGHT

68 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

17126

DATE

9/1/22

PRESENTING CLINICAL SIGNS

History: Subjective still intact annual vax presentation bordetella started losing all of his weight about 2-3 weeks ago cant keep down any dog food only eats hamburgers and steak not throwing that up has D+ just keeps losing weight drinks water stays down o is not sure what could have triggered it or caused it energy level is the same, still playing with the other dogs and his ball is for sure losing some of his strength jumping up and down on the bed when o picks him up he does not seem to be in pain or anything c/s- none l/b- none v/d- v+ and d+ hasnt thrown anything up for quite some time d+ is once or twice a day last time he v+ was a week and half ago medications- none travels- none concerns- none jk Objective Frequent bouts of yellow liquid/mucoid stool during stay. BAR, food motivated. Friendly. mm pale pink, CRT <2s. H/L WNL T 102.3. Testicles palpate WNL, no pain. Rectal palpation- prostatic enlargement, empty colon through profuse liquid diarrhea after palpation BCS 3/9. Skin and coat more unkept. Abd- large folded spleen palpable. No pain CBC severe leukopenia, neutropenia Chem elevated ALP, ALT Assessment Severe weight loss- over 20 pounds Underweight/emaciated Severe diarrhea Appetite remains Leukocytosis/neutropenia- RO immune stimulation of neoplasia vs infection Plan Disc bloodwork findings and recommend US. US showed hepatomegaly, splenomegaly, lymph nodes noted. Dilated colon, prostatic enlargement. RO infiltrative neoplasia pending review vs other No vax given today JME Abnormal PE/Chem/CBC/UA Results: Abnormal Chem/CBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No obvious pathology, such as medial iliac or sublumbar lymphadenopathy or masses noted in the area of the iliac trifurcation or dorsal to the urinary bladder.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.2 cm in diameter.

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 7.9 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited marked generalized enlargement with rounded splenic contour, exhibiting areas of subtle capsule asymmetry. Generalized mildly nonuniform to heterogeneous splenic parenchyma noted. Splenic vascularity was normal. No splenic masses were visualized.

Liver



PATIENT	The liver presented enlarged 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 vasculature appeared to be of normal volume without overt evidence of congestive criteria.
Harley Storjohann	
SPECIES	The gallbladder was non-distended. The gallbladder walls were non-thickened yet mildly hyperechoic. Primarily anechoic content was present with mild nondependent to congealed hyperechoic nonshadowing luminal debris. The common bile duct was normal.
Canine	
BREED	<i>Gastrointestinal</i>
German Shepherd	The stomach presented intact yet mildly prominent wall layering. Subtle prominent rugal folds were present. The lumen of the stomach was primarily empty with mild retained ingesta/chyme.
SEX	The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. No overt evidence of loss of intestinal wall layering, intestinal masses or obstructive criteria. Segmental areas of mild subjectively nonobstructive jejunal ileus. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
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AGE	Normal visible colon wall layers were present with apparent formed feces in lumen.
7 Years 9 Months	
WEIGHT	<i>Pancreas</i>
68 Pounds	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.
INTERPRETED BY	<i>Free Abdomen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Mild volume peritoneal free fluid was present. Mid abdominal hypoechoic to swollen mesenteric and mesenteric root lymph nodes were present. An example measured 3.6 cm x 2.0 cm. Mild generalized hyperechoic mesentery noted.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Jessie Evoniuk	Primary Findings
HOSPITAL NAME	<ul style="list-style-type: none"> • Marked splenomegaly, exhibiting mild nonhomogeneous parenchyma • Hepatopathy • Mild gallbladder debris (non-mucocele)
State Avenue VC	
REFERRING VET	<ul style="list-style-type: none"> • Intact gastrointestinal wall layering with minor retained gastric ingesta/chyme and segmental mild nonobstructive small bowel ileus pattern • Hypoechoic to swollen mid abdominal mesenteric to mesenteric root lymphadenopathy
Dr. Jessie Evoniuk	
INVOICE	<ul style="list-style-type: none"> • Mild volume peritoneal free fluid
17126	
DATE	Secondary Findings
9/1/22	



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- Benign prostatic hyperplasia- no evidence of prostatic neoplastic criteria. Minor potential for prostatitis is possible yet considered unlikely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The splenomegaly was nonspecific with considerations including breed associated hypersplenism, hyperplasia, hematopoiesis, splenitis/infection, or neoplastic criteria.

BREED

German Shepherd

Considerations for the mesenteric to mesenteric root lymphadenopathy may indicate hyperplasia, reactive lymphadenitis or neoplastic lymphadenopathy.

SEX

Male

Assuming normal clotting status, hepatosplenic FNA, as well as (if accessible) lymphatic FNA for cytology and further assessment is recommended. Concurrent peritoneal fluid analysis, cytology +/- culture and sensitivity, given the leukocytosis is warranted. A GI panel to include PLI/TLI/Cobalamin/Folate +/- resting cortisol level to rule out occult Addisons disease is recommended. Three-view chest radiographs are recommended to rule out occult thoracic pathology as a contributing factor to the weight loss.

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Empirically, a hydrolyzed diet, high colony count probiotics (such as Provable), broad spectrum deworming (even if fecal testing is negative), and as needed gastrointestinal support pending additional diagnostics is recommended.

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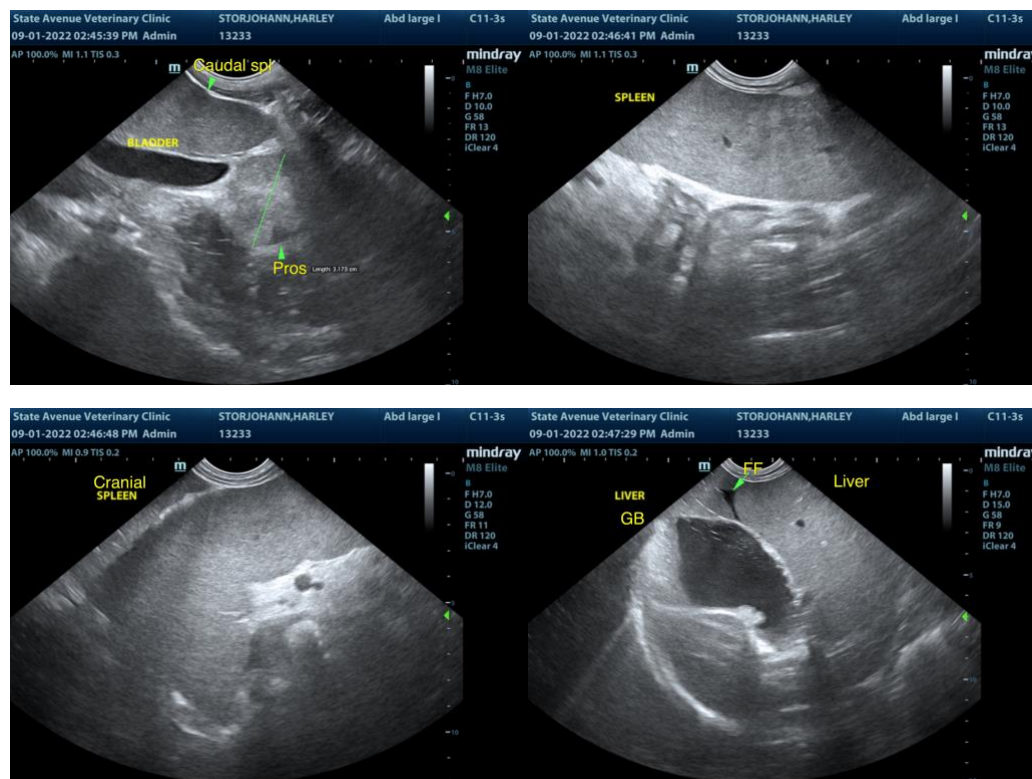
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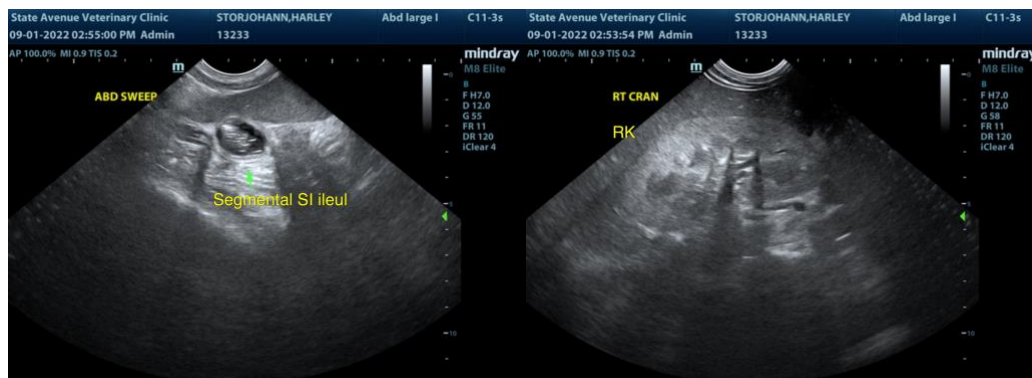
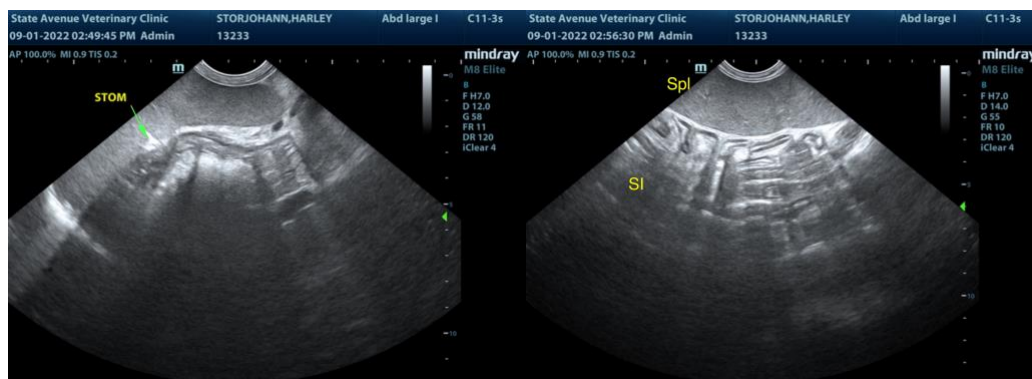
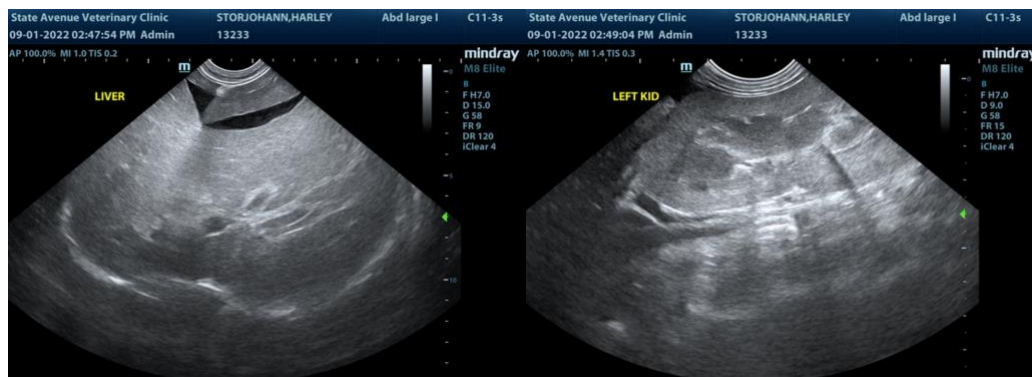
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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