



**PATIENT**

Melville Slotkin

**SPECIES**

Canine

**BREED**

Samoyed

**SEX**

MN

**AGE**

4yrs 4mo

**WEIGHT**

76.7

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Long Valley AH

**REFERRING VET**

Dr. Earl

**INVOICE**

14843

**DATE**

9/13/22

**PRESENTING CLINICAL SIGNS**

Significantly elevated ALT. Hx of Diabetes, IMHA, Anaplasmosis, Splenic Histocytosis. Current meds: Vetsulin 12u BID, Azithiopine 50mg 1.5T qid, Denamarin .425mg 2T SID  
Abnormal PE/Chem/CBC/UA Results: RBC >5.12, Hgb 12.8, ALT 660, Gluc 226, Bile Acids: Pre <1, Post 3.4

**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 was noted.

No evidence of pathology was noted in the area of the residual prostate.

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 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 pyelectasia. The left kidney measured 6.9 cm in length. The right kidney measured 7.2 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.2 cm length x 0.54 cm width at the caudal pole. No evidence of adrenomegaly or tumors was noted.

**Spleen**

The spleen exhibited subjective mild subnormal size potentially owing to volume contraction. Previously noted solitary, discrete, non-disruptive hypoechoic nodule in the medial parenchyma was present measuring 0.41 cm in diameter. The nodule did not distort the splenic capsule.

**Liver/ Gallbladder**

The liver was mildly enlarged in size with normal structure and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with previously noted, nonobstructive, minor luminal mineral. The cystic and common bile ducts were normal.



**PATIENT**

Melville Slotkin

**SPECIES**

Canine

**BREED**

Samoyed

**SEX**

MN

**AGE**

4yrs 4mo

**WEIGHT**

76.7

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Long Valley AH

**REFERRING VET**

Dr. Earl

**INVOICE**

14843

**DATE**

9/13/22

**Gastrointestinal**

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.

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.

**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.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Static subjectively benign hepatopathy
- Static discrete nondisruptive splenic nodule
- Minor gallbladder mineral

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, static abdominal presentation compared to the previous ultrasound without evidence of significant visceral pathology. Previously mentioned etiologies for both the hepatopathy and the splenic nodule are still applicable, although no overt evidence of hepatosplenic neoplastic criteria. Correlation with pending cytology is recommended. Continued hepatosupportive medications would be appropriate.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



**PATIENT**

Melville Slotkin

**SPECIES**

Canine

**BREED**

Samoyed

**SEX**

MN

**AGE**

4yrs 4mo

**WEIGHT**

76.7

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Long Valley AH

**REFERRING VET**

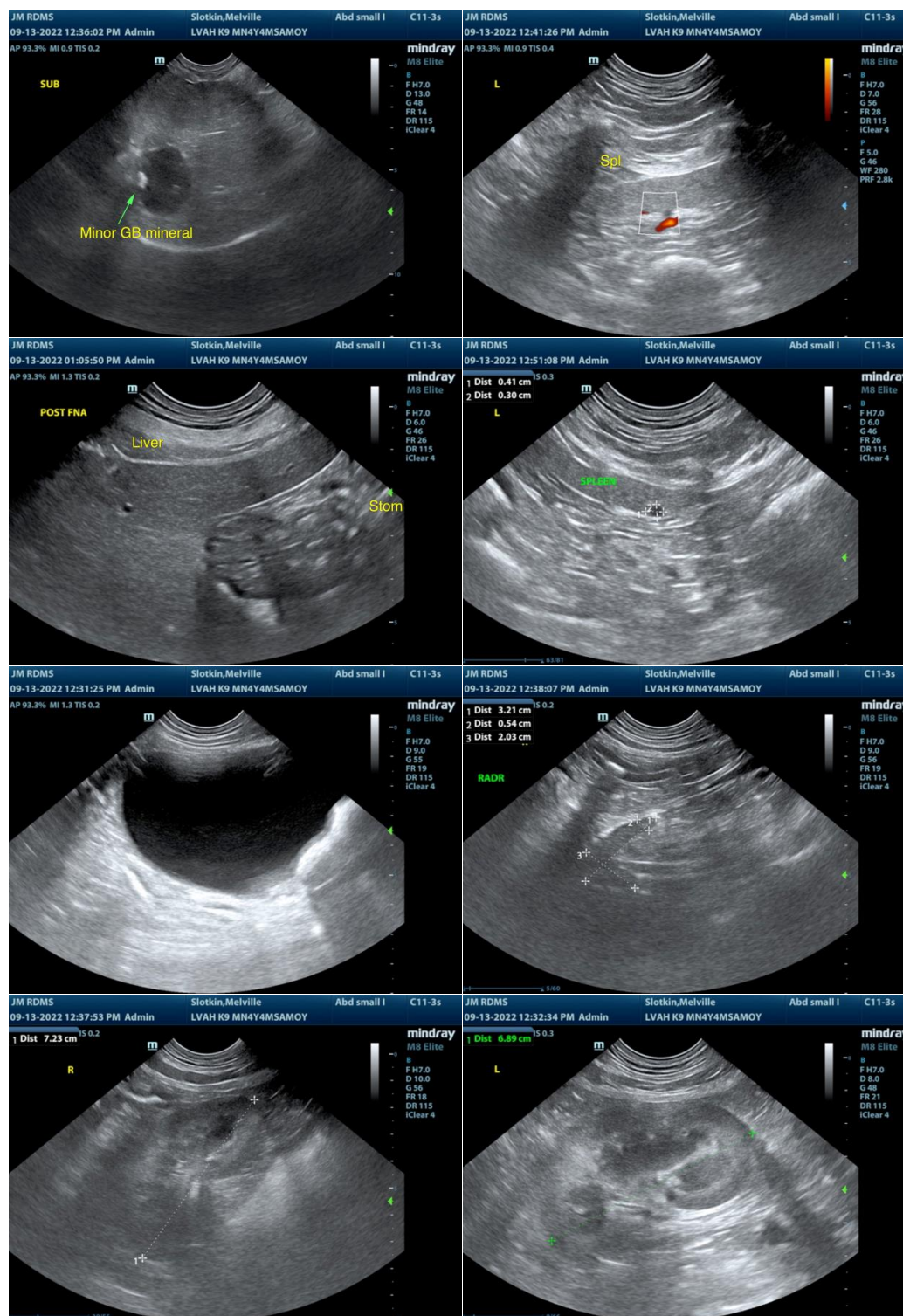
Dr. Earl

**INVOICE**

14843

**DATE**

9/13/22





**PATIENT**

Melville Slotkin

**SPECIES**

Canine

**BREED**

Samoyed

**SEX**

MN

**AGE**

4yrs 4mo

**WEIGHT**

76.7

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Long Valley AH

**REFERRING VET**

Dr. Earl

**INVOICE**

14843

**DATE**

9/13/22



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)**  
info@SonoPath.com