



PATIENT

Daisy Rawson

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

9 years

WEIGHT

87 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Wyman-
Greenwald/Chun

INVOICE

14988

DATE

9-27-22

PRESENTING CLINICAL SIGNS

QAR, ADR, decreased appetite ~ 6 wks, stomach distended, guarding/painful abdomen. Current meds: Cerenia, Famotidine.

Abnormal PE/Chem/CBC/UA Results: Hct 30.1, PLT 27, ANA +

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.

The area of the iliac trifurcation and sublumbar space was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 6.4 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 2.3 cm length x 0.65 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size yet subjectively normal in size, position and shape. The right adrenal gland measured 2.6 cm length x 0.79 cm width at the caudal pole.

Spleen

The spleen exhibited subjective generalized mild enlargement yet maintained symmetrical capsule contour and a primarily finely textured homogeneous parenchyma. A solitary, nondisruptive, discrete hypoechoic nodule was noted in the mid caudal spleen measuring 0.76 cm in diameter. The nodule did not distort the splenic capsule.

Liver/ Gallbladder

The liver presented mildly 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 and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor areas of congealed mildly echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The visualized gastric walls were sonographically normal. The stomach was non-distended containing a mild amount of Ingesta / chyme.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Subjective mild generalized splenomegaly with solitary discrete nondisruptive nodule - Generalized to focal lymphoid hyperplasia, hematopoiesis, splenitis possible, neoplastic criteria considered less likely yet cannot be definitively excluded
- Mild hepatomegaly - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract with mild gastric ingesta / chyme
- Mild heterogeneous pancreas
- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely mild age-related abdomen without evidence of significant visceral pathology as a definitive cause of the patient's clinical signs.

Assuming normal clotting status and using a 25-gauge needle, screening splenic FNA cytology could be considered primarily to ensure only benign changes are present.

A potential for low-grade gastrointestinal inflammatory disease or pancreatitis could be present yet sonographically normal. A Spec cPL could be considered.

Empirically, as-needed GI support with monitoring for progressive anemia and thrombocytopenia is recommended.



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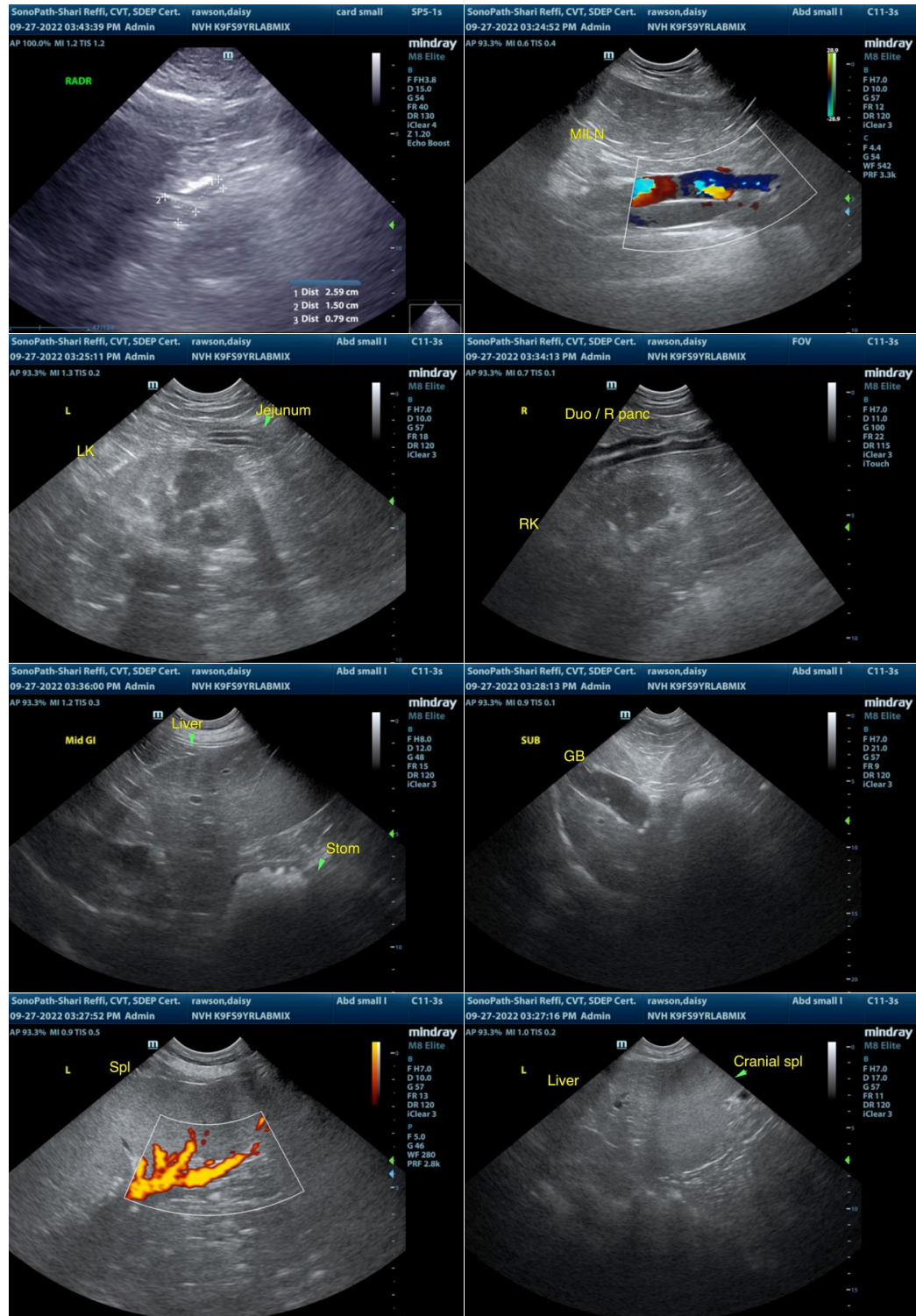
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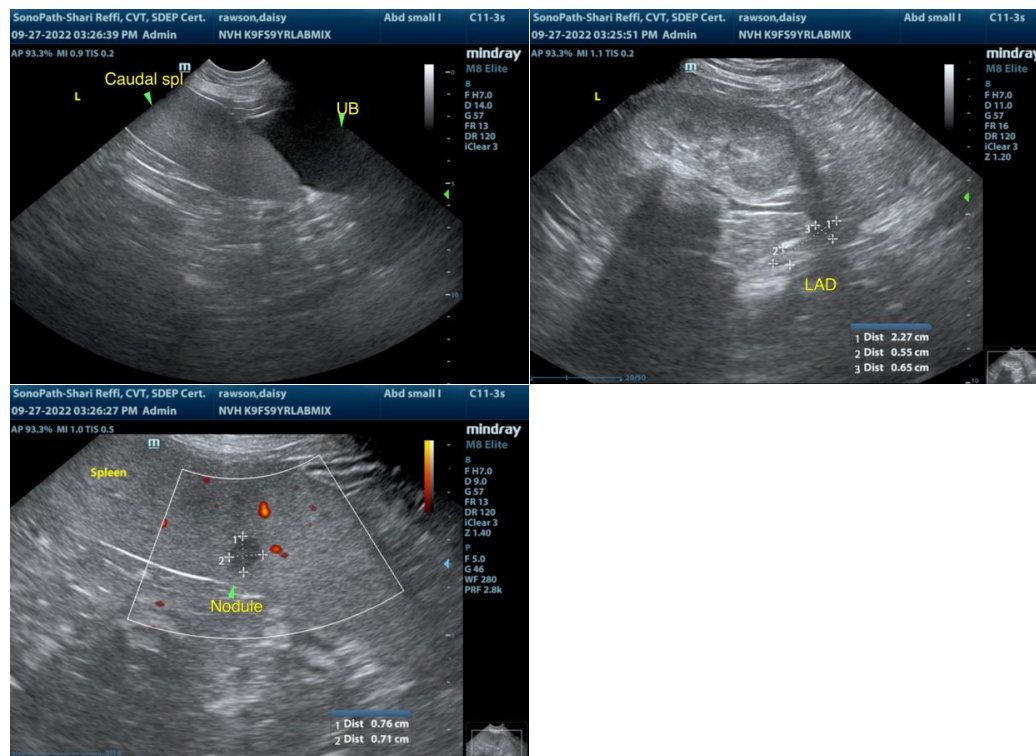
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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