



PATIENT

Juno Dahm **PRESENTING CLINICAL SIGNS**

SPECIES

Canine

Patient slowing down these past months. But otherwise not showing clinical signs at home. Recent routine lab work reveals: Hb 12.1 MCH 20.2 Retic 20.8 Borderline anemia with hematocrit 39.9% Blood chemistry: mild increases in ALP, cholesterol, and lipase. (concern here is for potential blood loss Hemangiosarcoma, etc.)

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

SEX

AGE

13 Years

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm. The right kidney measured 6.8 cm.

WEIGHT

75 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm at the cranial pole and 0.64 cm at the caudal pole. No overt pathology in the area of the right adrenal gland.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Several (at least two) mildly expansive, mildly hypoechoic to non-homogeneous parenchymal nodules were present, one in the area of the splenic tail and one in the mid parenchyma. Example of nodule measured 2.7 cm x 1.8 cm. Additional smaller, non-expansive hypoechoic nodule noted in the mid medial parenchyma, measuring 1.2 cm diameter. Concurrent uniformly echogenic, well demarcated nodules consistent with probable benign myelolipomas were noted. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Sierra Pet Clinic

REFERRING VET

Dr. Garcia

Liver

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. A solitary subtle to non-homogeneous, non-expansive hepatic parenchymal nodule measuring 1.6 cm diameter is present in the ventral parenchyma. 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

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Juno Dahm distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

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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.

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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.

SEX

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 was evident.

AGE

13 Years

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion.

WEIGHT

75 Pounds

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

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- Variably sized hypoechoic to non-homogeneous, mildly expansive splenic nodules with concurrent probable benign splenic myelolipomas.
- Vacuolar hepatopathy pattern with focal non-specific yet subjective benign parenchymal nodule – lipogranuloma, nodular hyperplasia, or similar.
- Partial/emerging gallbladder mucocele
- Age related kidneys

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LVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Considerations for the mildly expansive hypoechoic to non-homogeneous splenic nodules may include hyperplasia, hematopoiesis, splenitis, while neoplasia such as sarcoma, round cell neoplasia, or other is possible. Assuming normal clotting status, ultrasound guided splenic FNA using 25-gauge needle (specifically in the area of a hypoechoic to non-homogeneous nodule) is warranted for screening cytology. Sonographic monitoring with initial recheck in 4 weeks to assess for evidence of progression would be a more conservative approach. 3-view chest radiographs recommended to rule out concurrent thoracic pathology as well as monitoring of hematocrit recommended.

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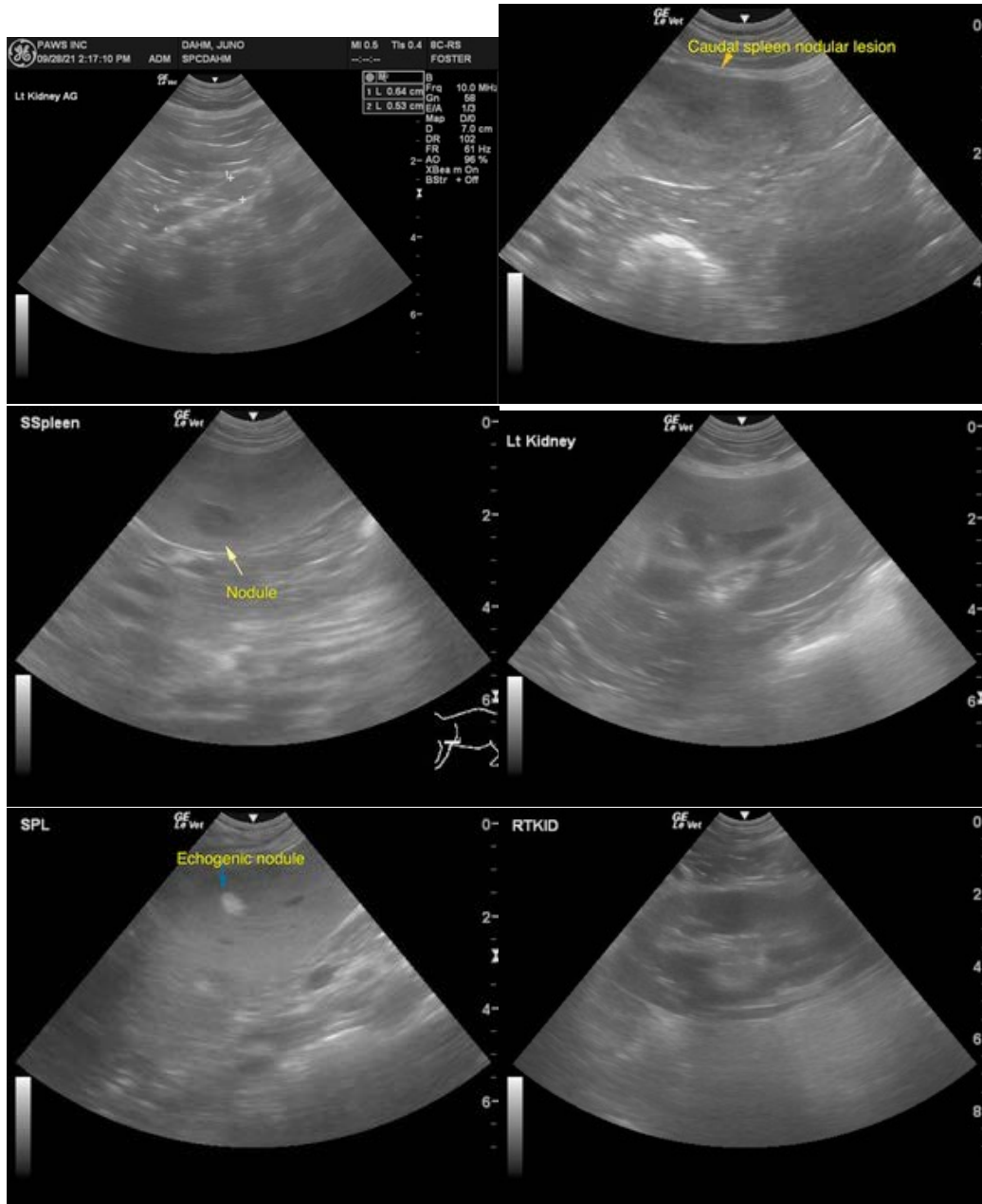
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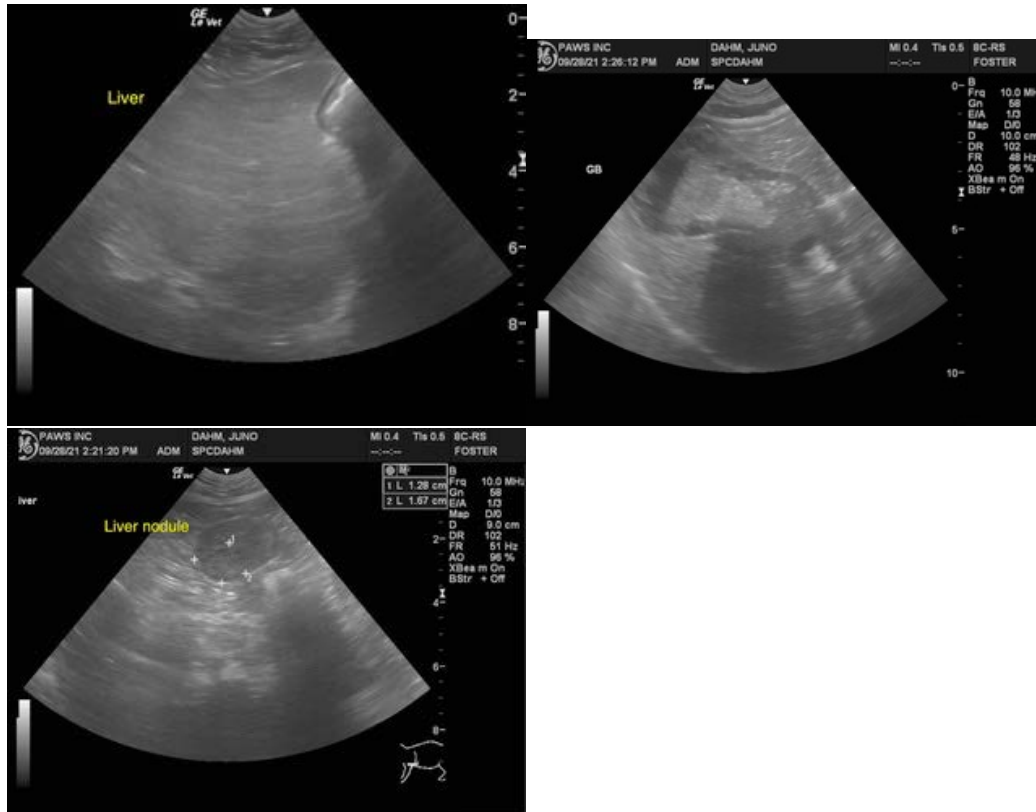
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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