



**PATIENT**

Axel Schwarz

**SPECIES**

Canine

**BREED**

Retriever Mix

**SEX**

Neutered male

**AGE**

8 years 6 months

**WEIGHT**

67 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC VH

**REFERRING VET**

Dr. Feldt

**INVOICE**

12184

**DATE**

9/7/21

**PRESENTING CLINICAL SIGNS**

Chief Complaint: Lump on R Shoulder History: P presents for lump on right shoulder. O states that he noticed it about a month ago. No growth noticed. O also mentioned P's eating have changed.

Normally P would eat his food AM/PM bt now waits till O gets back from work to eat. When left at O's brothers house P is eats great. NO COUGHING, NO SHORTNESS OF BREATH, NO EXERCISE INTOLERANCE, NO SYNCOPAL EPISODES. NOT ON HWP

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR, FEARFUL EENT: N Oral Cavity: MM PM MODERATE TARTAR, MILD GINGIVITIS, UNDERBITE Lymph Nodes: N Skin: PEA SIZED MODERATELY FIRM SQ MASS RIGHT FRONT LEG JUST BELOW CRANIAL ASPECT OF SHOULDER JOINT CV/Respiratory: IRREGULAR HEART RHYTHM, NO MURMUR. Abd/GI: TENSE BUT NO PALPABLE ABDOMINAL MASS, NOT DISTENDED Uro/Perineum: N Musculoskeletal: BCS 4.5/9 Neurological: N Fecal: NPS ECG - sinus rhythm with frequent singular VPC's - r/o cardiac dz/neoplasia, splenic dz, tick borne dz, GI, pancreatitis Chest Rads - WNL Comprehensive Senior panel / HWT - WNL

**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 overt pathology was noted In the area of the residual prostate or the aortic trifurcation.

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 6.6 cm in length. The right kidney measured 6.7 cm in length.

**Adrenal Glands**

Both the left and right adrenal glands were indistinctly visualized yet were without overt pathology. The left adrenal gland subjectively measured 0.70 cm width at the cranial pole and 0.59 cm width at the caudal pole. The right adrenal gland subjectively measured 0.70 cm width.

**Spleen**

The spleen exhibited potential for mild generalized enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. Normal splenic vascularity was present. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. No splenic masses or nodules were noted.



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***Liver/ Gallbladder***

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The liver was subjectively normal in size, 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.39 cm.

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. The jejunum wall width measured 0.43 cm.

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, masses, or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Potential mild splenomegaly yet normal overall splenic parenchyma echogenicity and maintained symmetrical contour
- Gastric ingesta with sonographically unremarkable small bowel

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant visceral pathology.

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The presence of gastric ingesta may suggest some degree of gastric hypomotility or metabolic stasis if documented NPO prior to the ultrasound.

The potential for mild splenomegaly is nonspecific and may indicate a patient variant, mild hyperplasia, or hematopoiesis. No overt evidence of splenic neoplasia, which is considered unlikely. However, given the lack of additional visceral pathology and the presence of frequent VPCs, assuming normal clotting status, splenic FNA may be considered for screening cytology, primarily to ensure only normal or subtle benign changes are present. Three view chest radiographs are recommended to assess for evidence of



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thoracic pathology as well as cardiopulmonary status and/or full echocardiographic work up may be considered.

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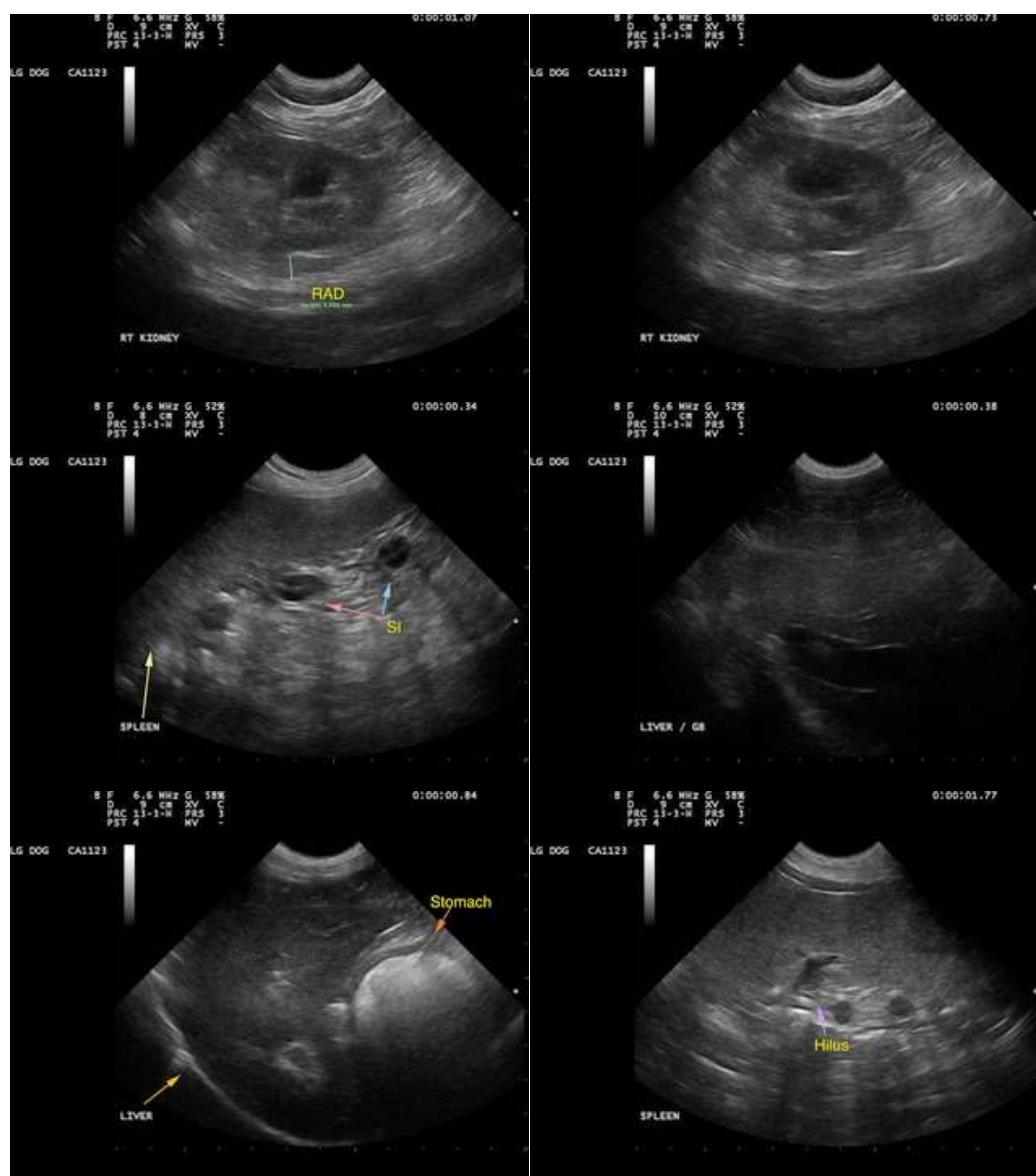
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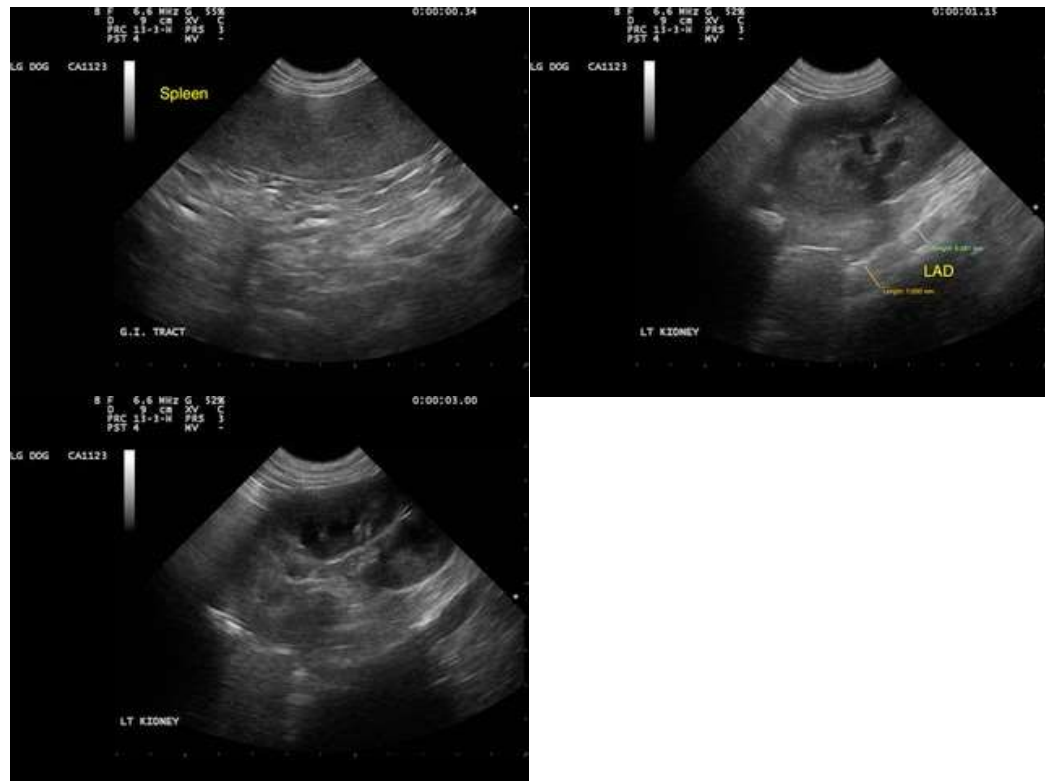
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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