



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bailey Majano	5 yo MN (rescue dog-suspicious patient is much older than reported) Routine lab work showed pyuria and struvite crystals.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Poodle X	
<b>SEX</b>	The prostate is mildly enlarged. Parenchyma is diffusely homogeneous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.
Intact Male	The right kidney is normal in size (4.14 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
<b>AGE</b>	
5 Years	The left kidney is normal in size (3.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
10 Pounds	The right adrenal gland is normal in size (0.50 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	The left adrenal gland is normal in size (0.33 cm at the cranial pole and 0.45 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Elaina Petrone	The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 1.6 cm x 2.4 cm mixed, primarily hypoechoic mass is noted, causing a mild capsular bulge in the mid body of the spleen. Splenic vasculature appears normal.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Long Branch AH	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
<b>REFERRING VET</b>	
Dr. Elaina Petrone	
<b>INVOICE</b>	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
36036	<b>Gastrointestinal</b>
<b>DATE</b>	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
3/9/22	



**PATIENT**

Bailey Majano

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**SPECIES**

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

**BREED**

Poodle X

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**SEX**

Intact Male

**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**PRIMARY FINDINGS**

**AGE**

5 Years

- Urinary bladder sediment consistent with the reported pyuria and struvite crystalluria.
- Splenic mass – Differentials include both benign lesions such as a hematoma or extramedullary hematopoiesis, as well as infiltrative neoplasia such as sarcoma or even round cell neoplasia, as ultrasound alone cannot differentiate benign versus malignant disease.

**WEIGHT**

10 Pounds

**SECONDARY FINDINGS**

- Mild prostatomegaly – Considered normal for an intact or recently neutered dog.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include:

1. Urine culture given reported pyuria and struvite crystalluria.
2. 3-view thoracic radiographs to further assess cardiopulmonary status and look for evidence of any metastatic disease.
3. Fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate. However, given the concern for rupture and hemoabdomen with even benign splenic masses, surgical splenectomy with histopathology is recommended.

**IMAGING PERFORMED BY**

Dr. Elaina Petrone

**HOSPITAL NAME**

Long Branch AH

**REFERRING VET**

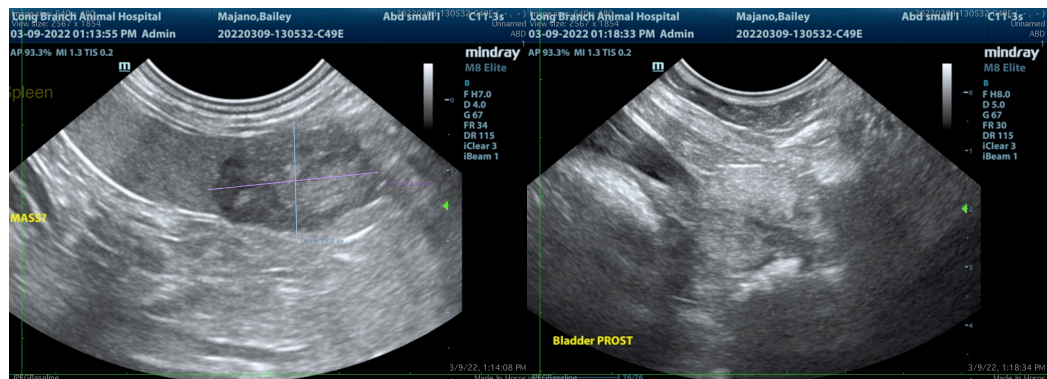
Dr. Elaina Petrone

**INVOICE**

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**DATE**

3/9/22





**PATIENT**

Bailey Majano

**SPECIES**

Canine

**BREED**

Poodle X

**SEX**

Intact Male

**AGE**

5 Years

**WEIGHT**

10 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Elaina Petrone

**HOSPITAL NAME**

Long Branch AH

**REFERRING VET**

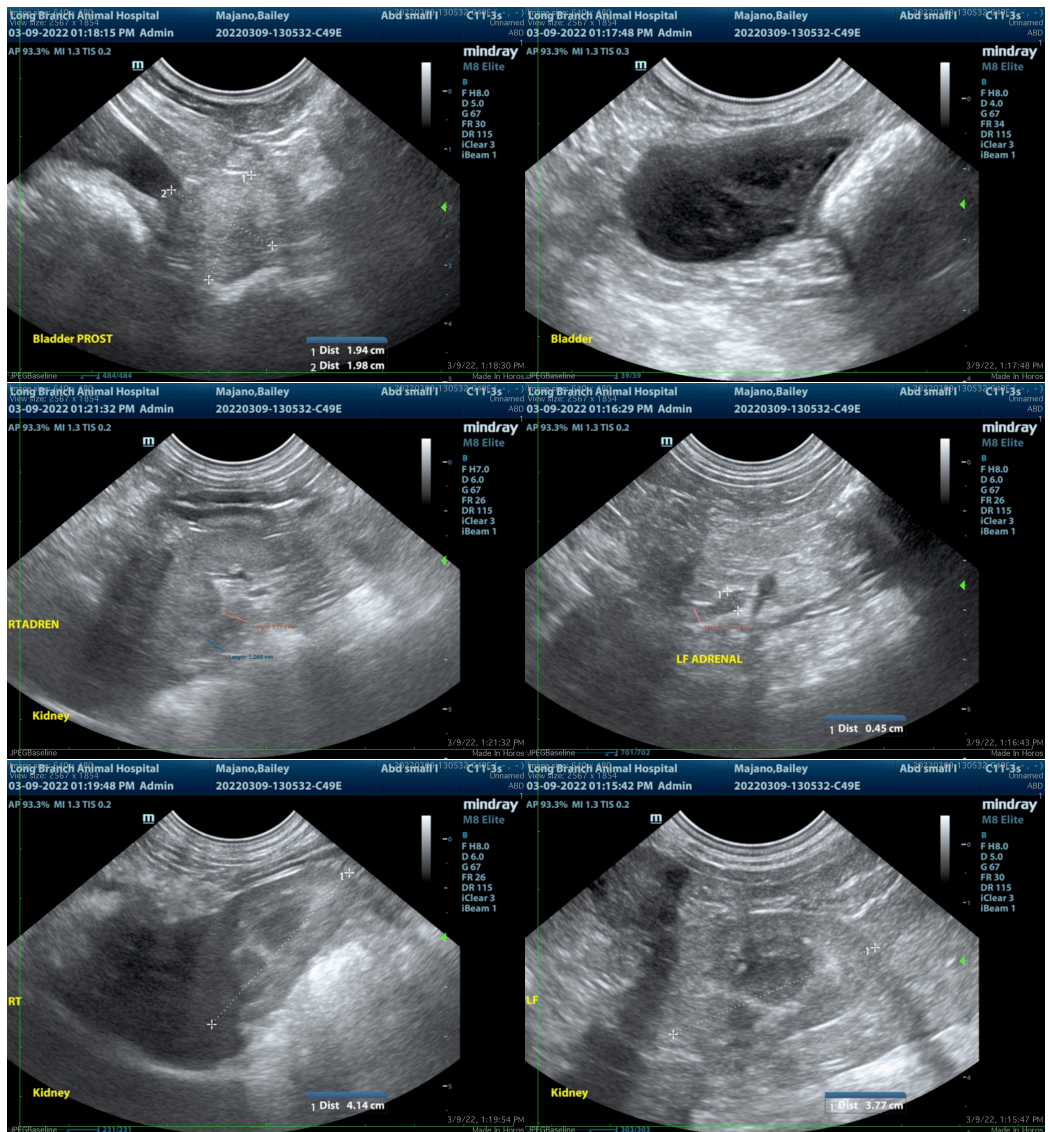
Dr. Elaina Petrone

**INVOICE**

36036

**DATE**

3/9/22



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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com