



**PATIENT**

Miley Brouckaert

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Spayed Female

**AGE**

12yr 10mos

**WEIGHT**

85lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

Dr. Brouckaert

**INVOICE**

10202

**DATE**

5/8/2023

**PRESENTING CLINICAL SIGNS**

Dental cleaning and bloodwork- Dr. Emily's Pet.  
Abnormal PE/Chem/CBC/UA Results: See attached.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment, or cystoliths are observed. The urinary bladder, trigone, and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex-to-medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral, or infarcts observed. The left kidney measures 7.08 cm. The right kidney measures 7.17 cm.

**Adrenal Glands**

The right adrenal gland appears folded, which is not pathologic. The right adrenal gland measures 1 cm cranial and 0.23 cm caudal. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.71 cm cranial, 0.83 cm caudal), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

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). There is a 1.0 cm x 1.2 cm mildly heterogenous primarily hypo to anechoic non-capsule disrupting nodule near the head of the spleen. Splenic vasculature appears normal.

**Liver**

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**Gastrointestinal**

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly fluid distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Pyloric outflow tract appears patent.

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



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contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material, or infiltrative disease.

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

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**Pancreas**

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.

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**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

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There is no apparent lymphadenopathy noted in these images.

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**ULTRASONOGRAPHIC FINDINGS**

- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- **Heterogenous Liver** – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

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**SECONDARY FINDINGS**

- **Mild Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- **Age related kidneys** - Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

While infiltrative or metastatic neoplastic disease involving the spleen and liver cannot be definitively ruled out without tissue sampling, the organs trend in appearance toward benign without significant change/progression since the previous ultrasound.



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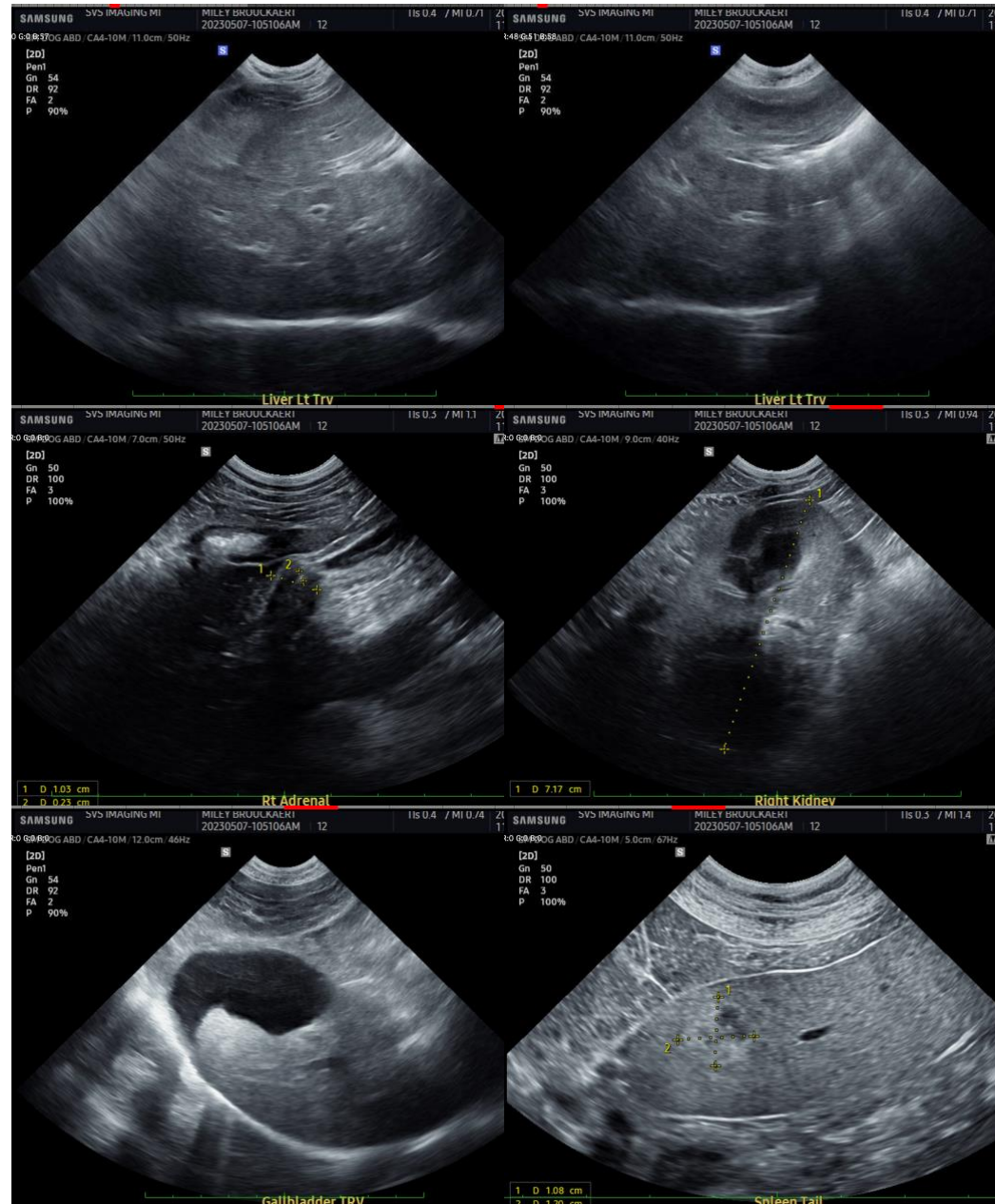
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Therefore, further recommendations are dependent on what diagnostics were performed after the last ultrasound. As well as patients' current clinical status, laboratory changes, etc. There is no definitive ultrasonographic evidence of metastatic disease in these images at this time.





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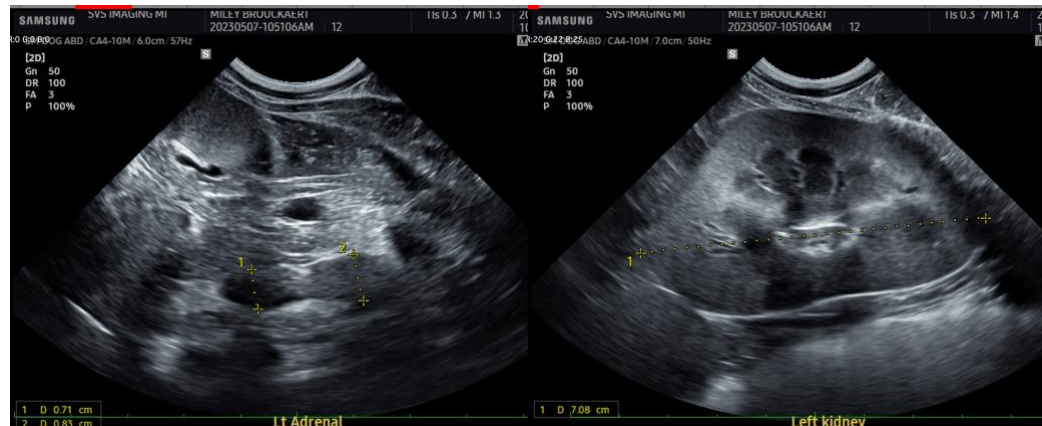
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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