



PATIENT	PRESENTING CLINICAL SIGNS
Zena Cassalegno	Possible large spleen or liver palpated on physical exam. Patient had been acting lethargic. Abnormal PE/Chem/CBC/UA Results: Blood work looked good.
SPECIES	Current Medications: None.
Canine	Radiographic Findings Large spleen or liver seen on x-ray unable to differentiate.
BREED	
Labrador X	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
FS	The urinary bladder, trigone, and cystourethral junction 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.
AGE	The area of the aortic trifurcation was free of pathology.
12 years	
WEIGHT	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 6.1 cm in length. The right kidney measured 6.0 cm in length.
62.2 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.48 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.
IMAGING PERFORMED BY	Spleen
Sara Hansen	The spleen exhibited 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. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. No splenic masses or nodules were noted.
HOSPITAL NAME	Liver/ Gallbladder
Santa Clara AH	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 containing anechoic content with moderate, variably echogenic to nonhomogeneous, congealed, nonmineralized gallbladder sludge. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Barrett	
INVOICE	
15813	
DATE	
1/12/23	



PATIENT

Zena Cassalegno

SPECIES

Canine

BREED

Labrador X

SEX

FS

AGE

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WEIGHT

62.2 lbs.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, non-shadowing ingesta without signs of obstruction or foreign material. This is likely consistent with recent meal ingestion.

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 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 or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

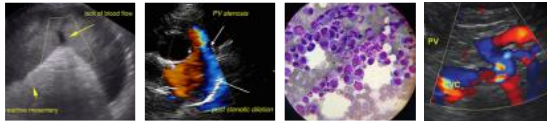
- Sonographically unremarkable spleen / liver
- Moderate congealed gallbladder debris - not consistent with mucocele criteria
- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology, including no evidence of hepatosplenomegaly or hepatosplenic neoplastic criteria.

Given the lack of cholestasis on reported blood work, the gallbladder does not appear to be a clinical issue at this stage. Monitoring for evidence of developing or increasing cholestasis with potential hepatosupportive medications such as Denamarin and Ursodiol may be considered if clinically indicated.

If not done, three-view chest radiographs may be considered to assess for or rule out occult thoracic pathology or evidence of cardiac disease as potential contributing factors to the patient's lethargy.



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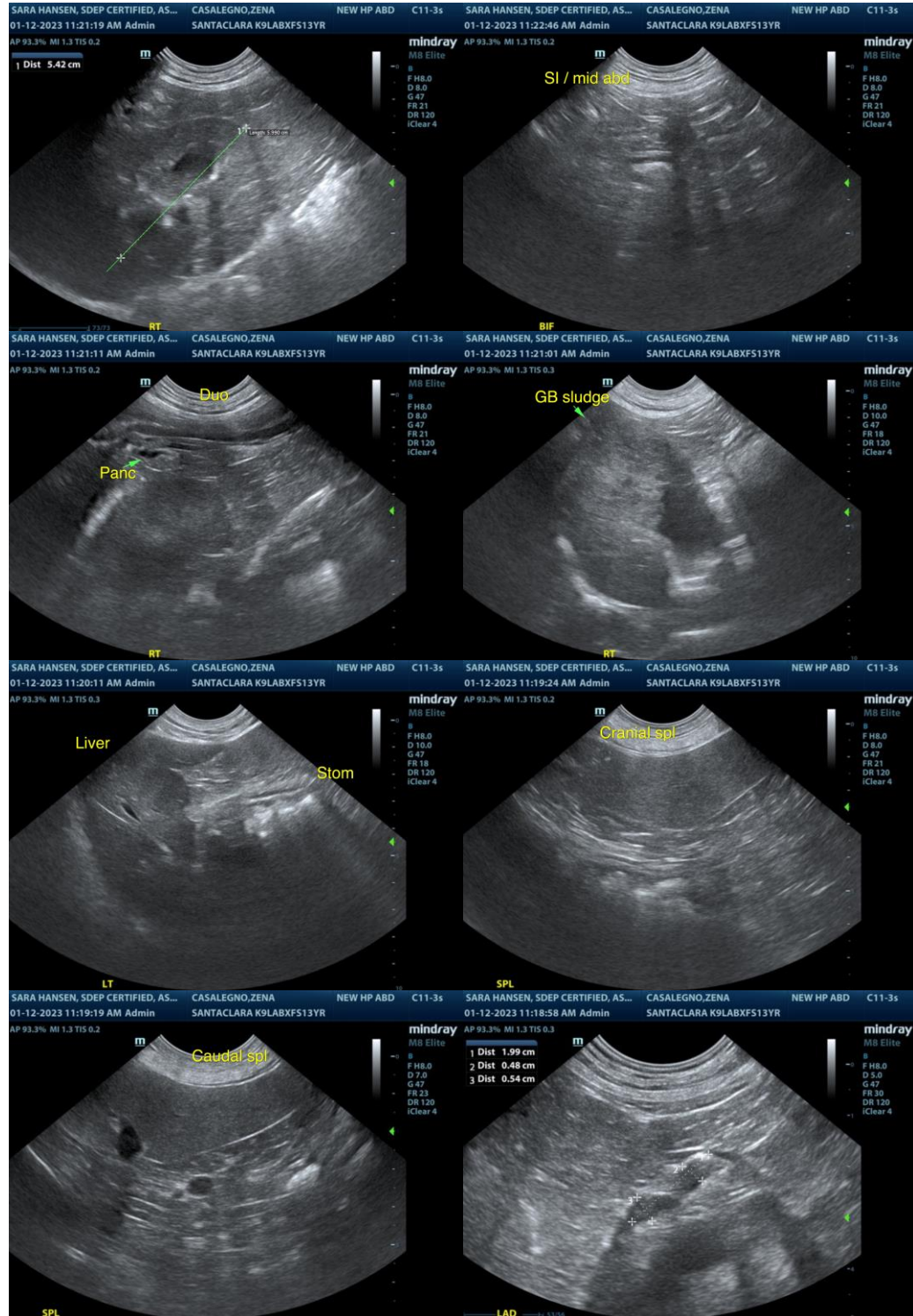
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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