



PATIENT

Mosely Hufford

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

7 y 10 m

WEIGHT

74.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Bridget Landon

INVOICE

13525

DATE

1/20/22

PRESENTING CLINICAL SIGNS

Chief Concern / Provisional Diagnosis: ~Splénomegaly~ Relevant Medical History and Physical Exam findings: ~Mosely presented to the ERVDM on 11/13 for evaluation of abdominal distension, pain and panting. On radiographs, Stomach is in appropriate anatomic position, mild aerophagia. Liver is subjectively small. Spleen is somewhat large given no sedation. There appears to be a uniform amount of gas (mild) throughout the small bowel, and feces present in the colon. On recheck examination on 1/6/22 Patient appears comfortable in abdominal palpation. Recommended full AUS to evaluate spleen vs other organomegaly Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~wnl~ Current medications (include full name, dosage and frequency): ~~ Relevant Radiograph Findings(email radiographs if available): ~attached~

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 was noted.

No evidence of pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 7.2 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole and 0.44 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole and 0.66 cm width at the cranial pole.

Spleen

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.

Liver/ Gallbladder



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Mosely Hufford 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.

SPECIES

Canine The gallbladder was non distended in size with minor nondependent particulate nonorganized gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

BREED

Gastrointestinal

Golden Retriever The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of 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.

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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.

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74.8 lbs

Free Abdomen

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No omental masses or peritoneal effusion was present. Focal to potential intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.78 cm width. These lymph nodes were not consistent with inflammatory or neoplastic criteria and incidental.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable spleen
- Sonographically unremarkable liver- no overt evidence of subnormal liver size
- Minor gallbladder debris- incidental

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral, specifically hepatosplenic pathology. The presence of gastric ingesta may correlate with postprandial presentation, however, if documented NPO, some degree of nonobstructive delayed gastric emptying or metabolic stasis may be possible. Correlation with meal history recommended.

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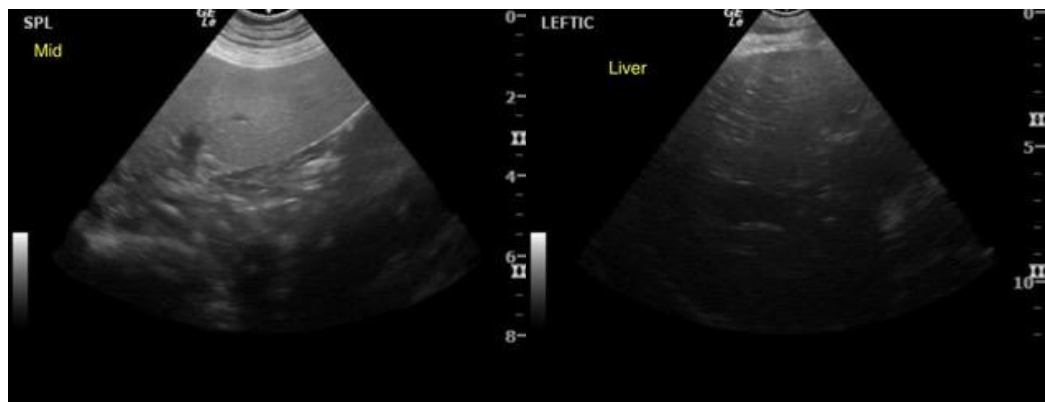
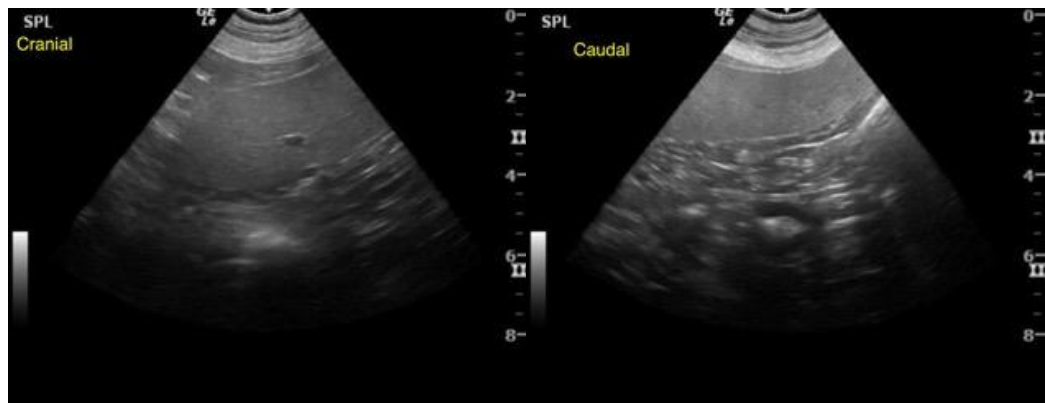
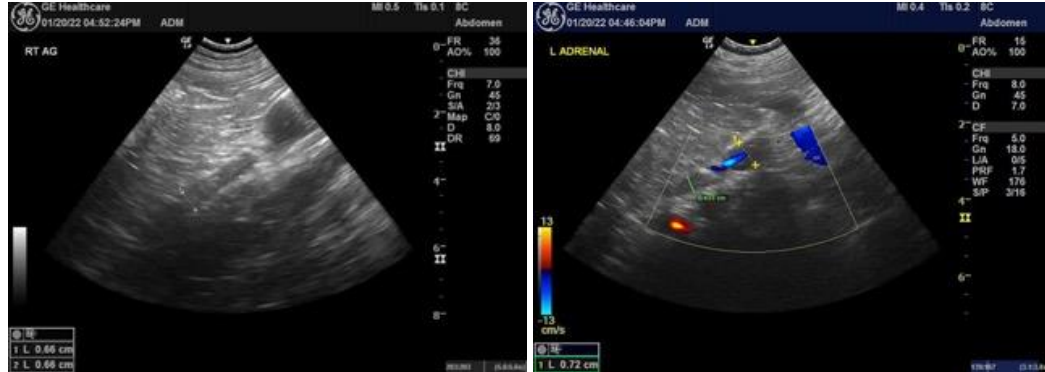
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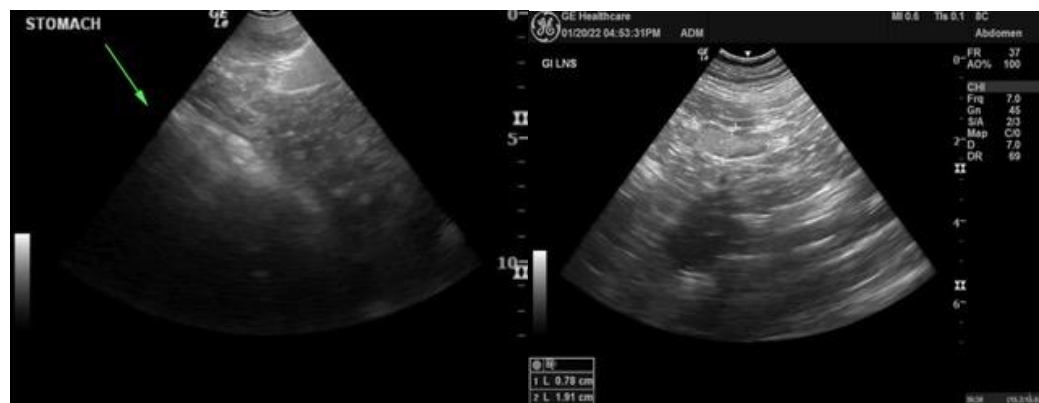
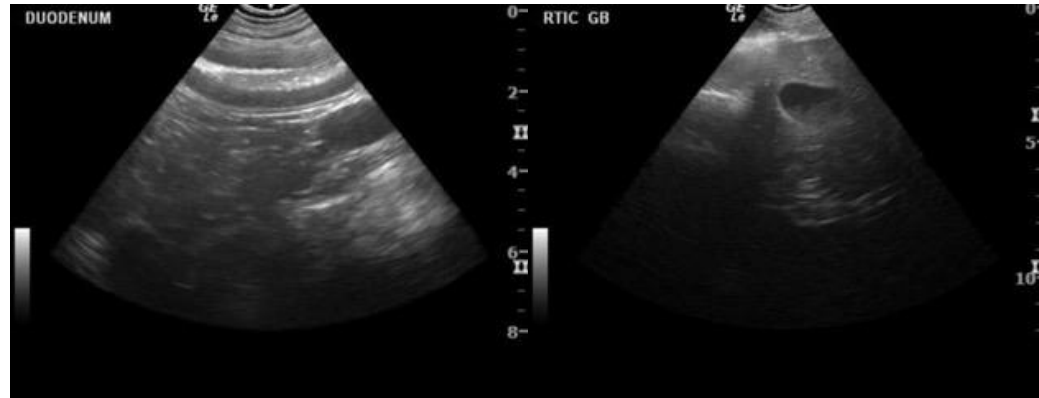
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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