



**PATIENT**

Linda Perez

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

F

**AGE**

15 y

**WEIGHT**

20 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

Dr. Elshafie

**INVOICE**

15886

**DATE**

1/20/23

**PRESENTING CLINICAL SIGNS**

Small volume of gallbladder stones, IVDD Current Meds: Gabapentin 50mg, Doxycycline 100mg, Cerenia 24mg

Abnormal PE/Chem/CBC/UA Results: 4dx Positive for E. Canis

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The uterus was sonographically unremarkable without evidence of pathology measuring 0.57 cm in diameter. No overt pathology was noted in the area of the left or right ovaries.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical 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 moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral pyelectasia was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.8 cm in length.

**Adrenal Glands**

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Possible discrete left adrenal nodular changes, suggestive of likely age-related or adenomatous change, were noted. No left adrenal tumor was noted. The left adrenal gland measured 1.5 cm length x 0.51 cm width in the caudal pole. The right adrenal gland was not definitively visualized.

**Spleen**

Mild expansive, irregular, nonhomogeneous, caudal splenic mass measuring approximately 3.6 cm in diameter was present with secondary mild asymmetrical distortion of the regional splenic capsule. No evidence of parenchymal escape or splenic mass rupture. The remainder of the spleen exhibited generalized parenchyma heterogeneity. Normal splenic vascularity was present.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content



**PATIENT**

with mild nonobstructive luminal mineral. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

Linda Perez

**SPECIES**

***Gastrointestinal***

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

**BREED**

Mixed

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.

**SEX**

F

Normal visible colon wall layers were present with apparent formed feces in lumen.

**AGE**

15 y

***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.

**WEIGHT**

20 lbs.

***Free Abdomen***

A solitary mild prominent nonhomogeneous to cystic hepatic lymph node measuring 1.5 cm in diameter was present. No evidence of additional mesenteric lymphadenopathy was found. No peritoneal or perisplenic free fluid was noted.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Caudal mildly expansive nonhomogeneous splenic mass - nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other)
- Mildly irregular to nodular left adrenal gland - suspect benign
- Moderate to marked chronic degenerative kidneys with bilateral pyelectasia
- Hepatic parenchymal remodeling
- Minor nonobstructive gallbladder mineral
- Focal mild benign cystic hepatic lymphadenopathy

**IMAGING**

**PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

Dr. Elshafie

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

**INVOICE**

15886

Assuming normal clotting status and using a 25-gauge needle, splenic mass FNA cytology could be considered for further assessment. If splenectomy is not a possibility in this patient, sonographic monitoring of the spleen with initial recheck in 4-6 weeks is recommended. Three-view chest radiographs are suggested.

**DATE**

1/20/23



**PATIENT**

Screening BP is recommended to assess for evidence of hypertension, which may allude to more aggressive emerging left adrenal pathology.

Linda Perez

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

F

**AGE**

15 y

**WEIGHT**

20 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

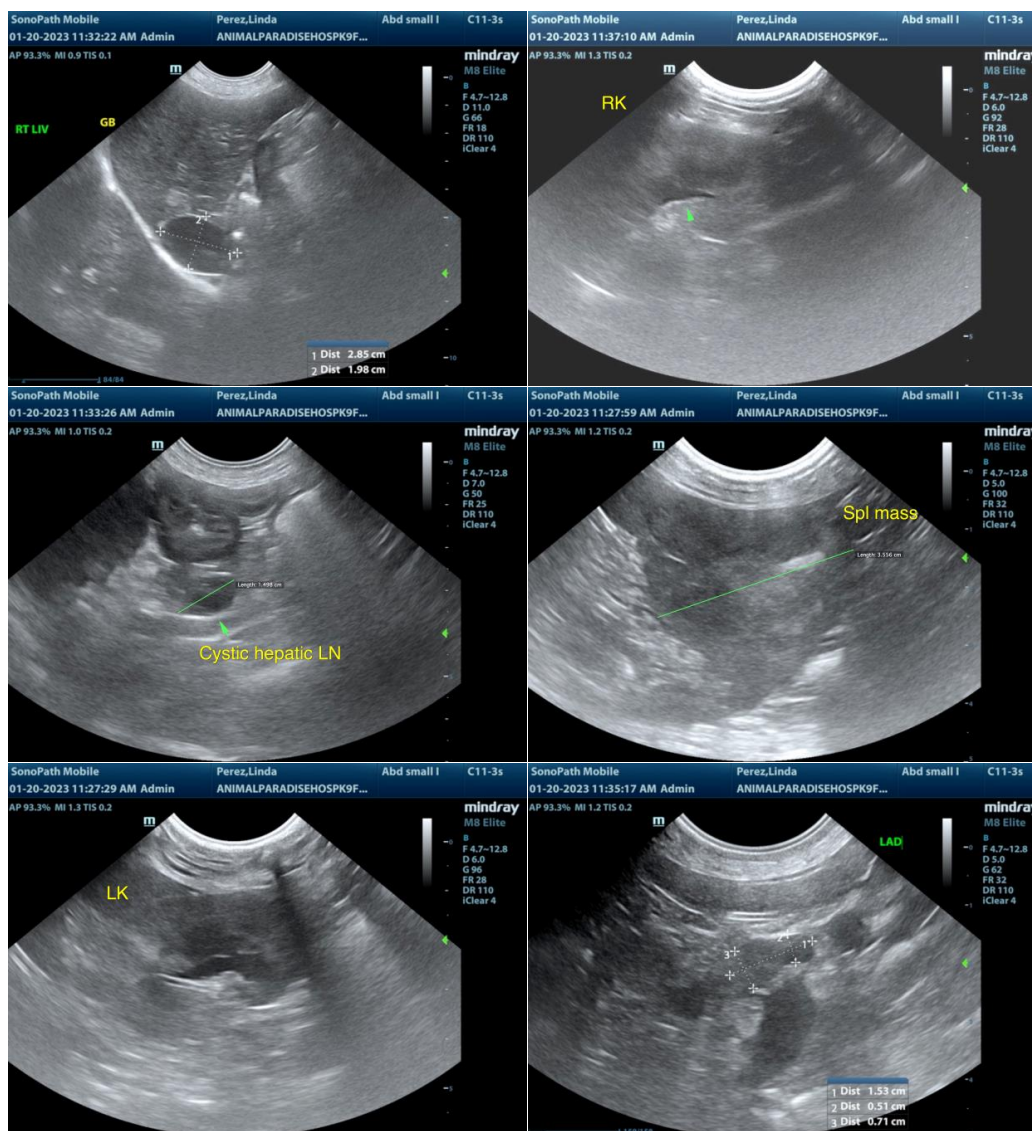
Dr. Elshafie

**INVOICE**

15886

**DATE**

1/20/23





## PATIENT

Linda Perez

## SPECIES

Canine

## BREED

Mixed

## SEX

F

## AGE

15 y

## WEIGHT

20 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Val Shumskaya

## HOSPITAL NAME

Animal Paradise  
Hospital

## REFERRING VET

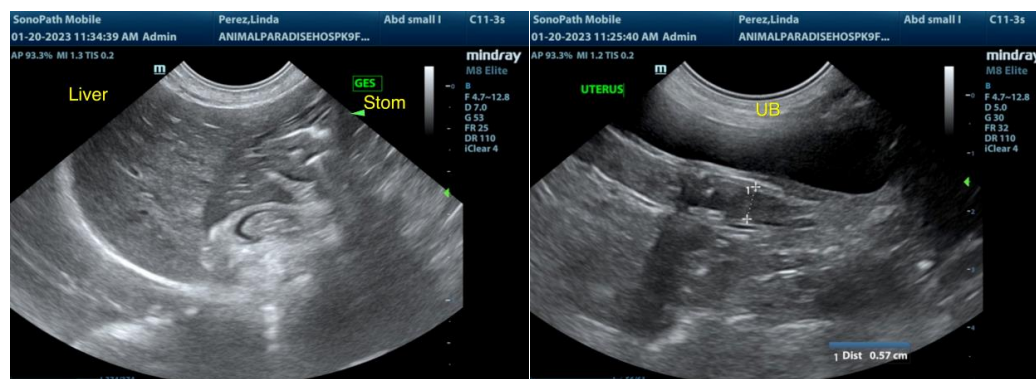
Dr. Elshafie

## INVOICE

15886

## DATE

1/20/23



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