



**PATIENT**

Trout Penhold Brown

**SPECIES**

Canine

**BREED**

Pitbull X

**SEX**

F/S

**AGE**

16

**WEIGHT**

22 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Resolution Vet  
Ultrasound LTD

**REFERRING VET**

Dr. Gruffydd

**INVOICE**

15921

**DATE**

1/24/23

**PRESENTING CLINICAL SIGNS**

Chronic diarrhea. Bright and alert good appetites has had episodes of lactating in the last 2 years that is known of

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was subnormal in size which prohibited full evaluation of the urinary bladder walls. No evidence of neoplastic criteria was noted. Minimal anechoic urine was present without evidence of sediment or calculi. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

Mildly prominent uterine remnant to uterine body was noted dorsal and slightly cranial to the urinary bladder. Potential for minor luminal nonspecific echogenic material within the uterine remnant to uterine body. No overt evidence of uterine remnant or body neoplastic criteria.

Nonhomogeneous, centrally cystic lesion was present in the area of the right ovary without evidence of mineralization measuring 1.7 cm in diameter. A concurrent lesion in the area of the left ovary was not obvious.

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. Pinpoint medullary mineral was noted. The left kidney measured 5.7 cm in length. The right kidney measured 7.1 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 0.60 cm width at the caudal pole and 0.55 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 0.52 cm width at the caudal pole and 0.5 cm width at the cranial pole.

**Spleen**

The spleen presented homogenous parenchyma exhibiting variable mild asymmetrical lateral and medial capsule contour. Multiple variably sized to coalescing irregular hyperechoic splenic nodules were present with an example measuring 1.5 cm in diameter. No splenic masses were noted. 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. Several to multiple nondisruptive ill-defined, hyperechoic intraparenchymal nodules were present with an example measuring 1.2 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with moderate, non-



<b>PATIENT</b>	dependent, variably echogenic to focally hyperechoic mineralized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
Trout Penhold Brown	
<b>SPECIES</b>	<b>Gastrointestinal</b>
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.
<b>BREED</b>	
Pitbull X	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.
<b>SEX</b>	Normal visible colon wall layers were present with subjective semi-formed fecal matter consistent with patient history.
F/S	
<b>AGE</b>	<b>Pancreas</b>
16	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
<b>WEIGHT</b>	<b>Free Abdomen</b>
22 kg	No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Mildly prominent uterine stump / body</li> <li>• Non-homogeneous centrally cystic lesion in the area of the right ovary - concern for intact ovary vs. retained ovary, potential for emerging ovarian neoplastic criteria possible</li> <li>• Sonographically unremarkable gastrointestinal tract and colon with semi-formed fecal matter</li> <li>• Heterogeneous pancreas - patient / age-related variant, benign remodeling owing to previous inflammation, low-grade to chronic pancreatitis all potentials</li> <li>• Benign hepatosplenic nodules - consistent with lipogranulomas, hyperplasia, emerging mineralization, or similar</li> <li>• Moderate focally mineralized gallbladder debris (non-mucocele)</li> <li>• Bilateral mild chronic renal changes exhibiting pinpoint to minor medullary mineral</li> </ul>
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<b>INVOICE</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
15921	Anti-mullerian hormone assay or similar test for further assessment of suspected intact right ovary vs. ovarian remnant is recommended. If confirmatory for intact ovarian tissue, laparotomy with resection of the ovarian tissue, gross inspection in the area of the left ovary, as well as resection of any residual or intact uterine tissue would be indicated. Fresh fecal analysis to rule out parasitic ova / Giardia, and a GI panel to include PLI/TLI/Cobalamin/Folate +/- resting cortisol to rule out occult Addison's Disease are all warranted. Empirically, hydrolyzed diet trial with likely long-term dietary therapy, high colony count
<b>DATE</b>	
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probiotic, empirical deworming, cobalamin supplementation, +/- antibiotic protocol, and assessment of gastrointestinal response would be reasonable.

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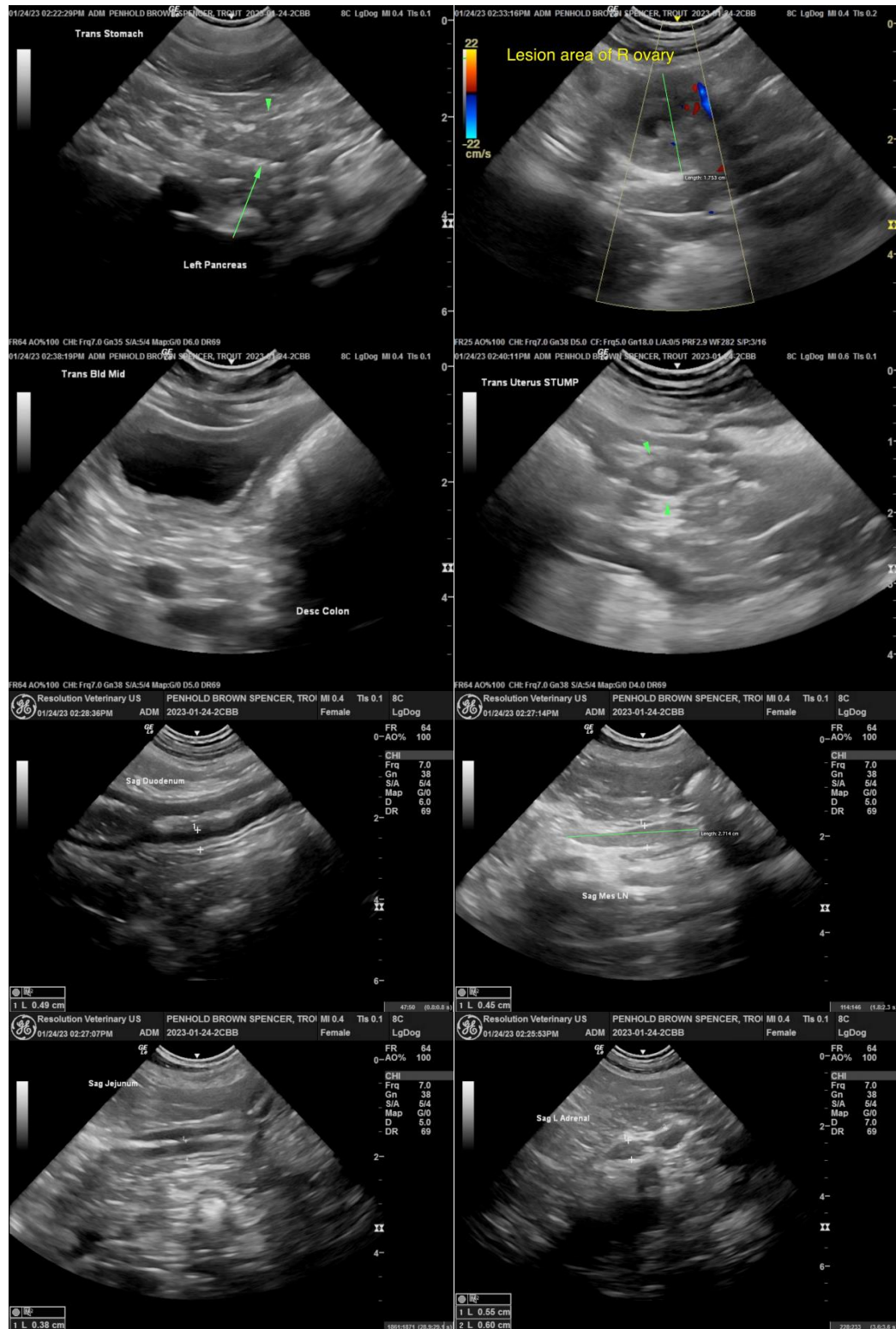
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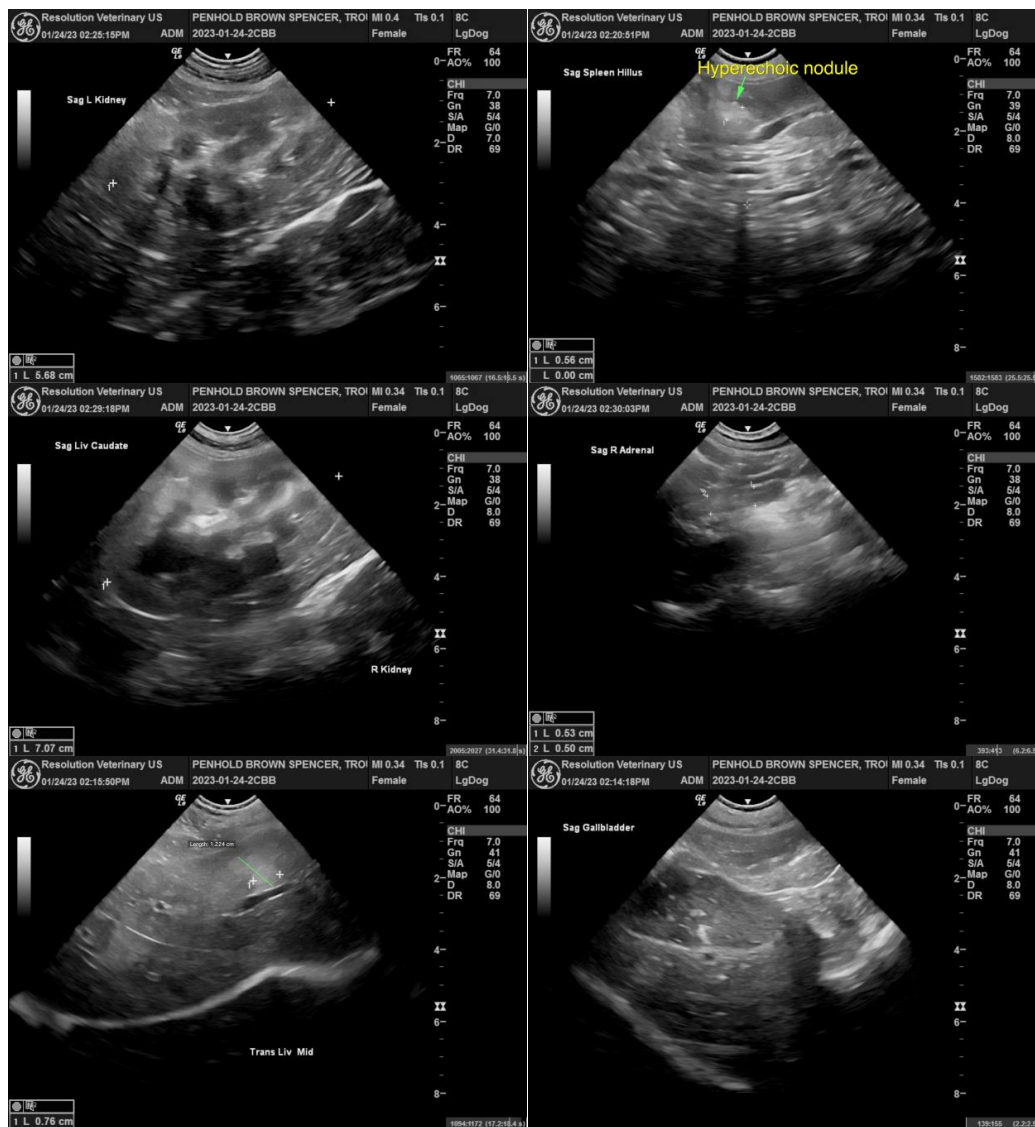
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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