



**PATIENT**

Oliver Shucavage

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

4 years, 10 months

**WEIGHT**

72.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Ken Leal

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Lovell

**INVOICE**

15959

**DATE**

1/26/23

**PRESENTING CLINICAL SIGNS**

Anemia PCV 19%, lethargic at home Current meds: Phenobarbital

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

The residual prostate was sonographically unremarkable measuring 1.2 cm in diameter.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 6.0 cm in length. The right kidney measured 7.0 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 2.4 cm length x 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.85 cm width at the caudal pole.

**Spleen**

The spleen exhibited subjective mild enlargement with possible medial folding yet maintained symmetrical capsule contour and a finely textured and homogenous parenchyma exhibiting normal parenchyma echogenicity. Normal splenic vascularity was noted with no splenic masses or nodules.

**Liver/ Gallbladder**

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

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.

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.



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

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**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Labrador Retriever

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

MN

- Mild to moderate splenomegaly with possible folding - subjective benign
- Otherwise, sonographically unremarkable abdomen

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

4 years, 10 months

No sonographic evidence of significant visceral pathology as a definitive cause of the patient's anemia and clinical signs.

**WEIGHT**

72.5 lbs.

The splenomegaly and possible folding are suspected to indicate a benign process i.e., secondary or reactive hyperplasia, hematopoiesis, or splenitis, with infiltrative neoplasia considered less likely. Assuming normal clotting status and using a 25-gauge needle, yet likely dependent upon stabilization of PCV, screening splenic FNA cytology could be considered, primary to ensure only benign changes are present. Three-view chest radiographs are recommended if not done. Infectious disease serology and CBC pathology review may be considered.

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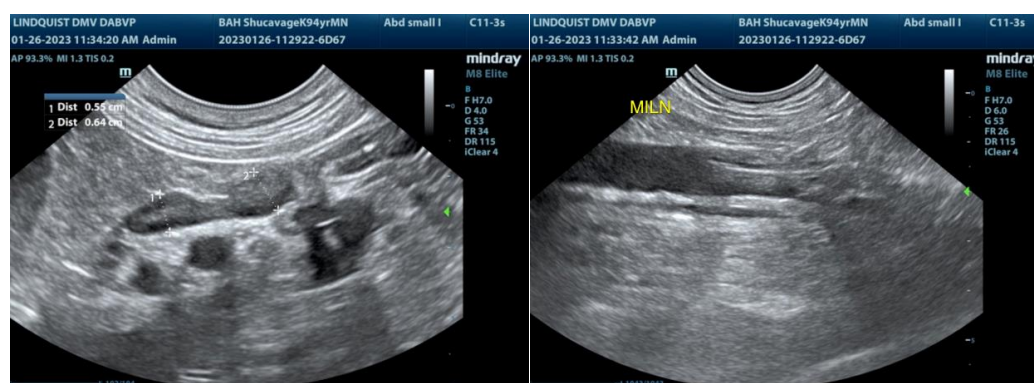
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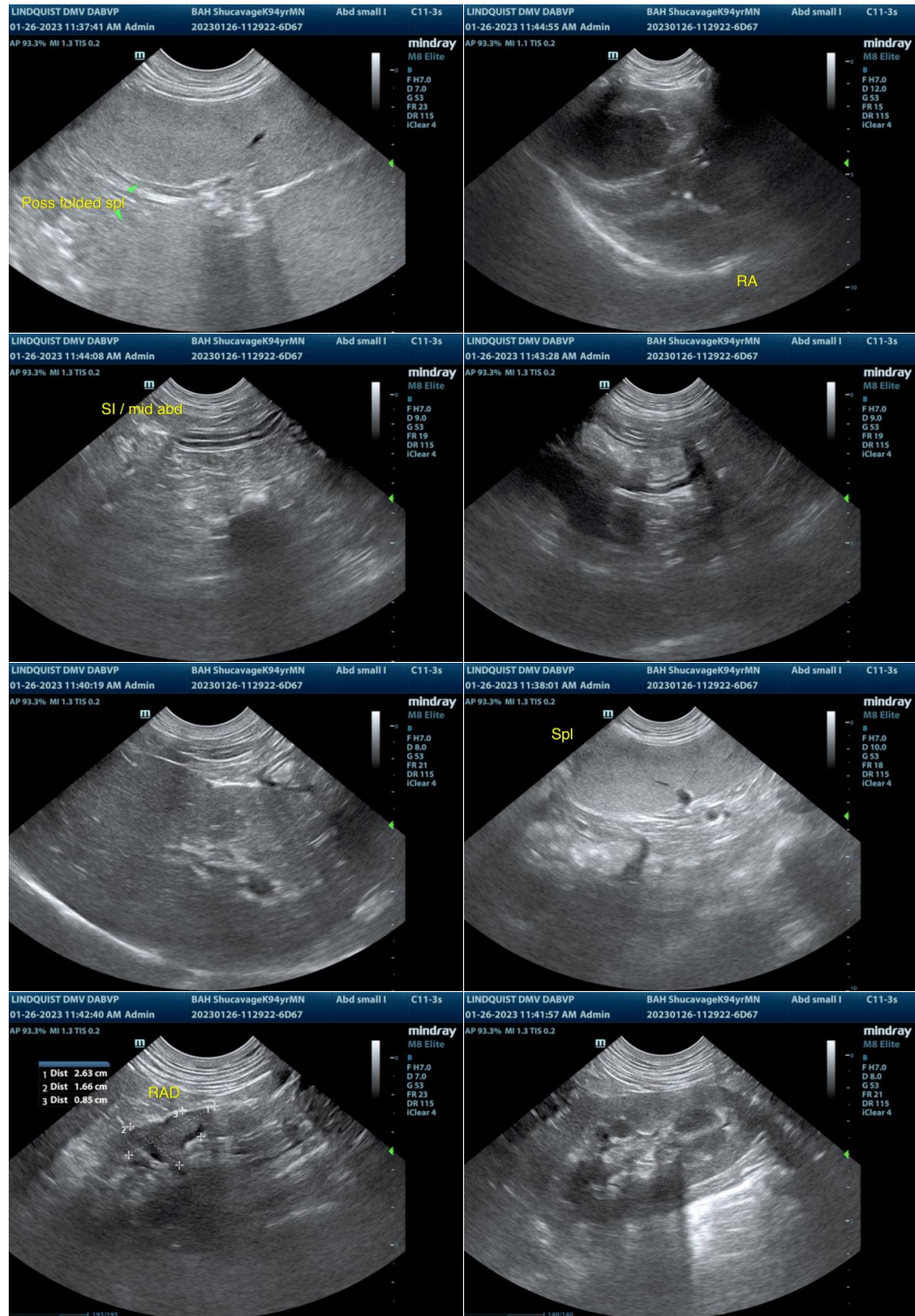
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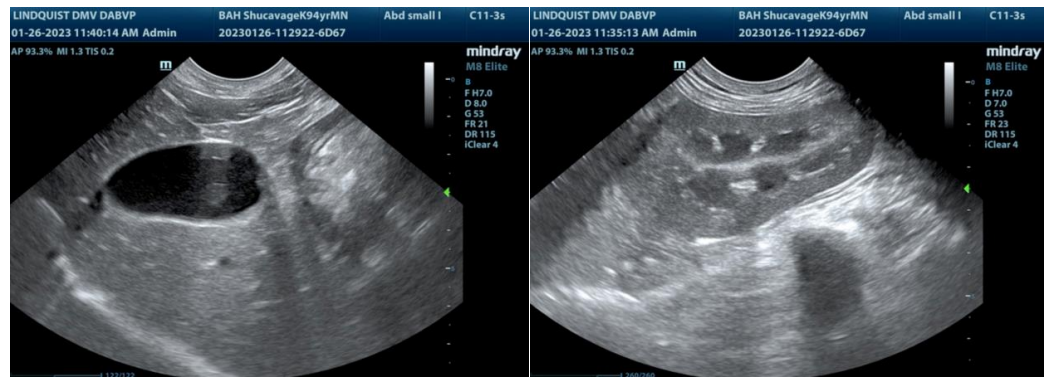
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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