



PATIENT	PRESENTING CLINICAL SIGNS
Jules Gant	Weight loss, inapp for a week per owner plus Dr palpates suspected abd/liver mass
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.
English Setter	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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.3 cm in length.
SEX	The area of the aortic trifurcation was free of pathology.
MI	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
AGE	The prostate was enlarged in size with intact, symmetrical capsule contour. Intermittent small parenchymal cysts were present. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.3 cm in diameter.
12yr	The bilateral testicles exhibiting non-specific hyperechoic to variably echogenic variably sized nodules.
WEIGHT	Adrenal Glands
52.3lb	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.52 cm width in the caudal pole. The right adrenal gland subjectively measured 0.72 cm width in the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited variable generalized enlargement with capsule asymmetry and severe non-homogenous to hypoechoic parenchyma exhibiting diffuse variably echogenic nodules. The splenic vasculature at the hilus was subjectively adequate in volume with no evidence of congestion or thrombosis. No evidence of splenic vein thrombus was present.
IMAGING PERFORMED BY	Liver/Gallbladder
Jenna Walsh CVT	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Intermittent thinly walled cysts were present. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.
HOSPITAL NAME	The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible
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PATIENT

Jules Gant

between the nondependent sludge and inner wall. No signs of peripheral inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

SPECIES

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic gastric ingesta with no signs of ileus, obstruction or foreign material.

BREED

English Setter

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.

SEX

MI

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

AGE

12yr

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

WEIGHT

52.3lb

ULTRASONOGRAPHIC FINDINGS

- Irregularly enlarged asymmetrical spleen with non-homogenous hypoechoic variably echogenic nodular parenchyma
- Non-specific hepatomegaly-subjectively benign
- Early gallbladder mucocele
- Bilateral chronic renal changes
- Variably shadowing gastric ingesta, overtly normal small bowel
- Non-specific bilateral testicular nodules

INTERPRETED BY

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

Secondary findings

- Probable benign prostatic hyperplasia with small parenchymal cysts, minor potential for prostatitis

IMAGING PERFORMED BY

Jenna Walsh CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for infiltrative splenic neoplasia with possible decreased splenic blood flow or possible emerging splenic torsion suspected. Benign etiologies such as hyperplasia, hematopoiesis, splenitis, hematoma or similar are possible although thought less likely. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment.

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The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.



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Pending hepatosplenic sampling if elected, as needed GI support +/- a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

SPECIES

Canine

BREED

English Setter

SEX

MI

AGE

12yr

WEIGHT

52.3lb

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IMAGING PERFORMED BY

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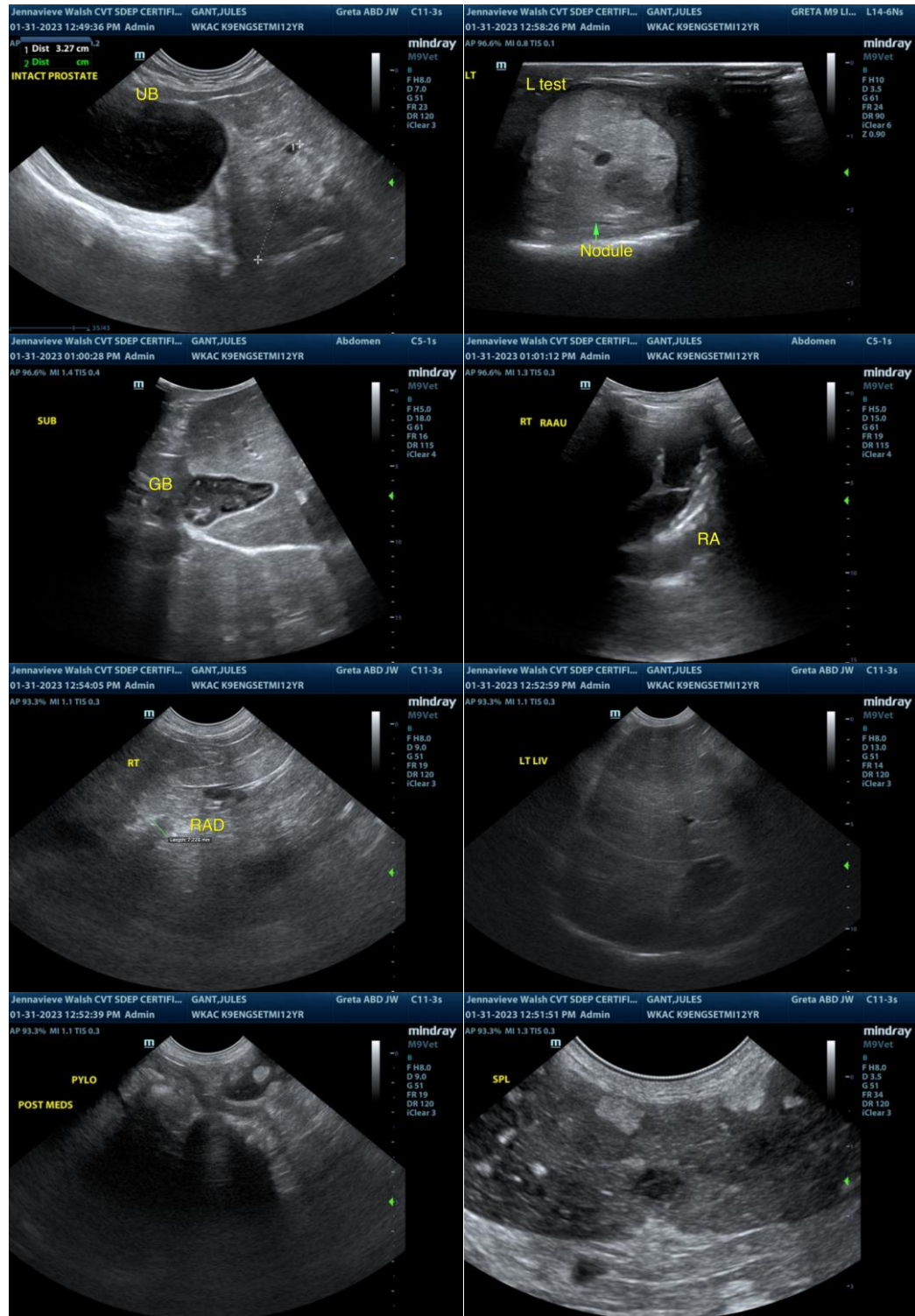
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SPECIES

Canine

BREED

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AGE

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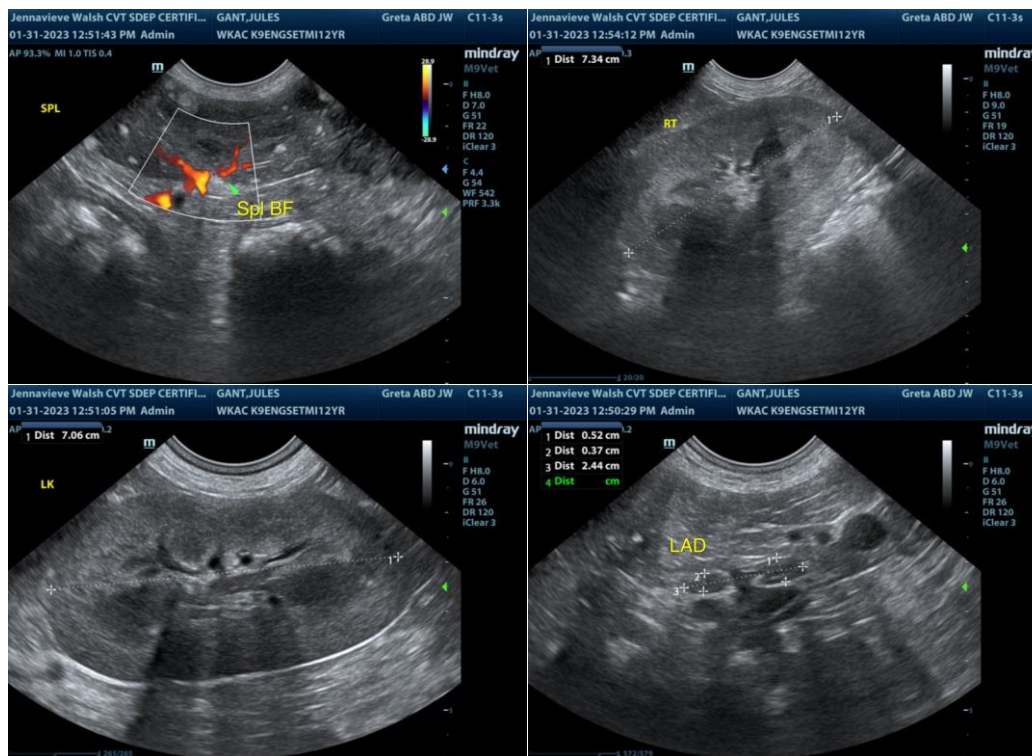
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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