



PATIENT	PRESENTING CLINICAL SIGNS
Wiley Toman	History of repeat UTIs with hematuria
SPECIES	Abnormal PE/Chem/CBC/UA Results: UA s have had hematuria. Urine C&S pending
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
German Shepherd Mix	The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.45 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.
SEX	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. Minor areas of bilateral non-obstructive medullary mineral were present. The left kidney measured 5.9 cm in length. The right kidney measured 5.5 cm in length
FS	The area of the aortic trifurcation was free of pathology.
AGE	The area of the uterine remnant appeared normal and free of pathology.
12	Focal, mildly prominent to enlarged solitary medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.9 cm x 0.5 cm.
WEIGHT	Adrenal Glands
31kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 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 0.43 cm width at the caudal pole and 0.35 cm width at the cranial pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A moderately sized mass involving the spleen with secondary capsule expansion and disruption was present and measured ~ 6-7 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
IMAGING PERFORMED BY	Liver/Gallbladder
Dr. Belan	The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. 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. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-dependent mildly linear non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
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Cranston Vet Clinic	
REFERRING VET	
Dr. Paracello	
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12615ag	
DATE	
01/06/2023	



PATIENT

Gastrointestinal

Wiley Toman

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.

SPECIES

Canine

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.

BREED

Pancreas

German Shepherd
Mix

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 was evident.

SEX

FS

Free Abdomen

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

AGE

12

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

31kg

- Solid non-homogenous splenic mass-hyperplasia, hematopoiesis, focal splenitis, small hematoma, breed associated hypersplenism or similar suspected, potential for emerging neoplastic criteria
- Mild hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Mild age related kidney changes with non-obstructive medullary mineral
- Mild cystitis pattern-no evidence of urinary bladder neoplastic criteria

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending urine C/S is suggested. No evidence of intra-abdominal or cardiac metastasis associated with the splenic mass was present. Assuming normal clotting status and using a 25g needle, a splenic mass FNA for screening cytology is warranted for further assessment. Given the lack of capsular escape or rupture associated with the splenic mass, sonographic monitoring for evidence of progression with initial recheck in 3-4 weeks would be reasonable. However given potential for progressive splenic mass and/or eventual rupture, splenectomy +/- urinary bladder biopsies would be warranted. Three view chest radiographs are recommended if not done.

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Wiley Toman

SPECIES

Canine

BREED

German Shepherd
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SEX

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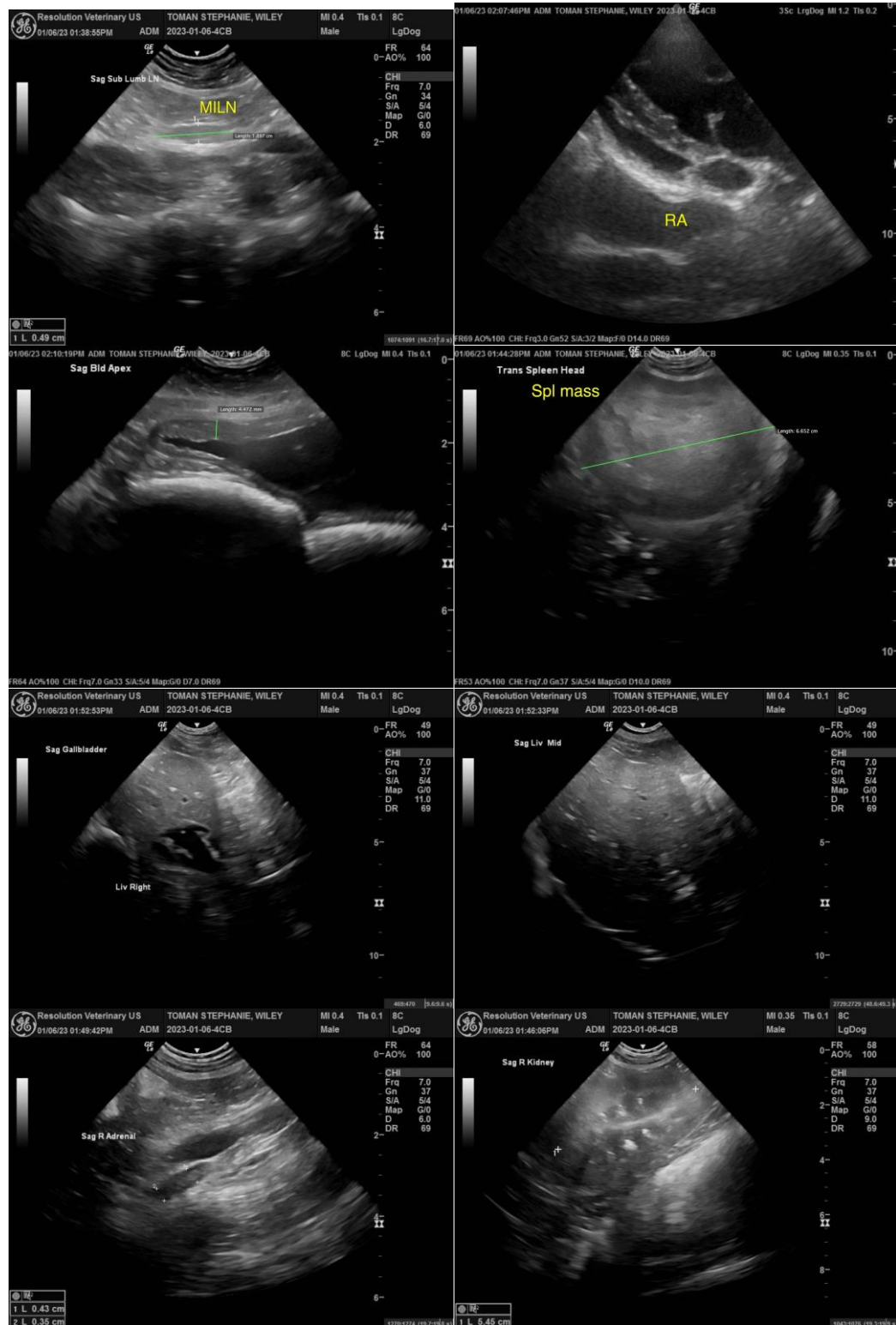
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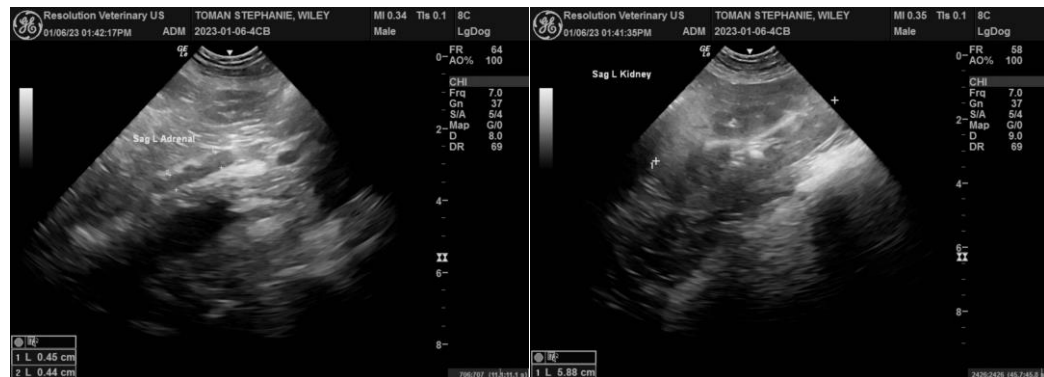
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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