



**PATIENT PRESENTING CLINICAL SIGNS**

Parker Vanderveen

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

FS

**AGE**

9yr

**WEIGHT**

28.8lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Banfield South Eugene

**REFERRING VET**

Dr. Wright

**INVOICE**

11820ag

**DATE**

10/10/2022

Wt: 28.60 lbs / 12.97 kgs, BCS: 7/9 muzzled as precaution due to history GEN: BAR, T- not performed due to pt behavior, P- 120 R - 24, CRT < 2 sec, pink, moist MM, well hydrated EYES/EARS: canals clean, tympanic membranes intact AU. OU nuclear sclerosis, Hx of OD cataract (not appreciated today) N/T: no nasal discharge, no sneezing, no cough on tracheal palpation. ORAL: grade 3/4 dental calculus, localized on molars INTEG: No lesions or ectoparasites appreciated. Hx 1.1cm SQ round mass in right axillary region, 1mm white round pinpoint growth on left side of tip of tail nub LN: peripheral LNs are normal in size, shape, consistency. GI/UG: Somewhat reactive to caudal abdomen on palpation. Mild Erythema of vulva. M/S: no lameness or abnormalities appreciated. NEURO: appropriate mentation, no deficits appreciated, or spinal pain. HEART/LUNGS: normal rhythm with no murmurs or arrhythmias heard. Strong Femoral pulses. Lungs clear bilaterally

Abnormal PE/Chem/CBC/UA Results: active sediment, USG 1.038, pH 8, urine culture pending.

Current Medications amoxicillin PO, torb/alfaxan IM this AM Radiographic Findings 2/23/2018 ill-defined linear opacity in bladder--> r/o poorly defined mineralized calculi, crystals associated with bloodclot/mucus plug, mass

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent mineral/small calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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. Focal areas of non-obstructive medullary mineral were present. The left kidney measured 5.4 cm in length. The right kidney measured 5.8 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

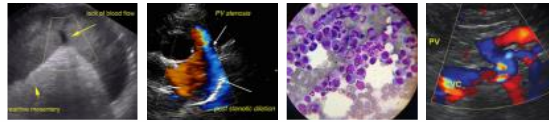
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 2.5 cm width at the cranial pole. No overt pathology in the area of the right adrenal gland.

**Spleen**

The spleen exhibited normal size and contour and a primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Several non-disruptive hyperechoic nodules in the medial parenchyma adjacent to the hilus exhibiting subtle distal acoustic shadowing were present. An example of a splenic nodule measured 0.80 cm in diameter.

**Liver**

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



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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.

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**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.

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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**

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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild dependent urinary bladder mineral/small calculi
- Mild age-related renal changes with focal non-obstructive medullary mineral
- Benign splenic nodules-consistent with myelolipoma, nodular hyperplasia or potential for emerging mineralization

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pending urine C/S warranted to assess for underlying infection. Urinary dissolution diet may be beneficial, likely dependent upon calculi type. Potentially this patient may be passing small amounts of mineral from the kidneys into the urinary bladder. No evidence of upper or lower urinary bladder or overall abdominal neoplastic criteria was present. Sonographic monitoring of the urinary bladder mineral/calculi if progressive evidence of hematuria/stranguria is recommended.

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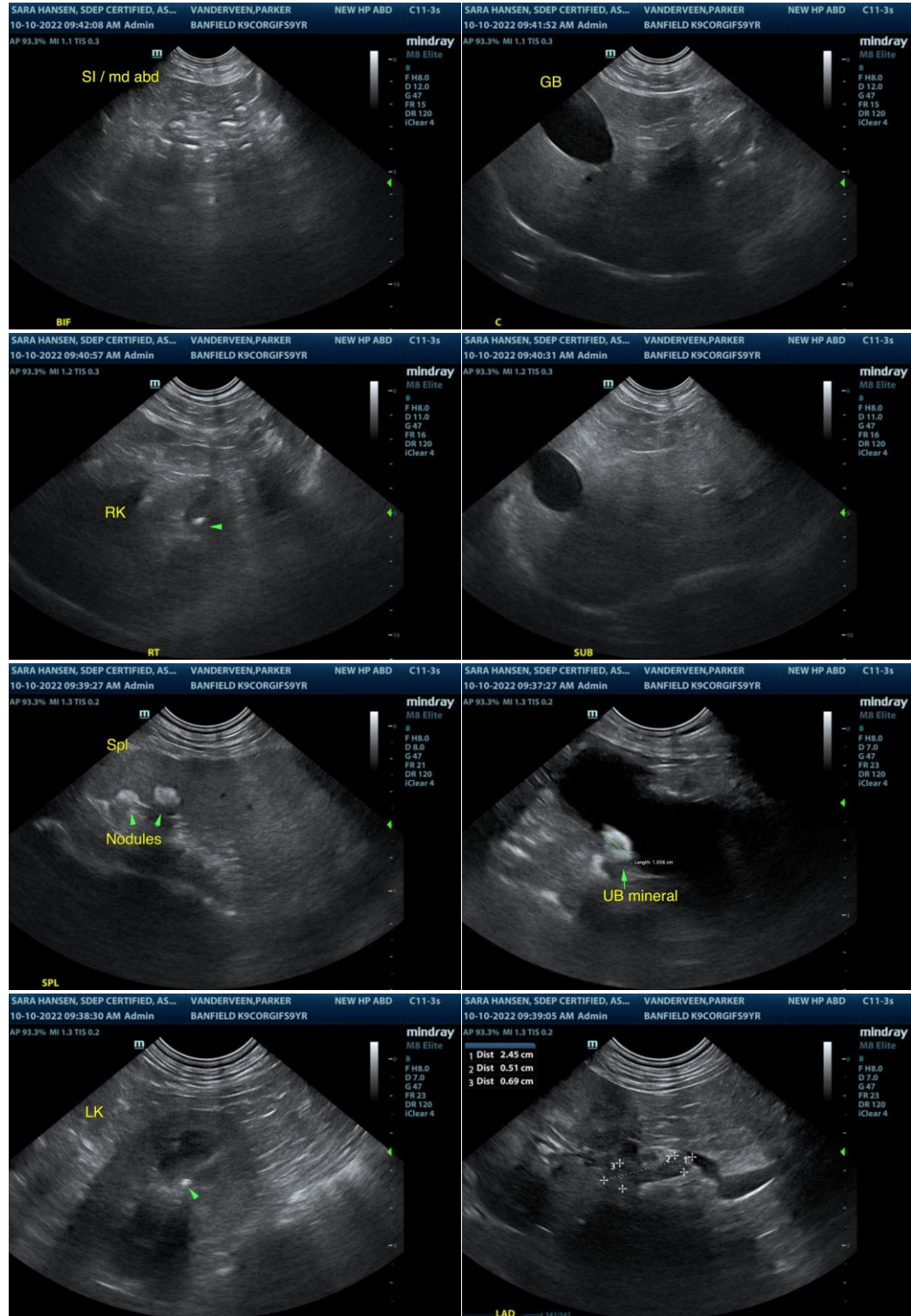
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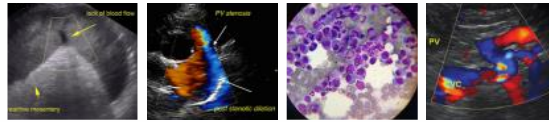
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



**PATIENT** visible in the image/video clips provided.

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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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