



**PATIENT**

Zoey Oakes

**SPECIES**

Canine

**BREED**

German Shepherd Dog

**SEX**

FS

**AGE**

11 years

**WEIGHT**

99 lbs.

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Norfolk County  
 Veterinary Service

**REFERRING VET**

Christina Poor,  
 BVetMed

**INVOICE**

15231

**DATE**

10/13/22

**PRESENTING CLINICAL SIGNS**

Has had many mammary complex adenoma. Presumed spinal empyema. Septic arthritis (possible). Disc herniation. Elevated ALT 277 Current meds: Gabapentin 400 mg TID. Amantadine 100 mg BID. Ciprofloxacin 750 SID. Galliprant 100 mg SID.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 area of the aortic trifurcation was free of pathology.

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. Right kidney lateral cortical infarct was noted. No evidence of pelvic dilation was present. The left kidney measured 8.1 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 0.63 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland was not definitively visualized owing to patient size and conformation.

**Spleen**

The spleen was overall normal in size and contour with primarily maintained finely textured homogeneous parenchyma. A solitary discrete nonuniform to hyperechoic nodule was noted mid-lateral spleen, which did not distort the splenic capsule, measuring 1.8 cm diameter.

**Liver/ Gallbladder**

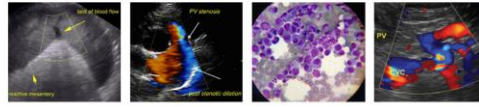
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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 visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, variably echogenic ingesta exhibiting progressive distal acoustic shadowing.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild non-shadowing ingesta / chyme was noted.

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



**PATIENT**

**Pancreas**

Zoey Oakes

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.

**SPECIES**

Canine

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

German Shepherd Dog

- Discrete benign splenic nodule - sonographically consistent with discrete myelolipoma, hyperplasia, potential for emerging mineralization
- Bilateral mild chronic renal changes with right kidney cortical infarct
- Low-grade hepatopathy - subjectively benign, potential low-grade reactive / inflammatory hepatopathy, given the ALT elevation
- Gastric ingesta

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Screening hepatic FNA cytology could be considered for further assessment, primarily to possibly identify inflammatory cell type if present. No evidence of intrabdominal neoplastic or metastatic criteria. Hepatosupportive medications such as Denamarin +/- Ursodiol, may prove beneficial.

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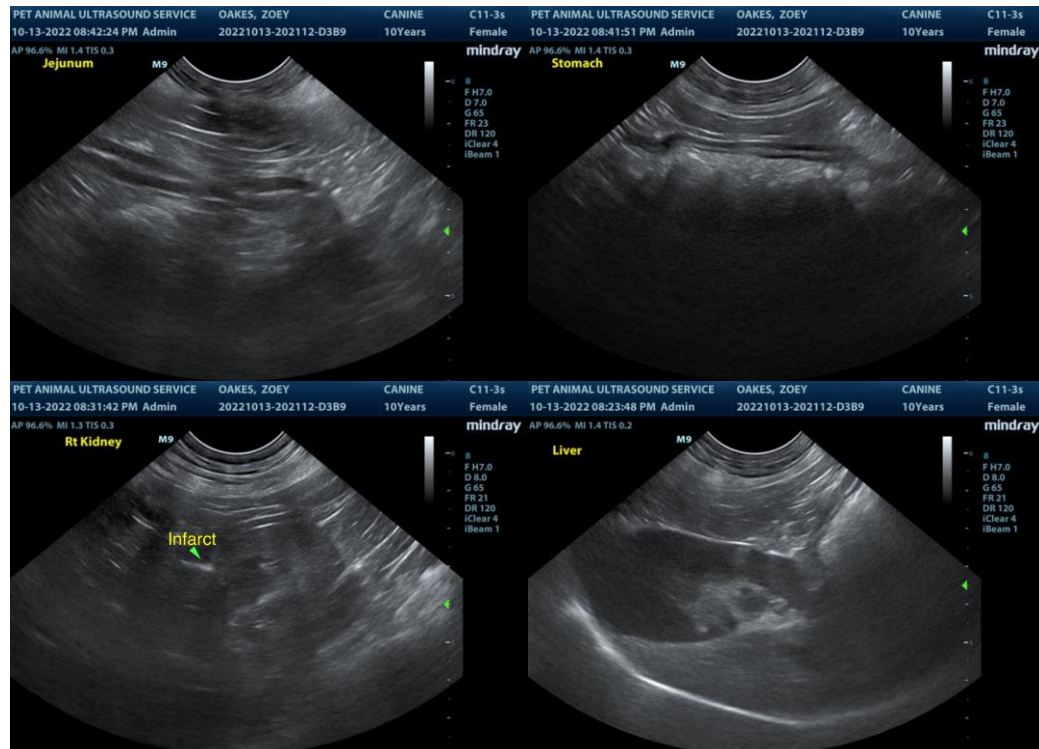
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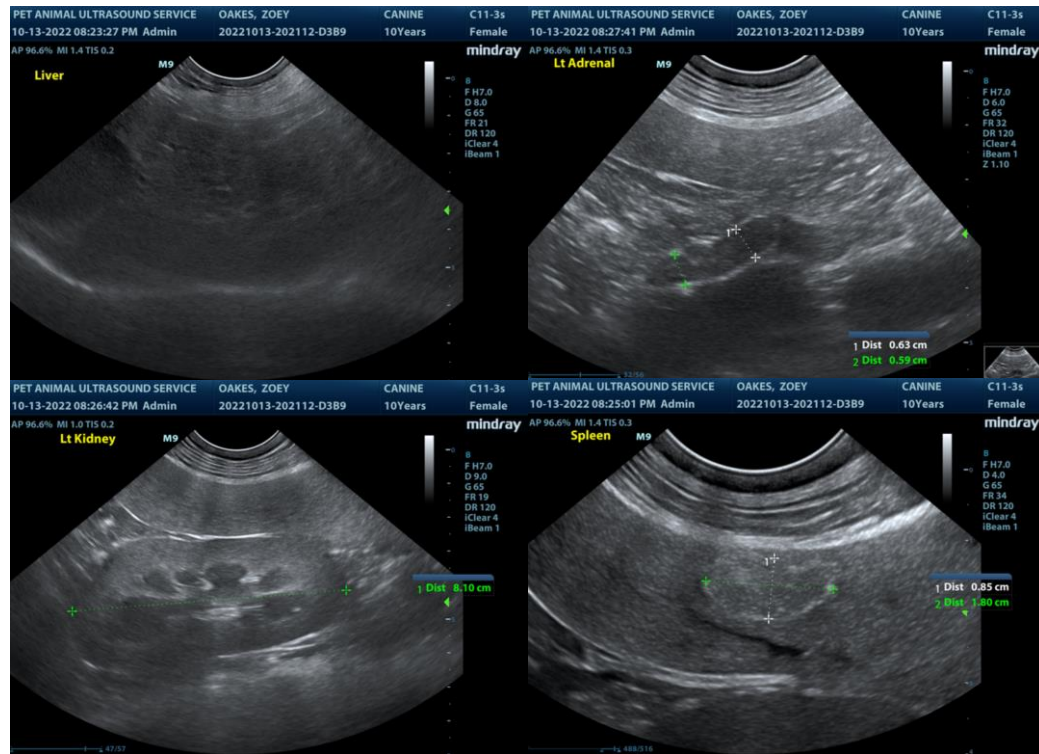
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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