



**PATIENT**

Lucca Paziienza

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

9 years

**WEIGHT**

117.5 lbs.

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Foster VC

**REFERRING VET**

Stacey Hattan, DVM

**INVOICE**

12380

**DATE**

10/18/21

**PRESENTING CLINICAL SIGNS**

Enlarged spleen? Abdominal tumor. Decreased appetite, previously excellent appetite. CCL rupture. CBC/ Chem 17/ UA/ fecal WNL

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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. No evidence of pelvic dilation was present. The left kidney measured 7.7 cm in length. The right kidney measured 7.2 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 0.66 cm width at the caudal pole and 0.48 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 0.59 cm width at the caudal pole and 0.54 cm width at the cranial pole.

**Spleen**

The spleen exhibited generalized enlargement with medial folding of the caudal spleen. The spleen primarily maintained a symmetrical capsule contour with subtle areas of mild capsule distortion owing to minor parenchymal expansion. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Normal splenic vascularity was noted. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No splenic masses or nodules were noted.

**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 mild gallbladder debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach was indistinctly visualized owing to patient conformation and abdominal depth.



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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. The duodenum wall width measured 0.58 cm. The jejunum wall width measured 0.43 cm.

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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 were evident.

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***Free Abdomen***

Intermittent, mildly prominent, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 0.51 cm width. These are likely incidental and not consistent with inflammatory or neoplastic criteria.

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**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

**WEIGHT**

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- Generalized mild to moderate splenomegaly with subtle nonhomogeneous parenchyma and nonspecific folding
- Minor benign hepatic parenchymal remodeling
- Mild gallbladder debris
- Early age-related renal changes
- Subjectively normal gastrointestinal tract

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall splenomegaly was nonspecific with considerations including patient variant, hyperplasia, hematopoiesis, incidental splenitis, while the possibility of early infiltrative splenic neoplasia cannot be excluded. The folding is likely secondary to splenomegaly yet not overtly indicative of splenic pathology. No evidence of hepatosplenic masses was noted. Assuming normal clotting status, splenic FNA using a 25-gauge needle would be warranted for screening cytology, primarily to ensure only benign changes are present and rule out the potential for neoplasia.

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The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

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As-needed gastrointestinal support would be appropriate.

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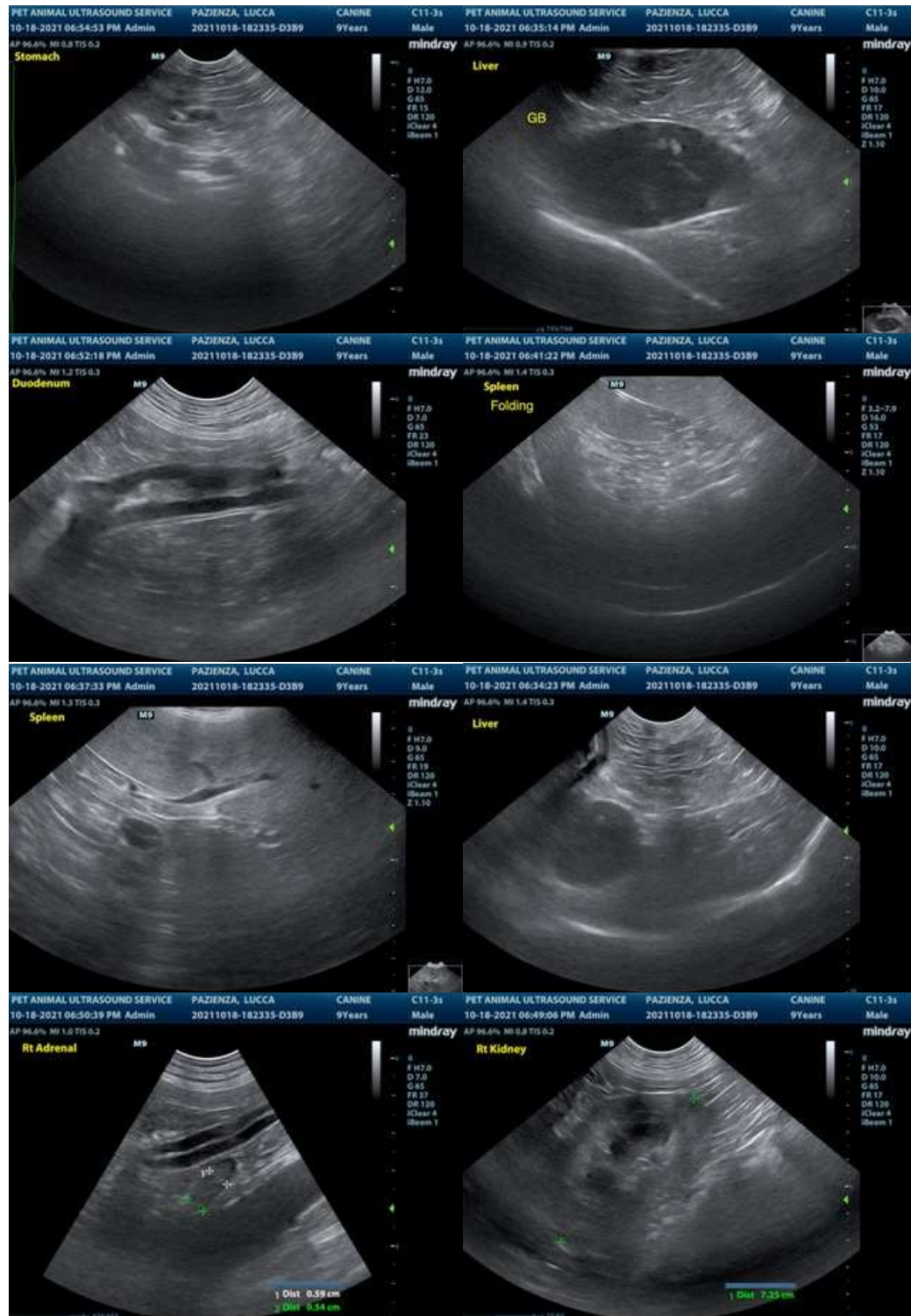
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**