



**PATIENT**

Goldie Bourque

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

85 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

Ho Ho Kus VH

**REFERRING VET**

Dr. Scott

**INVOICE**

12366

**DATE**

10/5/21

**PRESENTING CLINICAL SIGNS**

2 day history of severe lethargy, excessive drinking, heavy panting/breathing no v/d, app normal  
Abnormal PE/Chem/CBC/UA Results: CBC- Plt 73K (large platelets seen), HCT 39, retic 144K Chem  
WNL UA- USG 1.011 all else normal Chest rads- bronchial pattern and a suspect miliary interstitial  
nodular pattern- concern for metastatic neoplasia (read by radiologist)

**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. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.4 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 0.67 cm width at the caudal pole and 0.77 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. A solitary, subtle to mildly nonhomogeneous to non-expansive nodule noted in the medial parenchyma adjacent to the hilus, measuring 0.87 cm in diameter, was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. 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.

**Liver/ Gallbladder**

The liver exhibited subjective mild generalized enlargement with normal 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. Intermittent, variably sized, hypoechoic parenchymal nodules were present. An example measured 1.8 cm x 1.6 cm. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.



<b>PATIENT</b>	Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.
Goldie Bourque	
<b>SPECIES</b>	
Canine	<b><i>Gastrointestinal</i></b>
<b>BREED</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic ingesta with mild progressive distal acoustic shadowing. This is likely consistent with post prandial presentation. A minor potential for gastric stasis is possible if documented NPO.
Golden Retriever	
<b>SEX</b>	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.
Spayed Female	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>AGE</b>	
10 years	<b><i>Pancreas</i></b>
<b>WEIGHT</b>	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.
85 lbs.	
<b>INTERPRETED BY</b>	<b><i>Free Abdomen</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt lymphadenopathy or effusion was present.
	Rapid view of the heart (SDEP 3 position) revealed subjectively normal function without pathology in the right auricle or pericardium.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Dr. Scott	<b><i>Primary Findings</i></b>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>• Mild hepatomegaly with subjective parenchymal remodeling and intermittent hypoechoic nodules</li> <li>• Transdiaphragmatic comet tail artifact</li> <li>• Focal nonspecific splenic nodule</li> </ul>
Ho Ho Kus VH	
<b>REFERRING VET</b>	<b><i>Secondary Findings</i></b>
Dr. Scott	<ul style="list-style-type: none"> <li>• Bilateral mild chronic renal changes</li> </ul>
<b>INVOICE</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
12366	The hepatic as well as the focal splenic nodule were nonspecific and may indicate areas of nodular hyperplasia, hematopoiesis, or small granulomas. However, given the transdiaphragmatic comet tail artifact and concern for metastatic lung pattern, the potential for hepatic or hepatosplenic neoplastic nodules is warranted. Overall, an obvious primary neoplastic tumor was not present within the abdominal cavity.
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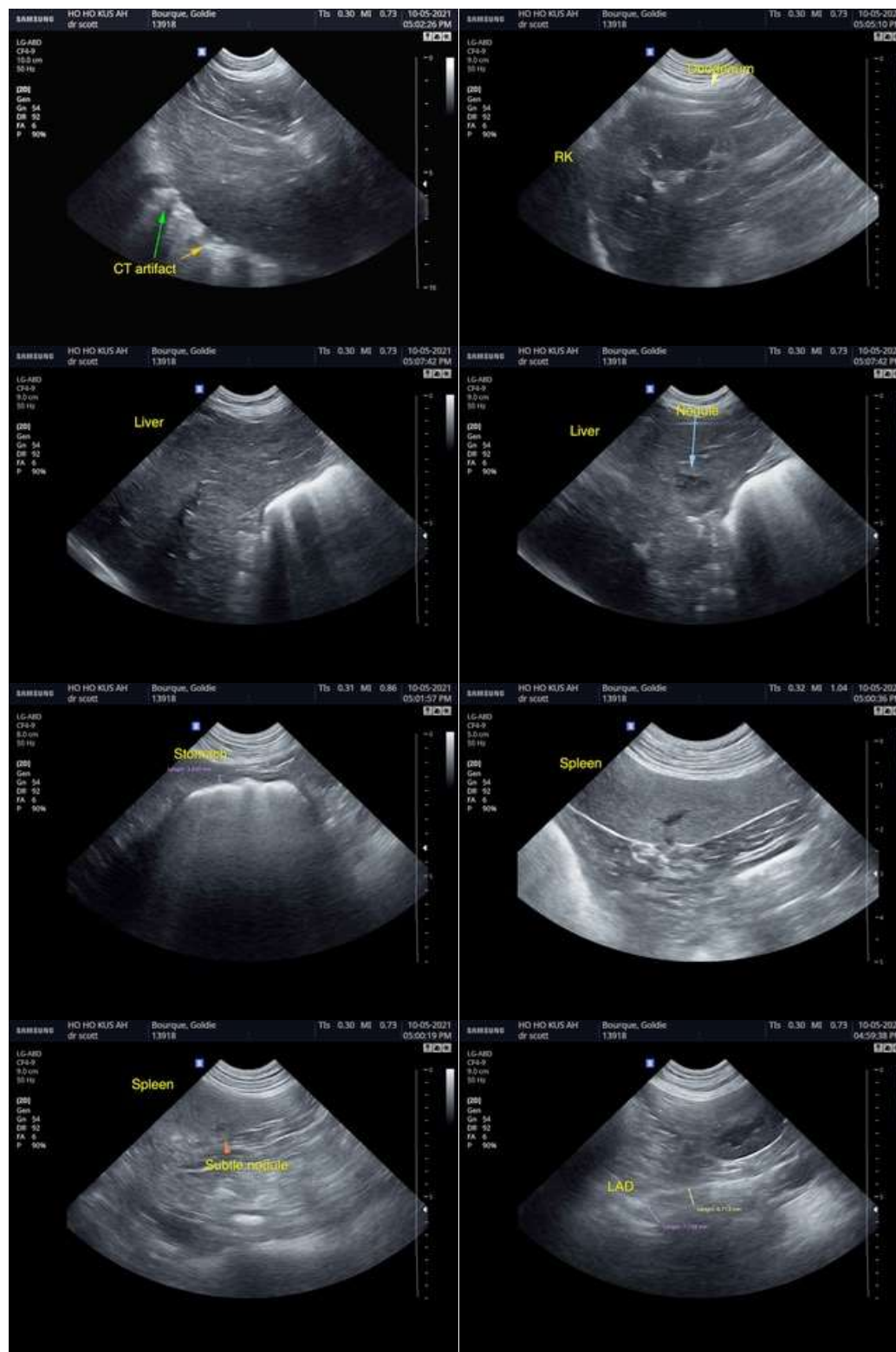
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Further assessment may include hepatic parenchymal and nodule FNA, assuming normal clotting status and if accessible.





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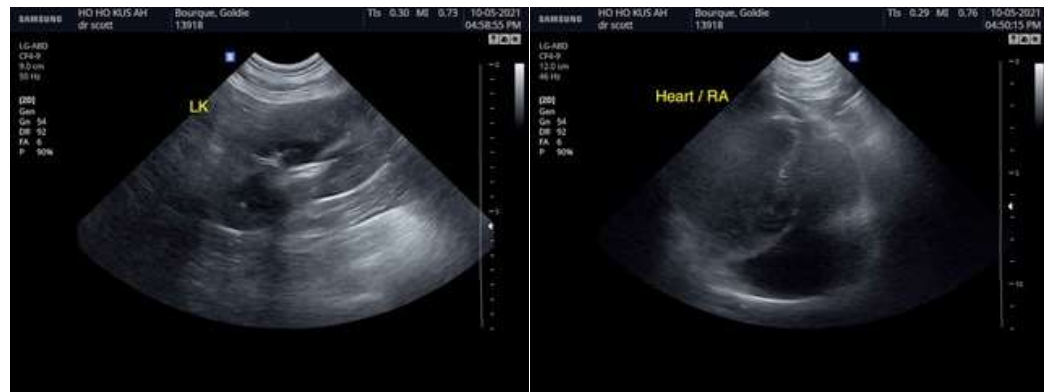
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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