



PATIENT PRESENTING CLINICAL SIGNS

Shortcake Burns History of SQ MCT, hematuria with bacteria.

SPECIES Medication: Provable, FLO (VRS urinary supplement)

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Urinary System

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited overtly 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.

Pitbull

SEX No evidence of pathology was noted in the area of the uterine remnant.

FS The area of the aortic trifurcation was free of pathology.

AGE 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. Mild bilateral pyelectasia was present. The left kidney measured 5.9 cm in length. The right kidney measured 7.1 cm in length.

2008

WEIGHT 55 **Adrenal Glands**

The left adrenal gland was mildly enlarged in size exhibiting primarily maintained symmetrical capsule contour and mildly nonhomogeneous nonmineralized parenchyma. The left adrenal gland measured 2.9 cm length x 1.1 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. No evidence of concurrent enlargement. The right adrenal gland measured 2.7 cm length x 0.62 cm width at the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

Spleen

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

A mild to moderately expansive, nonhomogeneous nodular cranial splenic mass with associated distortion of the cranial splenic capsule, yet without evidence of parenchymal escape or mass rupture, was present. The spleen not involved with the mass was sonographically normal. The splenic mass measured 3.7 cm in diameter. Subtle evidence of regional perisplenic hyperechoic mesentery around the mass was present.

HOSPITAL NAME

Pocono Peak VC

Liver/ Gallbladder

REFERRING VET

Dr. Thompson

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 normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild, nondependent, echogenic, nonorganized gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

INVOICE

15312

Gastrointestinal

DATE

11/1/22



PATIENT

Shortcake Burns

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.

Pancreas

BREED

Pitbull

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.

SEX

FS

Free Abdomen

No evidence of perisplenic or peritoneal effusion was noted. No overt lymphadenopathy or concurrent omental masses were present.

AGE

2008

Brief sonographic assessment of the heart revealed no overt evidence of pericardial effusion or neoplastic / metastatic criteria. Intermittent, nonspecific arrhythmia, which may suggest ventricular premature contraction, was present.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Cranial splenic mass - nonspecific although suggestive of primary vs. metastatic neoplastic criteria, i.e., sarcoma, mast cell neoplasia, or other, potential for benign etiology such as hyperplasia, hematopoiesis, granuloma, splenitis, hematoma etc., are possible
- Bilateral mild chronic renal changes exhibiting minor pyelectasia
- Mildly enlarged left adrenal gland - nonspecific, benign hyperplasia, adenomatous change, potential for emerging primary vs. metastatic adrenal neoplasia cannot be excluded

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of lower urinary tract pathology i.e., cystitis, neoplastic criteria, calculi. Correlation with pending urine C/S is recommended.

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 ARDMS/RVT

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The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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Screening blood pressure to assess for evidence of hypertension which may allude to an emerging left adrenal neoplasia is recommended. ECG assessment is suggested.

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Assuming no evidence of thoracic pathology on three view chest radiographs and pending splenic mass cytology +/- oncology consult, given the history of cutaneous mast cell tumor, splenectomy with gross inspection of the perisplenic omentum, liver, as well as the left adrenal gland could be considered. A guarded prognosis is warranted.

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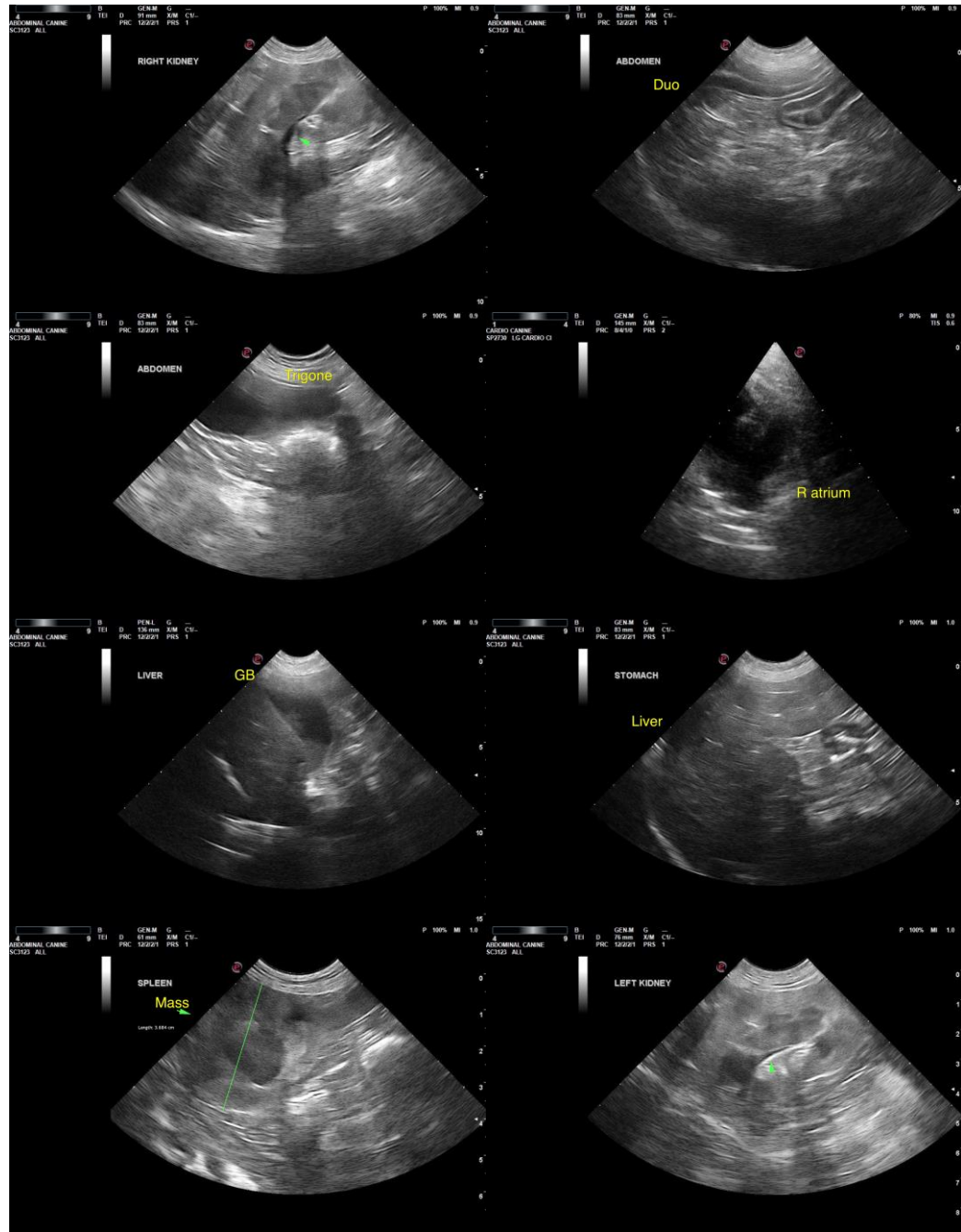
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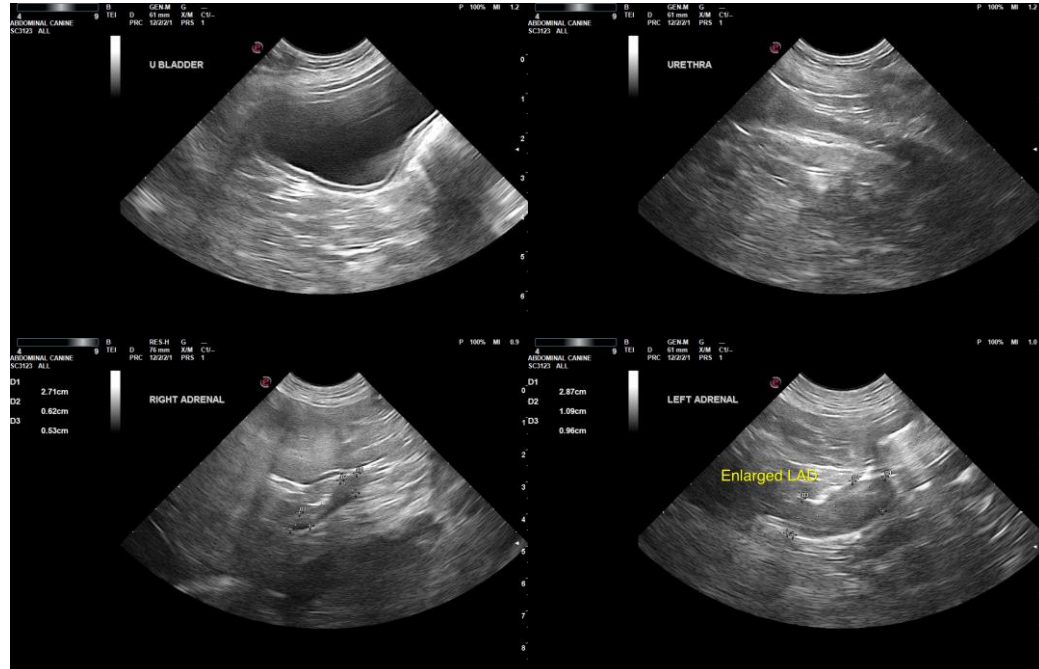
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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