



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bridgette McCarraher	Hematuria, benign mammary mass removed 2019.
<b>SPECIES</b>	Medication: Amoxicillin
Canine	Unremarkable CBC/Chemistry Panel
<b>BREED</b>	Urinalysis- Specific Gravity 1.011, negative glucose, 2+ protein, Cocci Bacteria
Pitbull	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
FS	The urinary bladder was subnormal in size owing to a lack of urine distention. Overtly normal bladder walls were noted without evidence of obvious neoplastic or inflammatory criteria. Minimal anechoic urine was present with no sediment or calculi. The urethra exhibited overtly normal structure and tone to a depth of 3.0 cm.
<b>AGE</b>	No evidence of pathology was noted in the area of the uterine remnant.
2013	No evidence of medial Iliac or sublumbar lymphadenopathy.
<b>WEIGHT</b>	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation or pyelonephritis. The left kidney measured 6.9 cm in length. The right kidney measured 6.6 cm in length.
69	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.79 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.65 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Rebekah Jakum, CVT ARDMS/RVT	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, discretely hypoechoic, nondisruptive nodule was present in the medial parenchyma measuring 0.64 cm diameter. The nodule is likely consistent with focal discrete lymphoid hyperplasia, hematopoiesis, or similar. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, or neoplastic criteria was not noted.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Mill Pond VC	The liver exhibited subjective subnormal size with normal 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Thayer	
<b>INVOICE</b>	
15456	
<b>DATE</b>	
11/10/22	



**PATIENT**

***Gastrointestinal***

Bridgette McCarraher

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, yet nonshadowing ingesta most consistent with post prandial presentation without 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.

**BREED**

Pitbull

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

**SEX**

FS

***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.

**AGE**

2013

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

69

**ULTRASONOGRAPHIC FINDINGS**

- Nondistended yet overtly normal urinary bladder, normal visible proximal urethra
- Normal bilateral kidneys - no evidence of pyelonephritis
- Benign splenic nodule
- Subnormal liver size - likely patient variant
- Gastric ingesta - probable post prandial presentation

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

No overt evidence of upper or lower urinary tract pathology as an obvious or definitive cause of the patient's hematuria. Urine C/S on a sterile urine sample is recommended to assess for or rule out underlying infection.

**HOSPITAL NAME**

Mill Pond VC

The subjective subnormal liver size is likely incidental given normal hepatic enzyme parameters and evidence of normal hepatic functionality.

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Dr. Thayer

Sonographic monitoring of the likely benign splenic nodule for evidence of progression with initial recheck in 6-8 weeks is likely ideal. No evidence of intraabdominal neoplastic criteria.

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Bridgette McCarragher

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

FS

**AGE**

2013

**WEIGHT**

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**HOSPITAL NAME**

Mill Pond VC

**REFERRING VET**

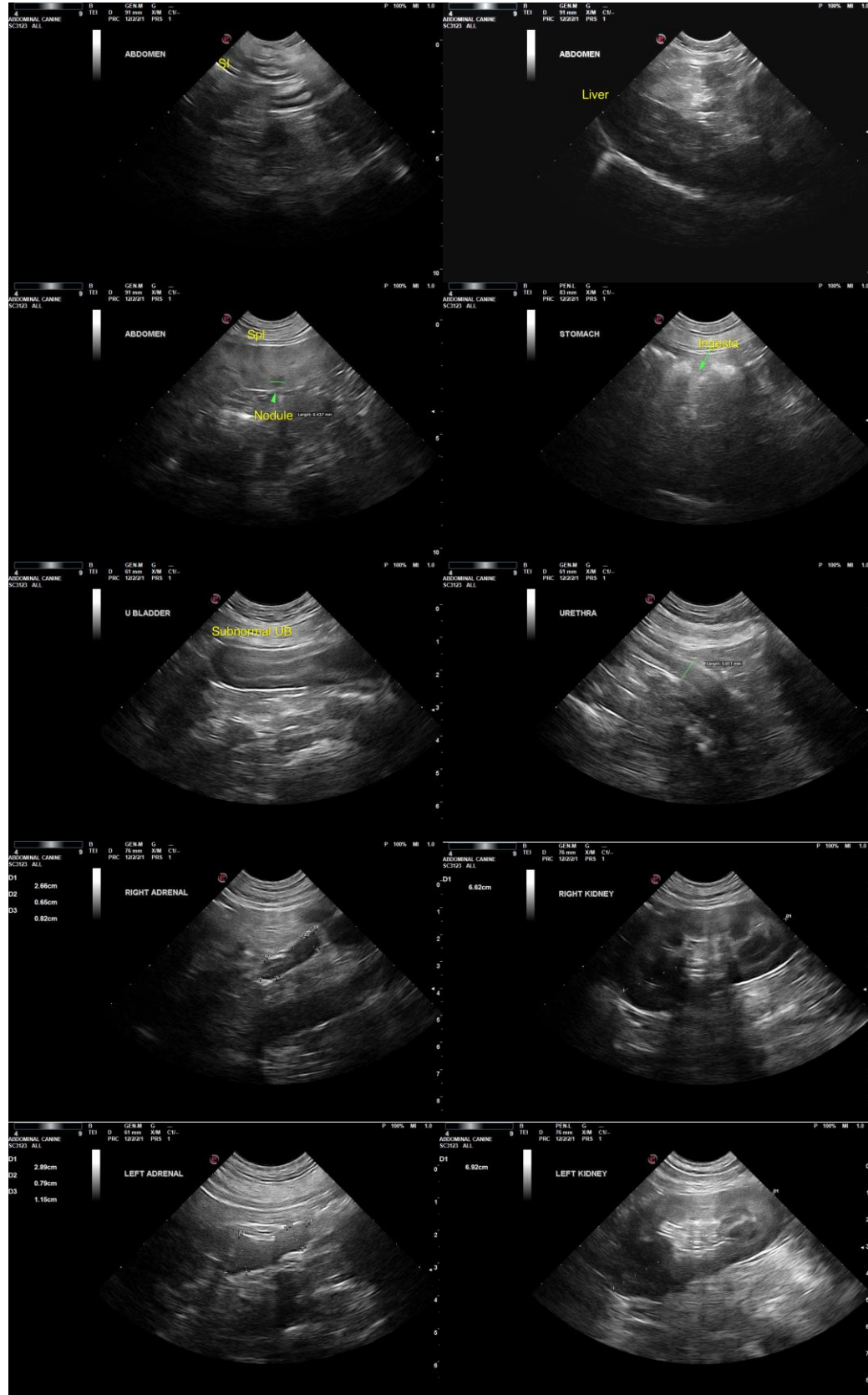
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**PATIENT**

Bridgette McCarraher

**SPECIES**

Canine

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.

**BREED**

Pitbull

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.

**SEX**

FS

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
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**AGE**

2013

**WEIGHT**

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