



PATIENT PRESENTING CLINICAL SIGNS

Stouie Ford Restless, decreased appetite
Unremarkable CBC/Chemistry Panel, Na/K ratio 38

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Lab Mix

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

SEX

MN

The residual prostate was free of pathology.

AGE

2012

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 6.7 cm in length. The right kidney measured 6.5 cm in length.

WEIGHT

89

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 m length x 0.74 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.

INTERPRETED BY

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

Spleen

The spleen presented generalized mild enlargement exhibiting primarily maintained symmetrical capsule contour. Subtle splenic parenchyma heterogeneity was present exhibiting focal to intermittent, discrete, non-disruptive, hypoechoic nodules. An example of a splenic nodule measured 0.93 cm diameter. Normal splenic vascularity was noted. No splenic masses were visualized.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Lehighton AH

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 mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Mriss

INVOICE

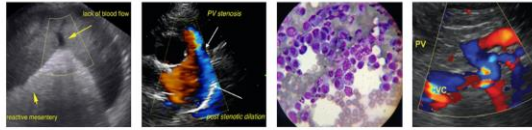
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Gastrointestinal

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.

DATE

11/22/22



PATIENT

Stouie Ford

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.

SPECIES

Pancreas

Canine

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.

BREED

Lab Mix

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

- Mild splenomegaly exhibiting subtle heterogeneous to discrete nodular parenchyma

AGE

2012

- Mild age-related renal changes
- Sonographically unremarkable gastrointestinal tract
- Mild hepatic parenchymal remodeling - benign

WEIGHT

89

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild splenomegaly and mild splenic parenchymal changes were nonspecific with considerations including incidental to benign hyperplasia, hematopoiesis, or splenitis. Potential for emerging splenic neoplastic criteria is considered unlikely, yet cannot be definitively excluded. Screening splenic FNA cytology, assuming normal clotting status and using a 25-gauge needle, may be considered primarily to ensure only benign changes are present or if evidence of weight loss.

Aside from the nonspecific mild heterogeneous splenomegaly, no overt evidence of intraabdominal visceral pathology as a contributing factor or obvious cause of the patient's clinical signs. Three-view chest radiographs and thorough muscular/skeletal/neurological examination is suggested to rule out occult pathology. As-needed gastrointestinal support is recommended.

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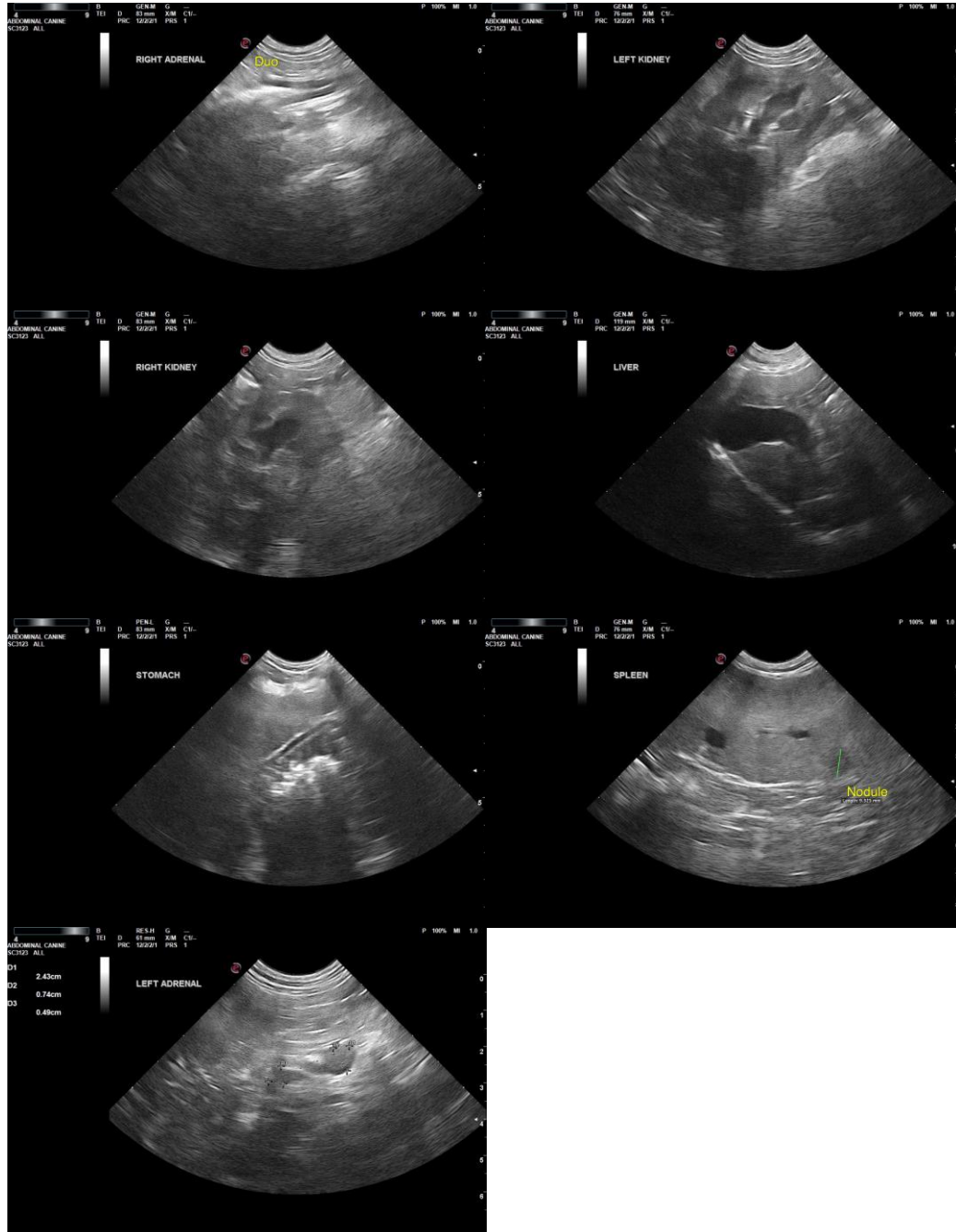
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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