



PATIENT	PRESENTING CLINICAL SIGNS
Buddy Hodgson	Last scan end of July this year. Recheck spleen and liver/gallbladder.
SPECIES	Has been on Clindamycin for recent skin flare up, Topagen spray, Metoclopramide and Ursodial. Abnormal PE/Chem/CBC/UA Results: N/A
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
Doodle	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	The area of the aortic trifurcation was free of pathology.
11 yr	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 6.0 cm in length. The right kidney measured 6.5 cm in length.
WEIGHT	
79 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.5 cm length x 0.63 cm width at the caudal pole. The right adrenal gland measured 0.56 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Crystal Hill	The spleen was normal in size and primarily maintained a symmetrical capsule contour with generalized mild parenchyma heterogeneity. Previously noted, mildly expansive, nonhomogeneous macronodule / small mass in the lateral spleen with subtle associated splenic capsule distortion was present, yet without evidence of parenchyma escape, measuring 3.6 cm x 3.2 cm. Previously noted, nonobstructive, disorganized thrombus at the level of the splenic hilus with potential for ill-defined, cystic-appearing, perihilar nodule was present measuring 1.4 cm in diameter. No evidence of perisplenic omental reactivity or inflammation was noted. No evidence of perisplenic or peritoneal effusion was noted. Adequate splenic blood flow was noted on Power Doppler.
HOSPITAL NAME	
The Maples AH	
REFERRING VET	
Dr. Kazienko	
INVOICE	Liver/ Gallbladder
15565	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 containing primarily anechoic
DATE	
11/23/22	



PATIENT

Buddy Hodgson

content with mild echogenic nonorganized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

Gastrointestinal

SPECIES

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta/chyme without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonshadowing ingesta / chyme was present.

BREED

Doodle

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

SEX

MN

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

11 yr

Free Abdomen

Focal, homogeneous, perisplenic mesenteric lymph node measuring 1.4 cm in diameter was present adjacent to the medial spleen. No evidence of perisplenic omental reactivity or inflammation was noted. No evidence of perisplenic or peritoneal effusion was noted.

WEIGHT

79 lbs.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Static to subtly progressive previously noted splenic macronodule / small mass
- Disorganized nonobstructive splenic vein thrombus vs. perihilar nodule
- Focal, mildly prominent, subjective benign / reactive perisplenic mesenteric lymph node - not consistent with inflammatory or neoplastic lymphadenopathy
- Benign hepatic parenchymal remodeling - static
- Mild gallbladder debris (non-mucocele)

Secondary Findings

- Static mild chronic renal changes
- Gastric ingesta - likely post prandial presentation

INTERPRETED BY

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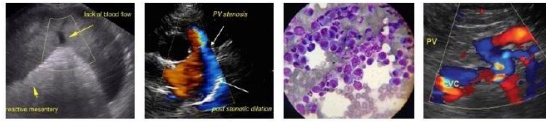
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic macronodule / small mass appeared to be subtly progressive in size compared to previous ultrasound, although some degree of measurement variability is possible. Overall, the macronodule / small mass appeared to be similar in appearance. Continued sonographic monitoring vs. splenectomy (assuming no evidence of pathology on three view chest radiographs), could be considered.



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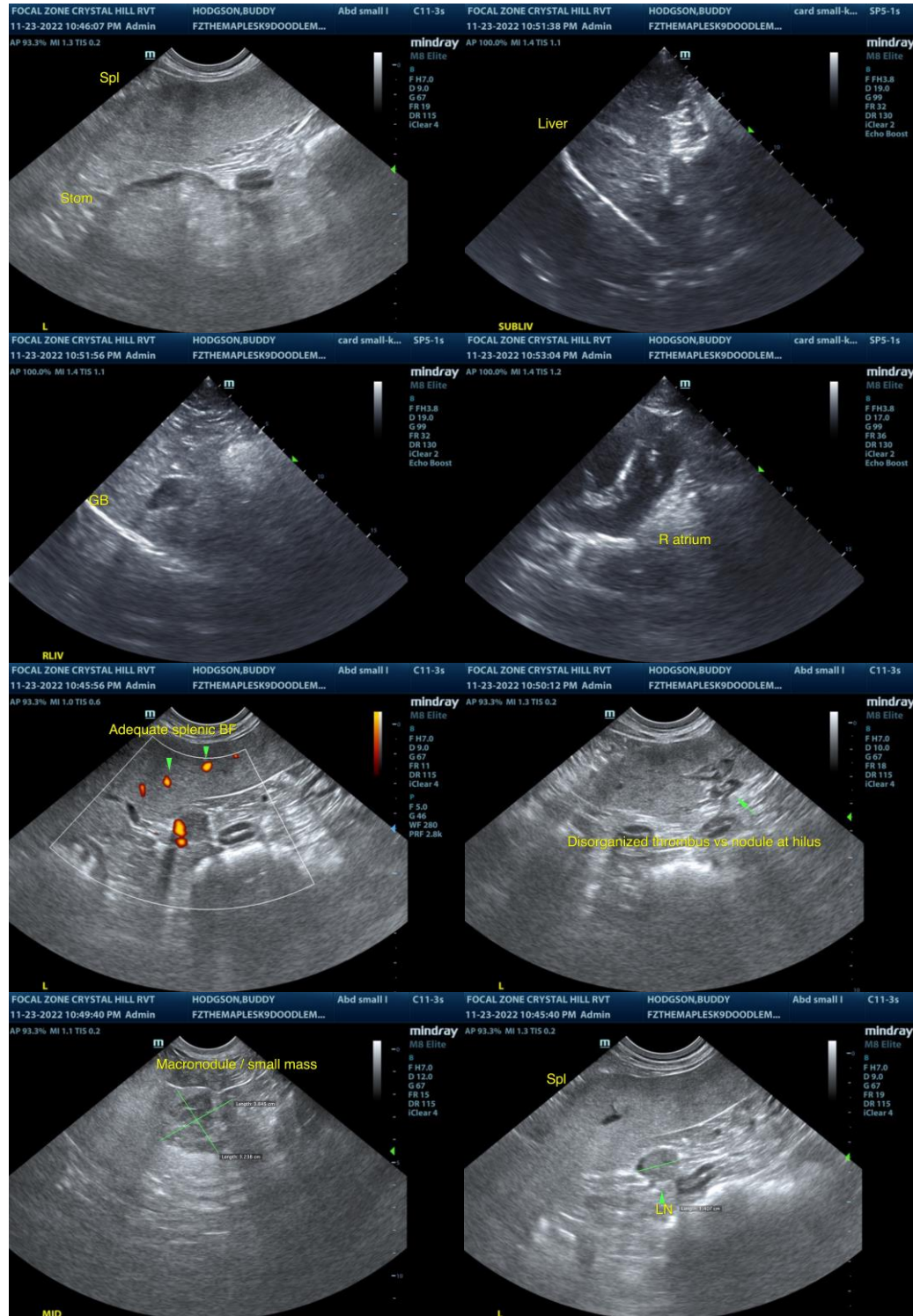
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SEX

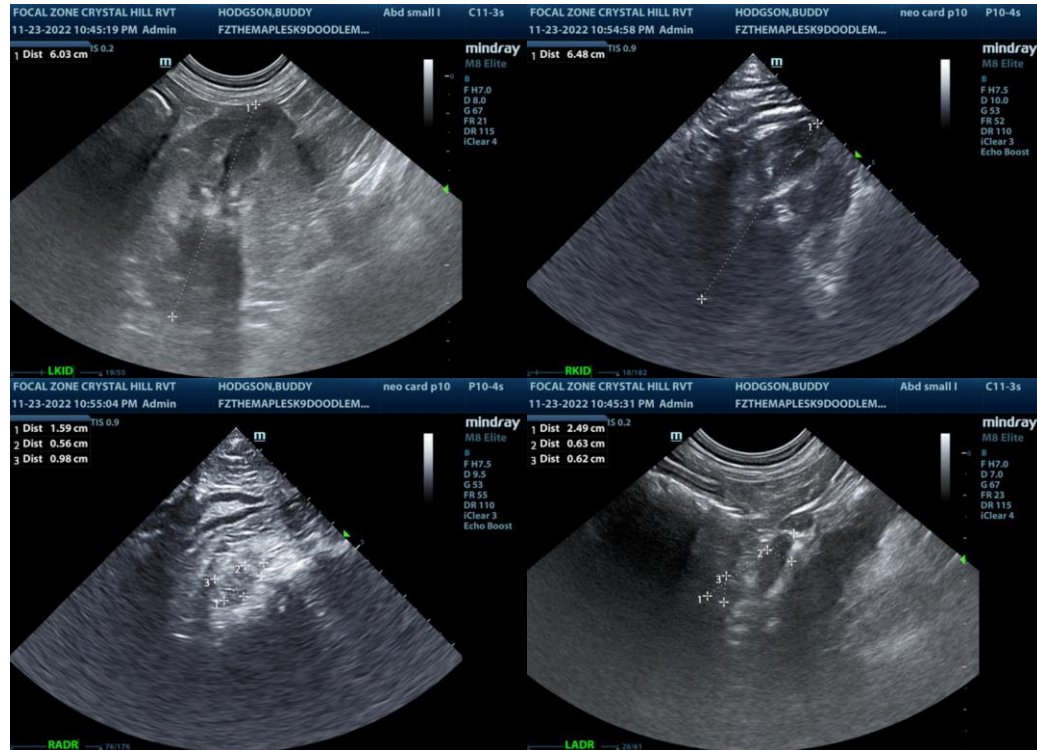
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com