



PATIENT

Ella Conrad

PRESENTING CLINICAL SIGNS

V/D +. Increased drinking. Low platelets and lymphocytes. Painful abdomen. Lethargic.

Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Bulldog

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

SEX

FS

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. The left kidney measured 6.3 cm in length. The right kidney measured 5.6 cm in length.

AGE

8

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

WEIGHT

17.5

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 0.62 cm width at the cranial pole.

INTERPRETED BY

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

Spleen

The spleen exhibited mild to moderate enlargement with potential splenic folding. An isoechoic to mixed echogenic mass with associated primarily symmetrical capsule distortion in the caudal spleen was present measuring 6.4 cm in diameter. The mass was non-cavitated without overt evidence of parenchymal escape. Generalized parenchymal heterogeneity was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Dave Stasiuk

HOSPITAL NAME

Glamorgan Animal
Clinic

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly prominent walls and primarily anechoic luminal content. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Kevin MacAulay

INVOICE

12264ag

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with retained anechoic fluid was present.

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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 pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. Potential for pancreatic nodular changes possible although not definitive. No overt evidence of neoplasia.

BREED

Bulldog

Free Abdomen

SEX

Moderate volume primarily anechoic peritoneal free fluid and mild generalized hyperechoic mesentery was noted.

FS

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. No evidence of right heart cardiomegaly was found.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with mildly expansive solid to mixed echogenic mass
- Gastritis/gastroenteritis pattern
- Prominent hypoechoic to non-homogeneous potentially nodular pancreas-pancreatitis, potential areas of hyperplasia, possible pancreatic neoplasia cannot be definitively excluded
- Moderate volume non-cardiogenic peritoneal free fluid

WEIGHT

17.5

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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(Canine and Feline)

The splenomegaly and splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

Sonographically no obvious evidence of splenic mass rupture or parenchymal escape was noted, indicating possible non-hemorrhagic peritoneal free fluid. Correlation with effusion analysis cytology +/- C/S as well as full CBC/Chem is warranted. If hemoabdomen is present, clotting status +/- splenectomy could be considered.

IMAGING PERFORMED BY

Dave Stasiuk

A spec cPL is recommended to assess for evidence of pancreatitis as a contributing factor to the patient's clinical signs.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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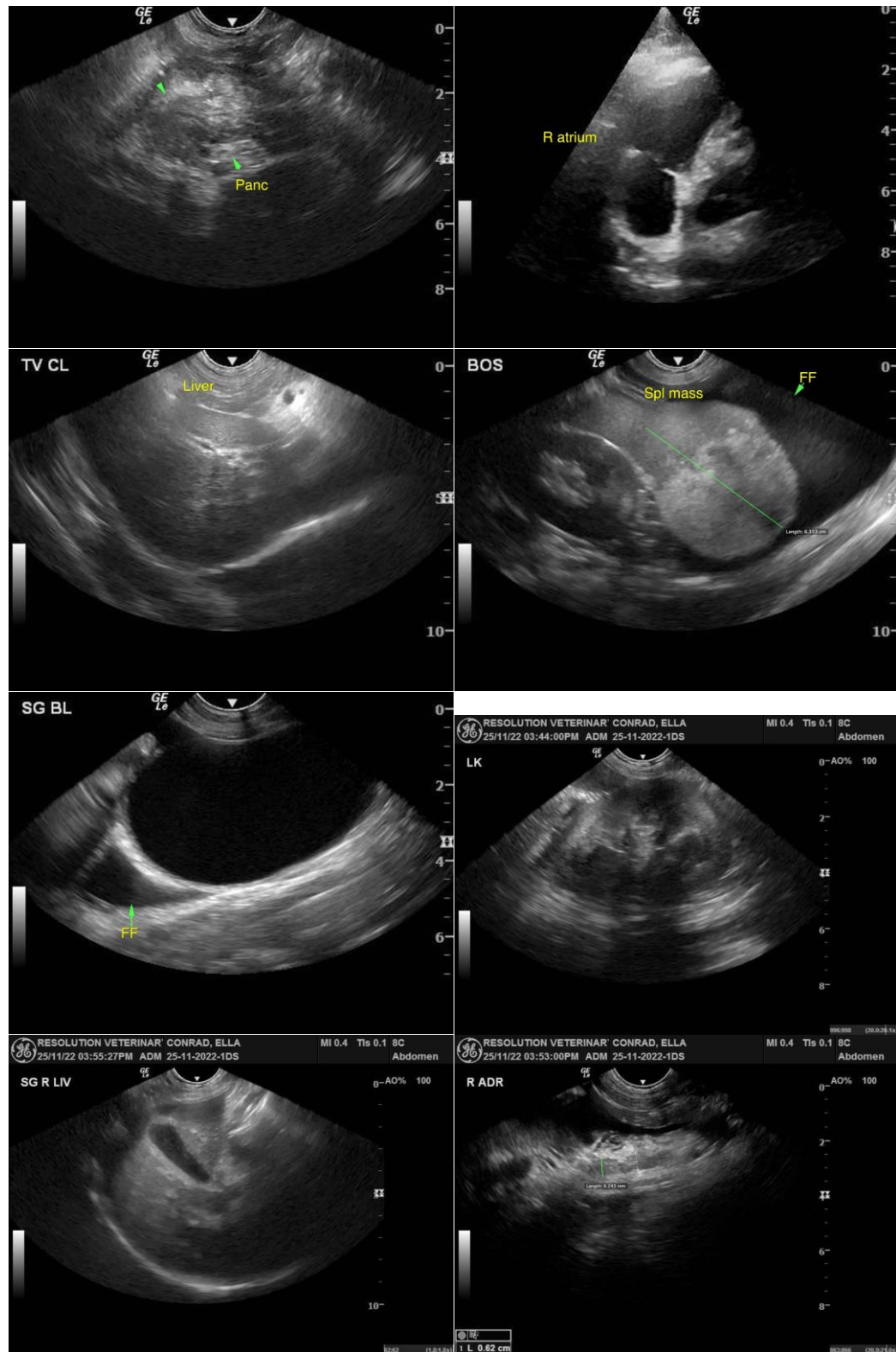
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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