



PATIENT	PRESENTING CLINICAL SIGNS
Newman Grushin	HGE, hepatopathy
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<i>Urinary System</i>
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
Mix	
SEX	No overt pathology was noted in the area of the residual prostate.
NM	
AGE	The area of the aortic trifurcation was free of pathology.
8	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 4.9 cm in length. The right kidney measured 4.8 cm in length.
WEIGHT	
29	
INTERPRETED BY	<i>Adrenal Glands</i>
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 1.8 cm length x 0.68 cm width at the caudal. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.9 cm length x 0.60 cm width at the caudal pole.
IMAGING PERFORMED BY	<i>Spleen</i>
Jenn	The spleen was normal in size and overall contour exhibiting a primarily maintained finely textured homogeneous parenchyma with a solitary, subtly expansive, hypoechoic parenchymal nodule noted in the cranial spleen, measuring 0.87 cm in diameter.
HOSPITAL NAME	<i>Liver/ Gallbladder</i>
Rockaway AH	The liver presented normal in size. The hepatic parenchyma revealed subtle decreased echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal. No evidence of post hepatic stasis or obstruction was noted.
REFERRING VET	
Dr. Maniar	
INVOICE	<i>Gastrointestinal</i>
12852	The stomach presented intact wall layering with mild retained anechoic fluid present in the lumen.
DATE	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.
12/18/21	



PATIENT

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

Newman Grushin

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

Mix

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

NM

Primary Findings

AGE

- Nonspecific, subtly expansive, hypoechoic splenic nodule
- Gastroenterocolitis - subjectively mild
- Hepatopathy - subjectively benign, likely acute

8

WEIGHT

29

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using a 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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

IMAGING PERFORMED BY

Jenn

The overall appearance of the liver was nonspecific yet exhibited primarily acute criteria and was subjectively benign. Metabolic, reactive, vacuolar hepatopathy, inflammatory hepatopathy (viral, bacterial, toxin, etc.), are possible without evidence of neoplastic criteria. Further assessment may include hepatic FNA using a 25-gauge needle for screening cytology and assuming normal clotting status.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Hepatosupportive medications, as well as therapy for hemorrhagic gastroenteritis, is recommended. Recheck sonogram could be considered to assess for progressive inflammatory hepatic or gastrointestinal changes if clinical signs continue or persistent to progressive hepatic enzyme elevations are noted.

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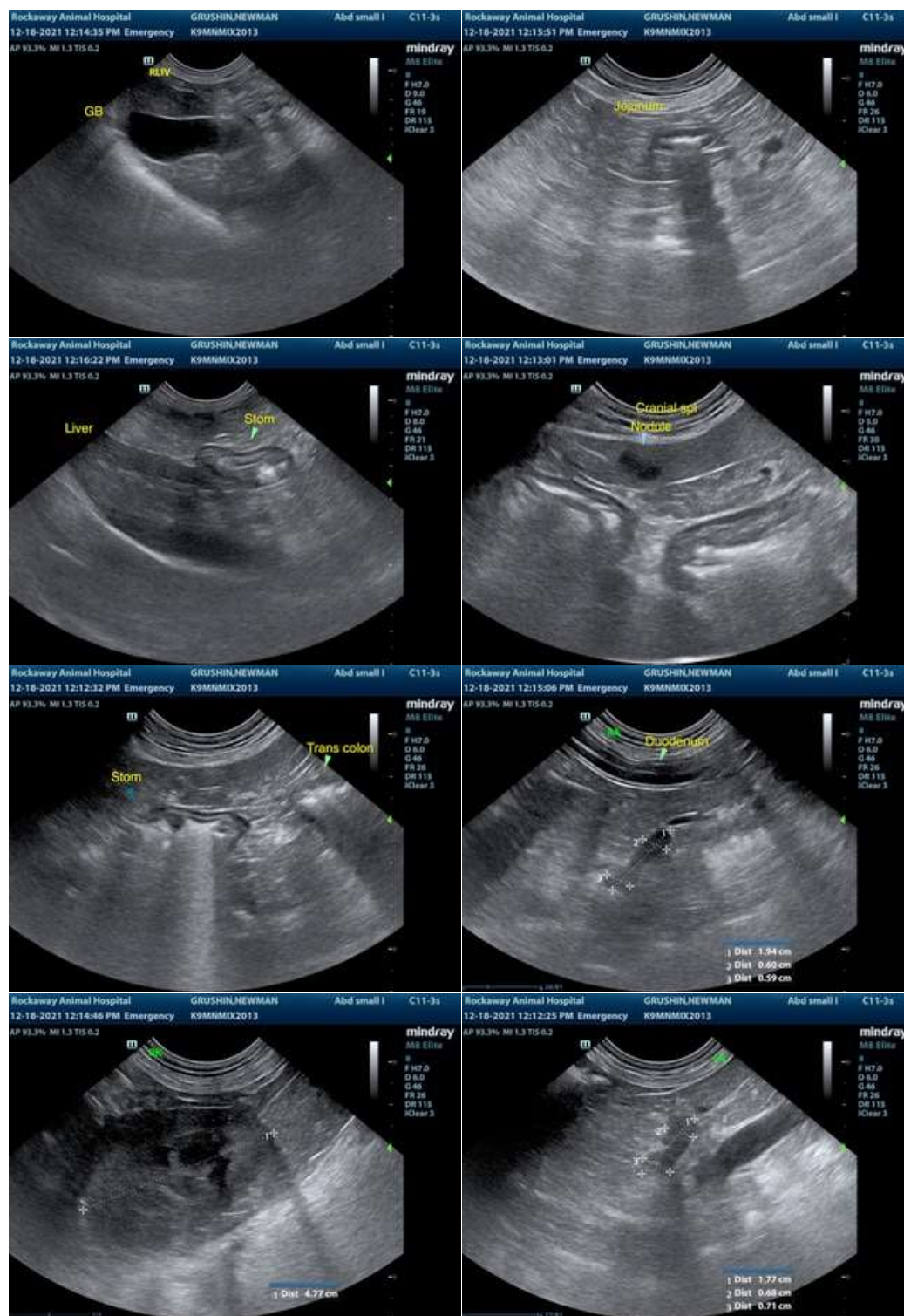
Dr. Maniar

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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