



**PATIENT PRESENTING CLINICAL SIGNS**

Max Hornick Metastasis check, concern for abdominal mass.  
 ALP 352, ALT 129, UPC 1.6

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder was mildly distended in size with normal tone. The urinary bladder walls were sonographically normal without evidence of inflammatory or neoplastic criteria. Anechoic urine was present with no sediment or calculi.  
 GSD Mix

**SEX** The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.0 cm in diameter. Intermittent discrete intraparenchymal cysts were present.  
 M

**AGE** The area of the aortic trifurcation was free of pathology.

2014 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 8.7 cm in length. The right kidney measured 8.7 cm in length.

**WEIGHT**  
 103.8

**INTERPRETED BY Adrenal Glands**

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 0.52 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 1.8 cm length x 0.44 cm width at the caudal pole.

**IMAGING PERFORMED BY Spleen**

Rebekah Jakum, CVT ARDMS/RVT The spleen was overtly normal in size with symmetrical capsule contour and primarily finely textured homogeneous parenchyma. A solitary to intermittent discrete hypoechoic splenic nodule was present with an example measuring 1.0 cm in diameter. Normal splenic vascularity was present.

**HOSPITAL NAME Liver/ Gallbladder**

White Haven VH The liver presented subjective borderline to possible mild enlarged 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Gallagher

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**PATIENT** ***Gastrointestinal***

Max Hornick 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.

**SPECIES** 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.

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

**BREED** ***Pancreas***

GSD Mix 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.

**SEX** M ***Free Abdomen***

**AGE** 2014 No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted. Uniform normal omental echogenicity was present.

**ULTRASONOGRAPHIC FINDINGS**

- WEIGHT** 103.8
- Mildly distended urinary bladder
  - Benign prostatic hyperplasia with discrete intraparenchymal cysts, minor potential for prostatitis possible
  - Low-grade hepatopathy - subjectively benign
  - Sonographically unremarkable gallbladder
  - Sonographically unremarkable kidneys

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant visceral pathology, specifically, no evidence of intraabdominal neoplastic or metastatic criteria.

**HOSPITAL NAME**

White Haven VH

Probable discrete splenic nodular hyperplasia, hematopoiesis, or similar. The liver may indicate low-grade vacuolar hepatopathy, inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, or other hepatopathy without evidence of hepatic parenchymal neoplastic criteria.

**REFERRING VET**

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Further assessment may include screening hepatic FNA cytology, assuming normal clotting status. Hepatosupportive medications may prove beneficial. Given the UPC level (<2.0) without evidence of concurrent azotemia, further monitoring of UPC level is suggested.

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**PATIENT**

Max Hornick

**SPECIES**

Canine

**BREED**

GSD Mix

**SEX**

M

**AGE**

2014

**WEIGHT**

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**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

White Haven VH

**REFERRING VET**

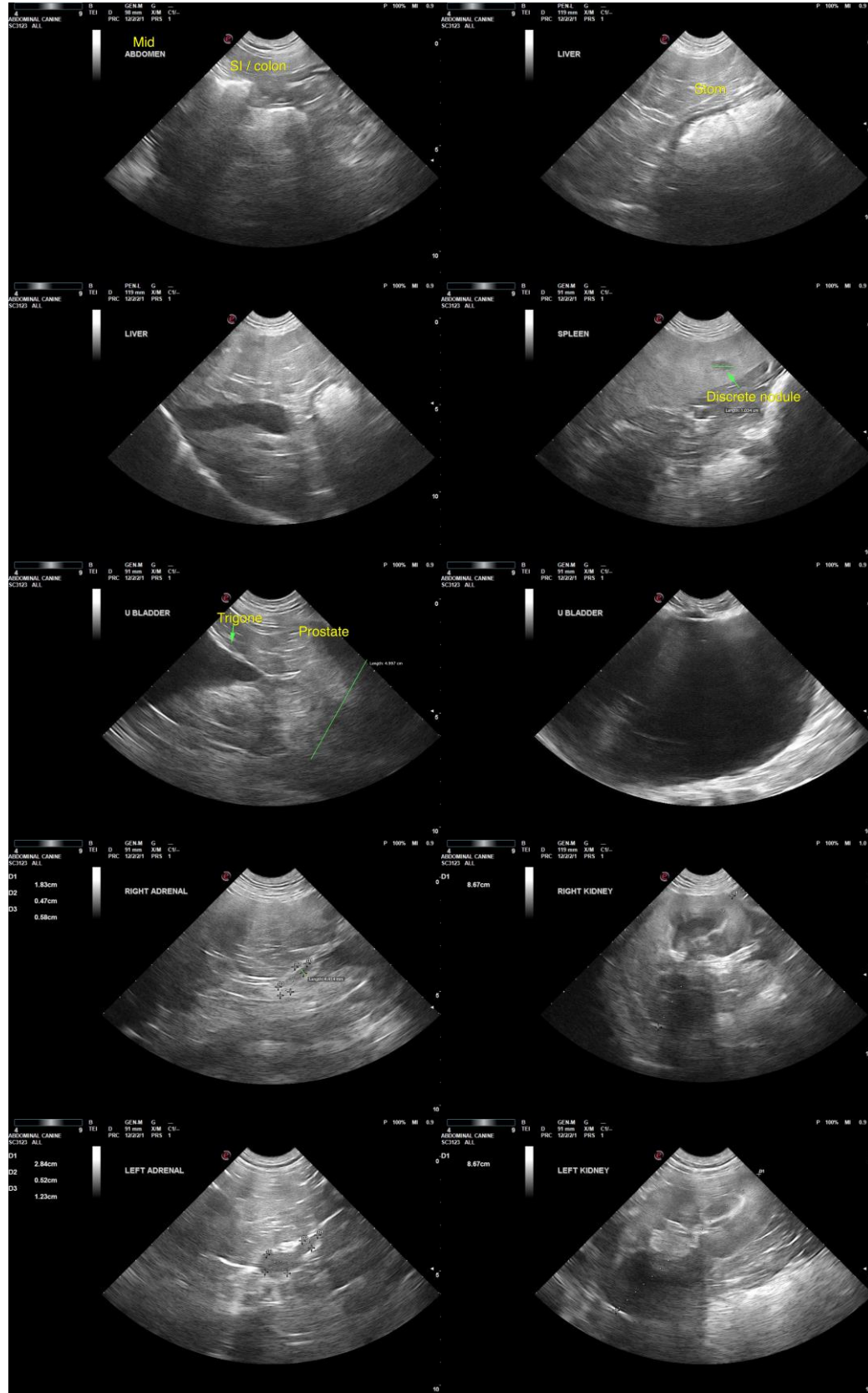
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**PATIENT**

Max Hornick

**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**

GSD Mix

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**

M

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**AGE**

2014

**WEIGHT**

103.8

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DVM, DABVP  
(Canine and Feline)

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PERFORMED BY**

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