



**PATIENT**

Brownie Brown

**PRESENTING CLINICAL SIGNS**

ate a squeaker, and other material

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

**BREED**

Shepherd Mix

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

**SEX**

FS

**AGE**

4

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width at the caudal pole and 2.7 cm length.

**WEIGHT**

38

**Spleen**

The spleen exhibited borderline to mild enlargement with areas of lateral and medial capsule asymmetry. Generalized mild parenchyma heterogeneity including intermittent to multiple discretely hypoechoic splenic nodules were present, an example measuring 0.64 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**INTERPRETED BY**

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

**Liver/Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic non-organized luminal debris. The cystic and common bile ducts were normal.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-specific variably echogenic ingesta exhibiting areas of mild progressive distal acoustic shadowing. No signs of ileus, obstruction or foreign material.

**REFERRING VET**

Dr. Maniar

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.

**INVOICE**

12554ag

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

**DATE**

12/27/2022

**Pancreas**



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Brownie Brown

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 was evident.

**SPECIES**

Canine

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Shepherd Mix

**ULTRASONOGRAPHIC FINDINGS**

- Non-distended stomach containing mild non-specific mildly shadowing ingesta
- Sonographically unremarkable small bowel-no evidence of ileus or foreign material
- Mild subjective splenomegaly exhibiting capsule asymmetry, heterogenous parenchyma and intermittent hypoechoic nodules-nonspecific, hyperplasia, hematopoiesis, small hematomas or similar suspected, potential for emerging neoplastic criteria cannot be definitively excluded

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology is warranted for further assessment. If splenic cytology is not elected, serial sonographic monitoring of the spleen for evidence of progressive parenchymal changes or enlargement is recommended.

**AGE**

4

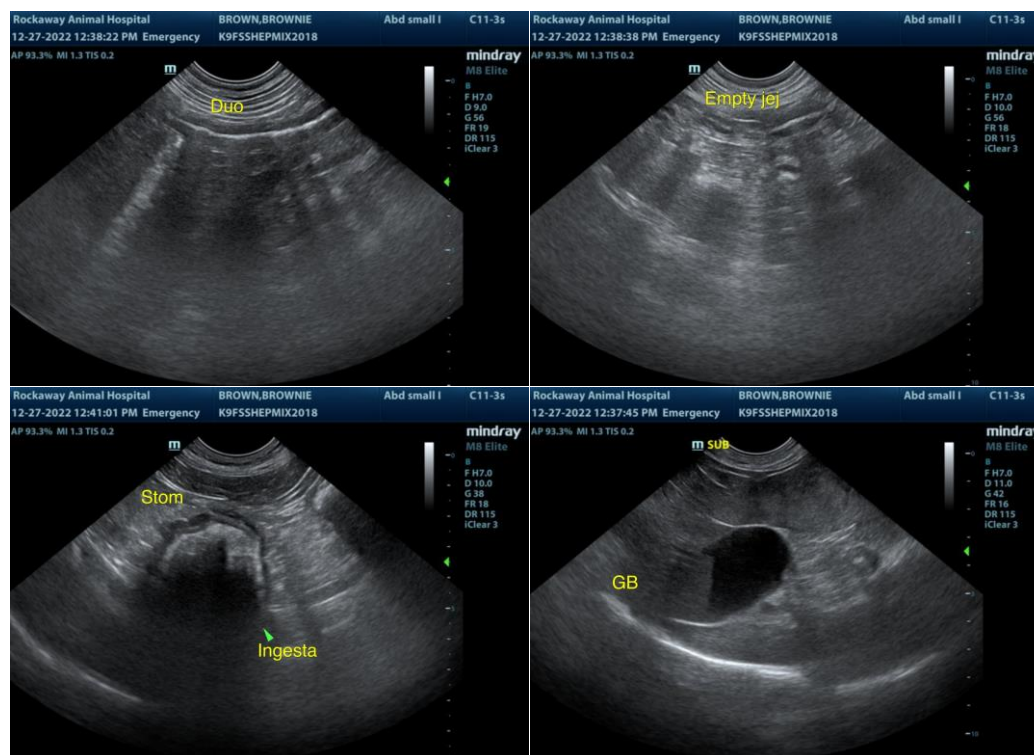
No evidence of definitive GI obstructive pattern was observed. The mildly shadowing gastric ingesta was non-specific and may indicate mild retained food or possible mild gastric stasis. The potential for a mild amount of non-obstructive gastric foreign material is possible. Gastric evacuation +/- endoscopy if available could be considered. Conservatively, given the lack of GI obstructive pattern hospitalization with as needed GI support, documented NPO and sonographic reassessment of the stomach would be reasonable.

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Rockaway Animal Hospital

**REFERRING VET**

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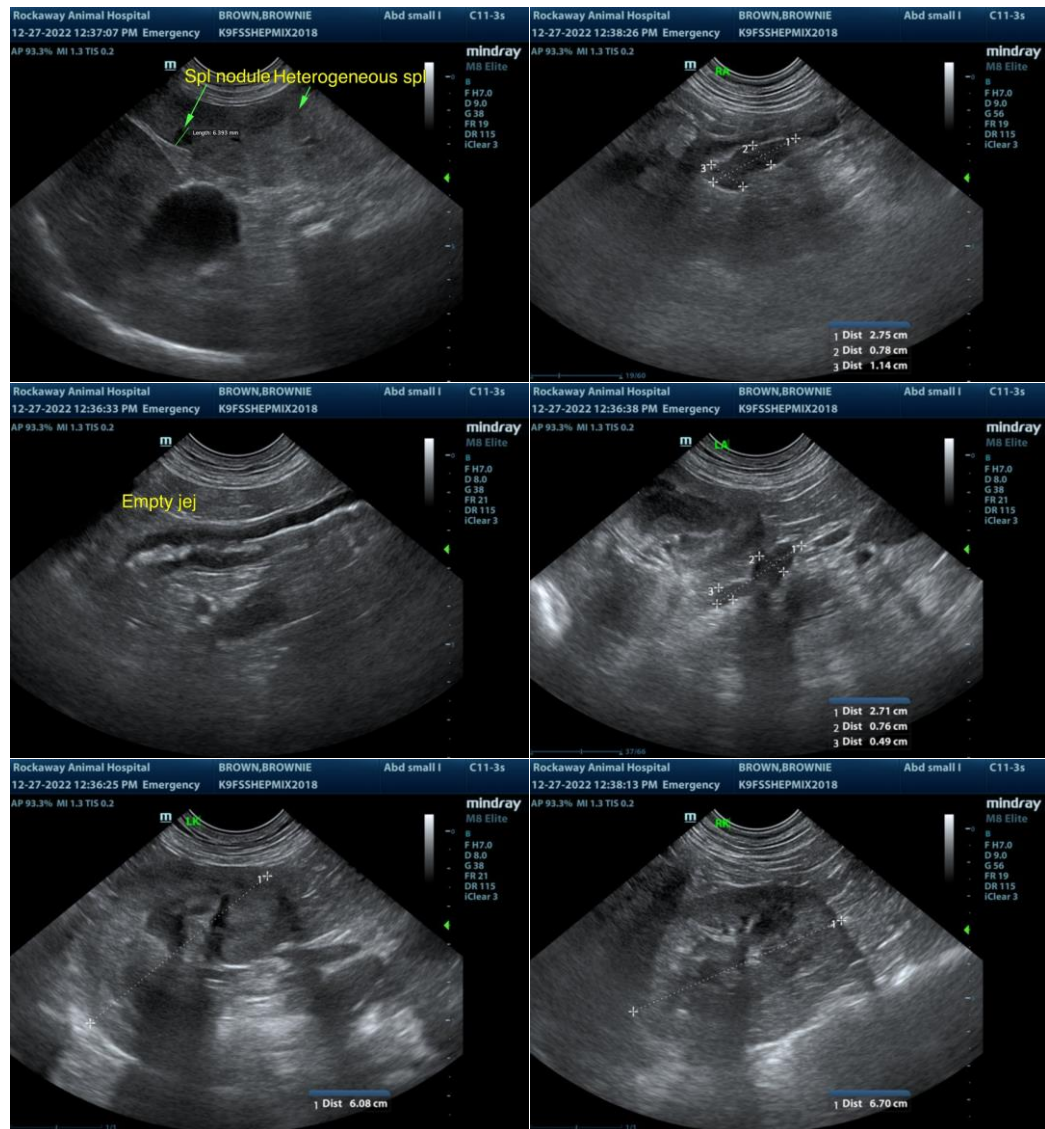
Dr. Maniar

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