



**PATIENT PRESENTING CLINICAL SIGNS**

Sinful Jones Decreased appetite for ~6 weeks, gulping/hard swallowing/nausea?  
 Medication: Apoquel

**SPECIES**  
 Unremarkable CBC/Chemistry Panel and T4  
 Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Golden Retriever **Urinary System**

**SEX**  
 FS The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

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

2012 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. Left kidney small, thinly walled, lateral cortical cyst containing anechoic fluid was noted. The left kidney measured 7.2 cm in length. The right kidney measured 7.8 cm in length.

**WEIGHT**  
 118

**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 3.3 cm length x 0.79 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 2.6 cm length x 0.59 cm width at the caudal pole.

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT ARDMS/RVT

**HOSPITAL NAME**  
 Blue Ridge VC **Spleen**  
 The spleen exhibited subjective normal size and primarily maintained a symmetrical capsule contour with generalized mild parenchyma heterogeneity. A solitary, ill-defined, nonhomogeneous, mildly expansive macronodule was noted mid-spleen measuring 3.1 cm in diameter. The macronodule appeared to subtly distort the lateral and medial splenic capsule, yet without evidence of parenchymal escape. Focal hyperechoic nodule within the macronodule was noted which may indicate focal chronic infarct, myelolipoma, or emerging mineralization. Normal splenic vascularity was noted.

**REFERRING VET**

Dr. Filchner **Liver/ Gallbladder**

**INVOICE**  
 15709 The liver presented subjective mild 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. A solitary, thinly walled, intraparenchymal cyst containing anechoic fluid was present. The

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**PATIENT**

Sinful Jones

gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

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Canine

The visualized gastric walls were sonographically normal without evidence of mechanical pyloric outflow obstruction. The lumen of the stomach contained moderate, variably echogenic, non-shadowing ingesta along with luminal gas.

**BREED**

Golden Retriever

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 small intestinal mechanical / metabolic ileus, obstruction, or foreign material.

**SEX**

FS

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

**Pancreas**

**AGE**

2012

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.

**Free Abdomen**

**WEIGHT**

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No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Age-related kidneys with small left kidney cortical cyst
- Subtly expansive nonhomogeneous focally nodular splenic macronodule - nonspecific, hyperplasia, hematopoiesis, atypical myelolipoma, granuloma, potential for emerging neoplastic criteria cannot be definitively excluded
- Mild benign hepatomegaly with small intraparenchymal cyst
- Overtly normal gastrointestinal tract with gastric ingesta
- Sonographically normal pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, FNA cytology of the splenic nodule using a 25-gauge needle is warranted for further assessment. Good chance the splenic nodule is benign based on sonographic appearance pending nodule cytology if elected. Sonographic monitoring of the splenic nodule for evidence of progression with initial recheck in 4 weeks would be reasonable.

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Dr. Filchner

The presence of gastric ingesta is nonspecific and may indicate post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Potential for low-grade gastritis / esophagitis, given the patient's clinical signs, could be considered. Gastroprotectant protocol and canned hydrolyzed diet trial with potential coverage for helicobacter, assuming no evidence of thoracic / esophageal pathology on radiographs,

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may prove beneficial. If evidence of weight loss, A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol level to rule out occult disease as a contributing factor may be considered.

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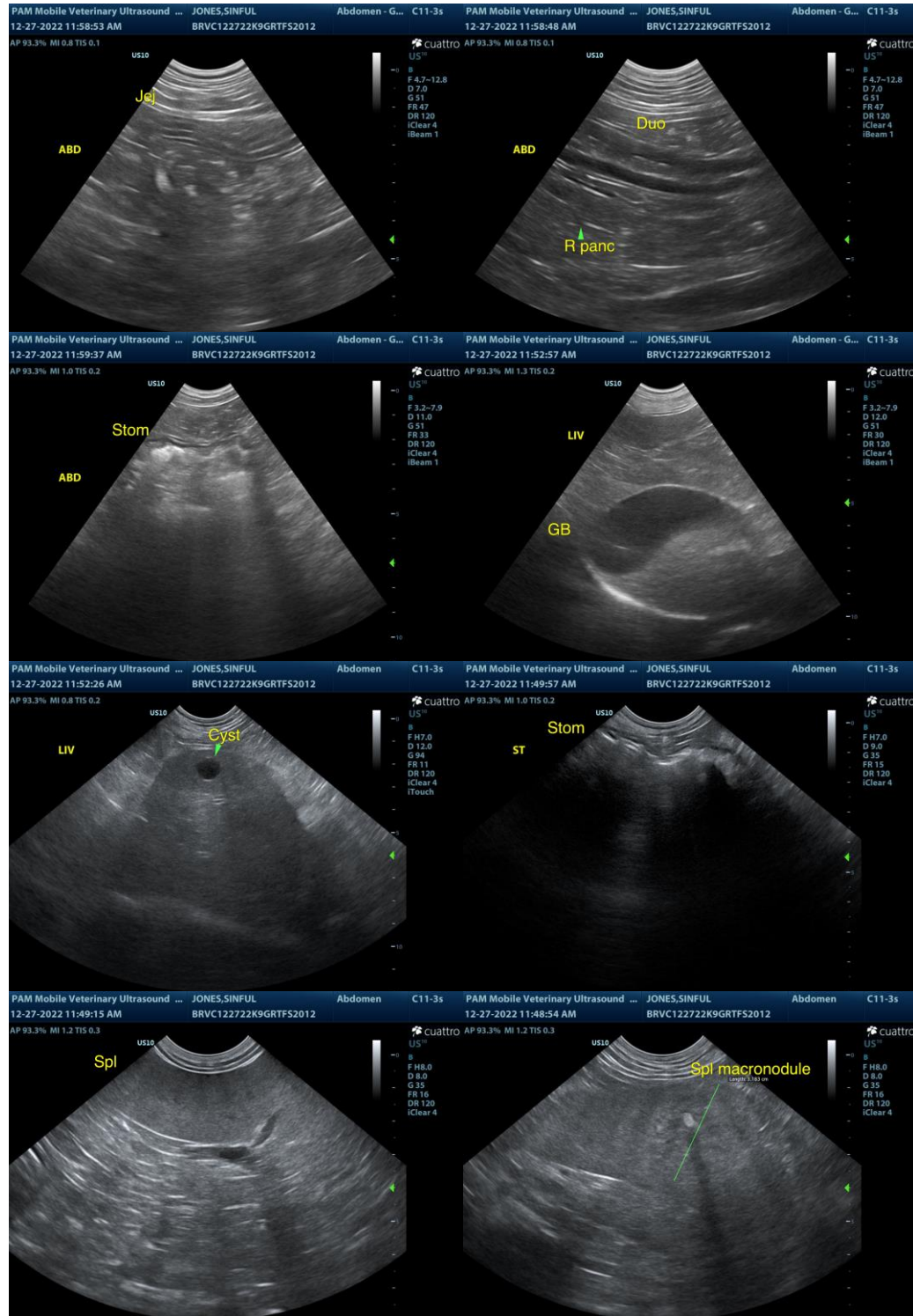
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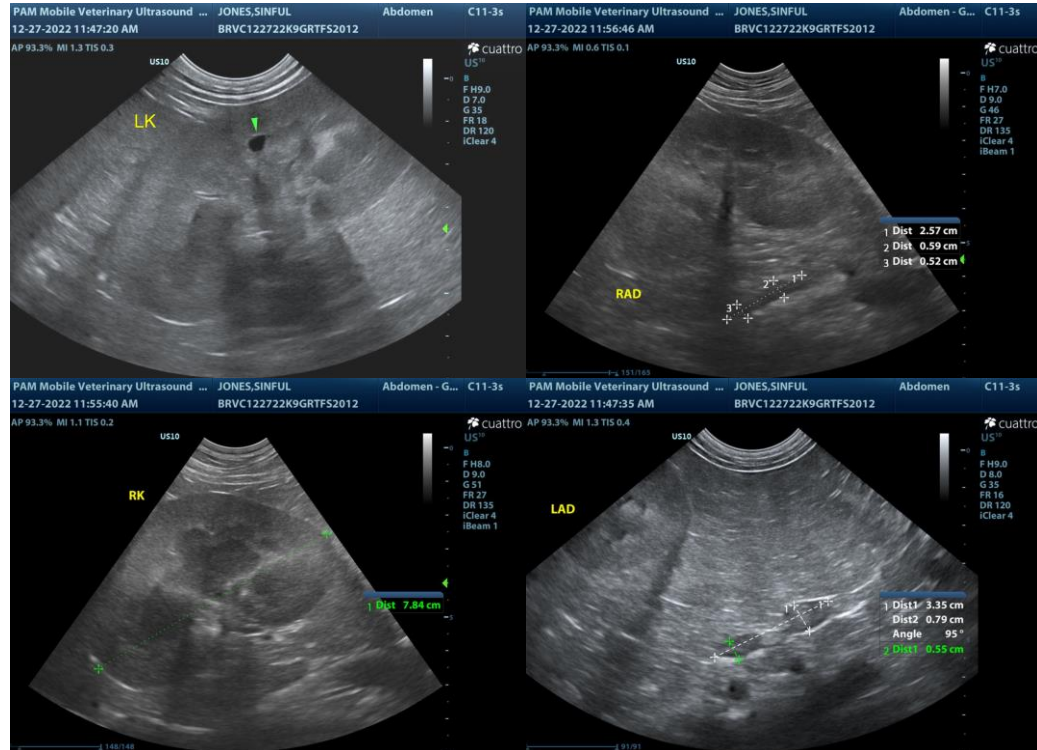
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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