



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Buddy Hodgson	recheck spenic nodule, previous report attached
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b><i>Urinary System</i></b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.
Doodle	
<b>SEX</b>	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.60 cm in diameter.
MN	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology, including normal blood flow at the level of the distal aorta and iliac vasculature. No evidence of medial iliac or sublumbar lymphadenopathy was noted.
10 years	
<b>WEIGHT</b>	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 6.0 cm in length. The right kidney measured 6.1 cm in length.
79 lbs.	
<b>INTERPRETED BY</b>	<b><i>Adrenal Glands</i></b>
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.1 cm length x 0.74 cm width at the caudal pole. The right adrenal gland was indistinctly visualized. The right adrenal gland measured 0.87 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b><i>Spleen</i></b>
Kelly Reshny, RVT	Previously noted nonhomogeneous to expansive splenic nodule was present. The nodule at this time appears to be progressive compared to the previous ultrasounds and may be classified as a small mass, measuring 3.6 cm x 2.6 cm. A newly noted thrombus was present in the splenic hilus. This thrombus was uniform and well-demarcated and did not appear to be obstructive to blood flow.
<b>HOSPITAL NAME</b>	<b><i>Liver/ Gallbladder</i></b>
Maples AH	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. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Kazienko	
<b>INVOICE</b>	<b><i>Gastrointestinal</i></b>
12706	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.
<b>DATE</b>	
12/3/21	



**PATIENT**

Buddy Hodgson

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**

Canine

**Pancreas**

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.

**BREED**

Doodle

**Free Abdomen**

No omental masses, lymphadenopathy or peritoneal effusion were present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**AGE**

10 years

- Progressive to expansive splenic nodule to small mass
- Splenic vein thrombus

**WEIGHT**

79 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the mild progressive nature of the previously noted expansive splenic nodule, as well as the newly noted splenic vein thrombus, splenectomy is warranted at this time with submission of tissue for histopathology. A coagulation panel is recommended prior to surgery. No overt evidence of regional metastasis, should a neoplastic splenic process be present. Three view chest radiographs are recommended to rule out occult thoracic pathology and assess cardiopulmonary status prior to surgery.

If surgery is not elected, serial sonographic monitoring of the expansive splenic nodule to small mass, as well as the splenic vein thrombosis is suggested with initial recheck in 4-6 weeks.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Maples AH

**REFERRING VET**

Dr. Kazienko

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12706

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Canine

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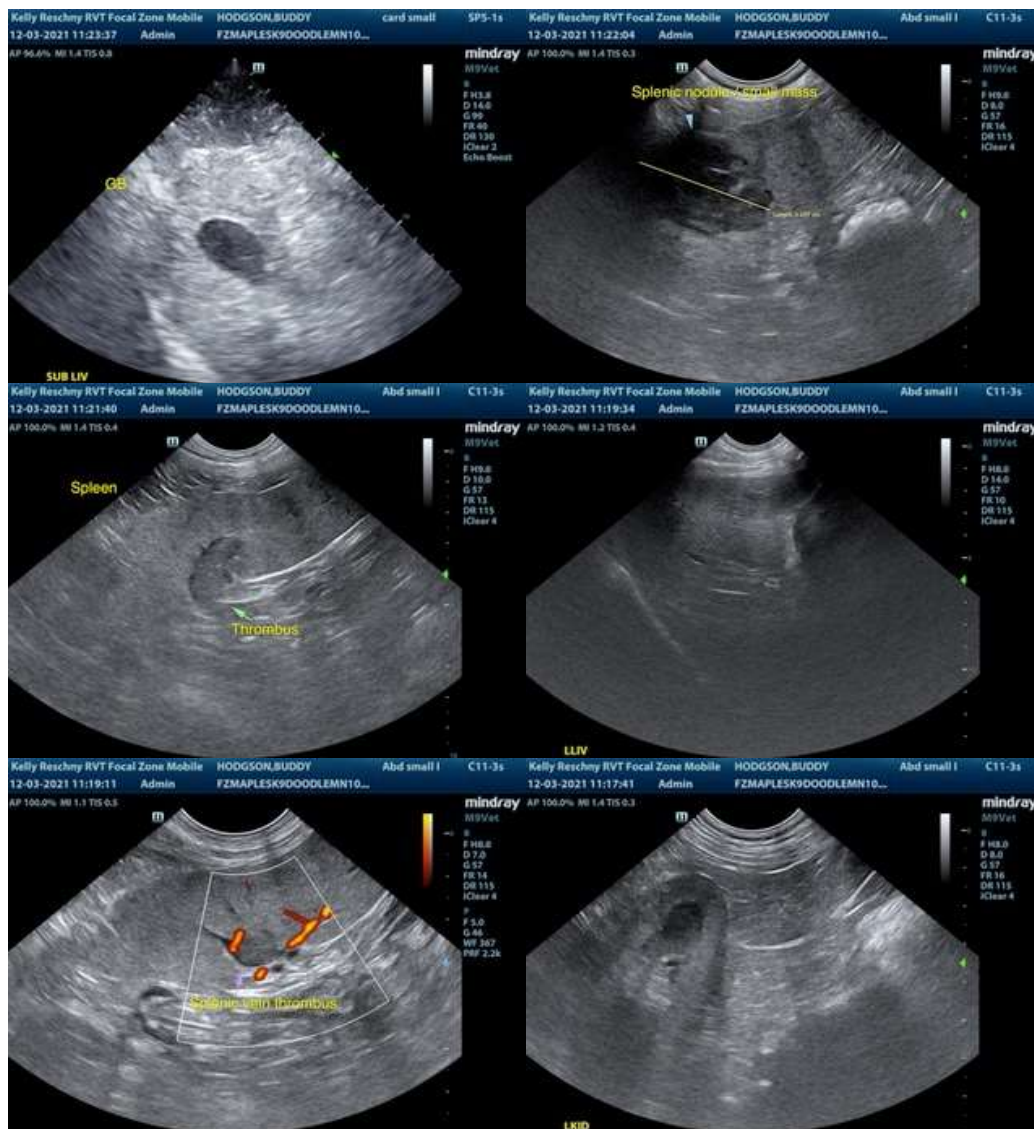
Dr. Kazienko

**INVOICE**

12706

**DATE**

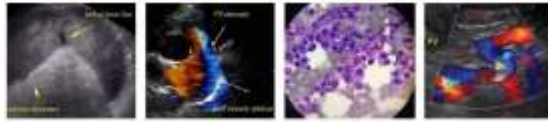
12/3/21



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



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Canine

**BREED**

Doodle

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**AGE**

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