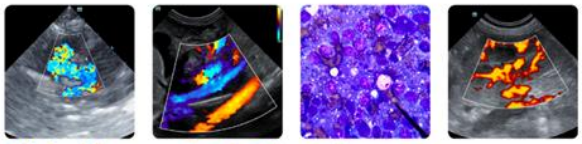

PATIENT

Bear Dressler

SPECIES

Canine

BREED

Great Dane/Weim Mix

SEX

MN

AGE

11yr

WEIGHT

85.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Joanne Goodman

HOSPITAL NAME

Evendale-Blue Ash Pet Hospital

REFERRING VET

Dr. Joanne Goodman

INVOICE
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DATE
12/03/2025

PRESENTING CLINICAL SIGNS

- Recheck scan of spleen and liver - Doing well clinically at home - No current issues

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. The left kidney measured 6.7 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape with indistinct visualization. The left adrenal gland subjectively measured 0.68 cm width at the caudal pole. The right adrenal gland subjectively measured 0.69 cm width at the caudal pole.

Spleen

The spleen exhibited previously noted mildly expansive non-homogenous subjective static lateral splenic nodule with mild associated symmetrical capsule distortion measuring 2.3 cm in diameter. Areas of medial capsule fibrosis to small perihilar myelolipomas were present.

Liver/Gallbladder

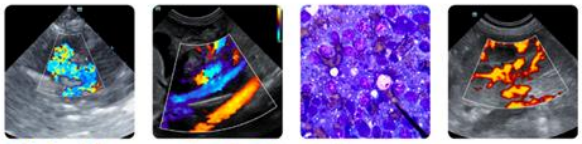
The liver was subjectively mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal vascular volume. The gallbladder was non-distended in size with thin walls and static mild congealed non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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.

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 mechanical/metabolic ileus, obstruction or foreign material.

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



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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 was evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Static mildly expansive splenic nodule with medial capsule fibrosis /perihilar myelolipomas
- Static enlarged non-homogenous liver
- Static non-organized gallbladder debris
- Static age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar sonographic presentation compared to the previous study without evidence of progressive hepatosplenic parenchymal changes or pathology. Assuming normal clotting status and using 25ga needle a splenic nodule and hepatic parenchyma FNA cytology could be considered for further clarification. Continued sonographic monitoring of the liver and gallbladder would be a more conservative approach. Hepatosupportive medications recommended if evidence of hepatopathy /cholestasis if not currently instituted.

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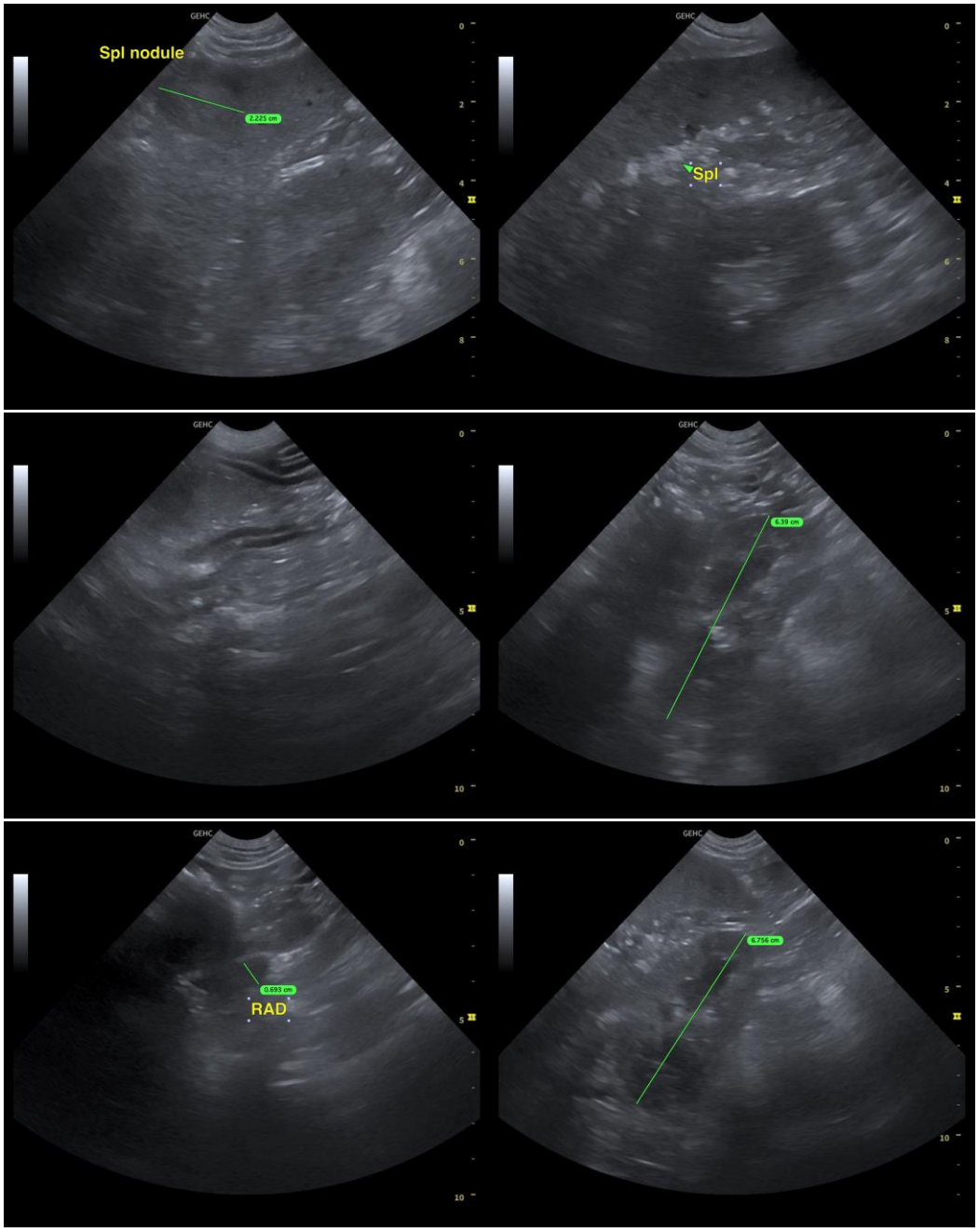

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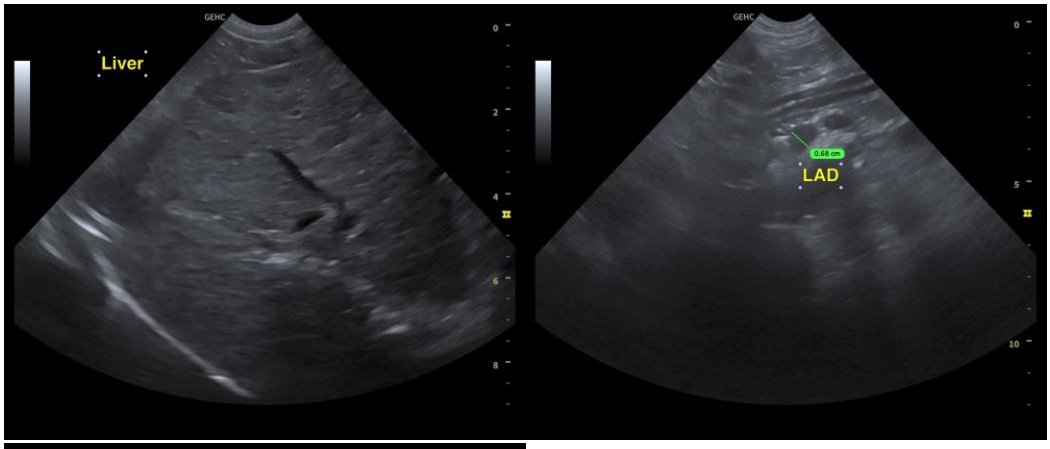

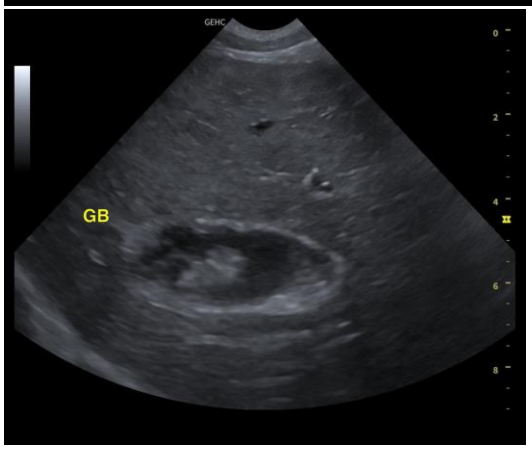

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com