



PATIENT	PRESENTING CLINICAL SIGNS
Bentley Conner	Bloody Diarrhea
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, and cystourethral junction 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.
French Bulldog	
SEX	The prostate was mildly prominent in size with mild nonhomogeneous to mixed echogenic parenchyma, measuring 1.6 cm. No evidence of parenchymal mineralization was noted.
Male	
AGE	The area of the aortic trifurcation was free of pathology.
10	
WEIGHT	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 4.8 cm in length. The right kidney measured 5.2 cm in length.
25	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was not definitively visualized. The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.63 cranial pole and 0.84 cm width for the caudal pole.
IMAGING PERFORMED BY	Spleen
Jenn	The spleen was mildly subnormal in size likely owing to volume contraction exhibiting a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
HOSPITAL NAME	Liver/ Gallbladder
Rockaway AH	The liver exhibited subjective mild generalized enlargement. An unspecified cystic mass lesion exhibiting thin walls containing anechoic content with concurrent nondependent yet nonmineralized, mildly organized, centralized tissue or potential possible congealed cellular debris was present, measuring approximately 6.0-7.0 cm in diameter. This cystic mass lesion occupied the majority of the left, mid, and right parenchyma yet did not overtly appear to involve the gallbladder. The gallbladder was normal in size containing primarily anechoic content with mild luminal debris. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Kahn	
INVOICE	Gastrointestinal
13336	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic ingesta exhibiting subtle distal acoustic shadowing.
DATE	
2/14/22	



PATIENT

Bentley Conner

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. The jejunum wall width measured 0.40 cm.

SPECIES

Canine

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

BREED

French Bulldog

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

Male

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

10

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

25

- Mild age-related kidneys
- Gastric ingesta
- Enterocolitis pattern
- Unspecified moderately sized hepatic intra-parenchymal cystic mass lesion
- Mild gallbladder debris

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic cystic mass lesion was nonspecific with considerations including hepatic parenchymal or hepatobiliary cyst, abscess, necrosis, unspecified neoplasia, or other. Assuming normal clotting status, ultrasound-guided FNA of the cystic mass using a 25-gauge needle for fluid collection +/- cytology, if possible, may be considered. Fluid cytology +/- C/S obtained from the cystic mass may be indicated.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Fresh fecal analysis to assess for parasitic ova / giardia and/or a GI panel if previous or recurrent gastrointestinal signs are suggested. Empirically, medical therapy for colitis or hemorrhagic gastroenteritis should prove beneficial.

REFERRING VET

Dr. Kahn

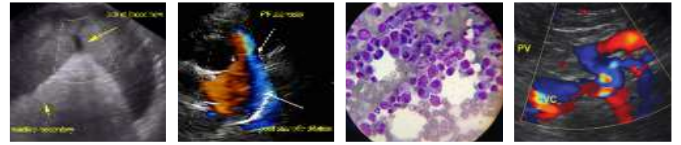
INVOICE

13336

DATE

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PATIENT

Bentley Conner

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

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HOSPITAL NAME

Rockaway AH

REFERRING VET

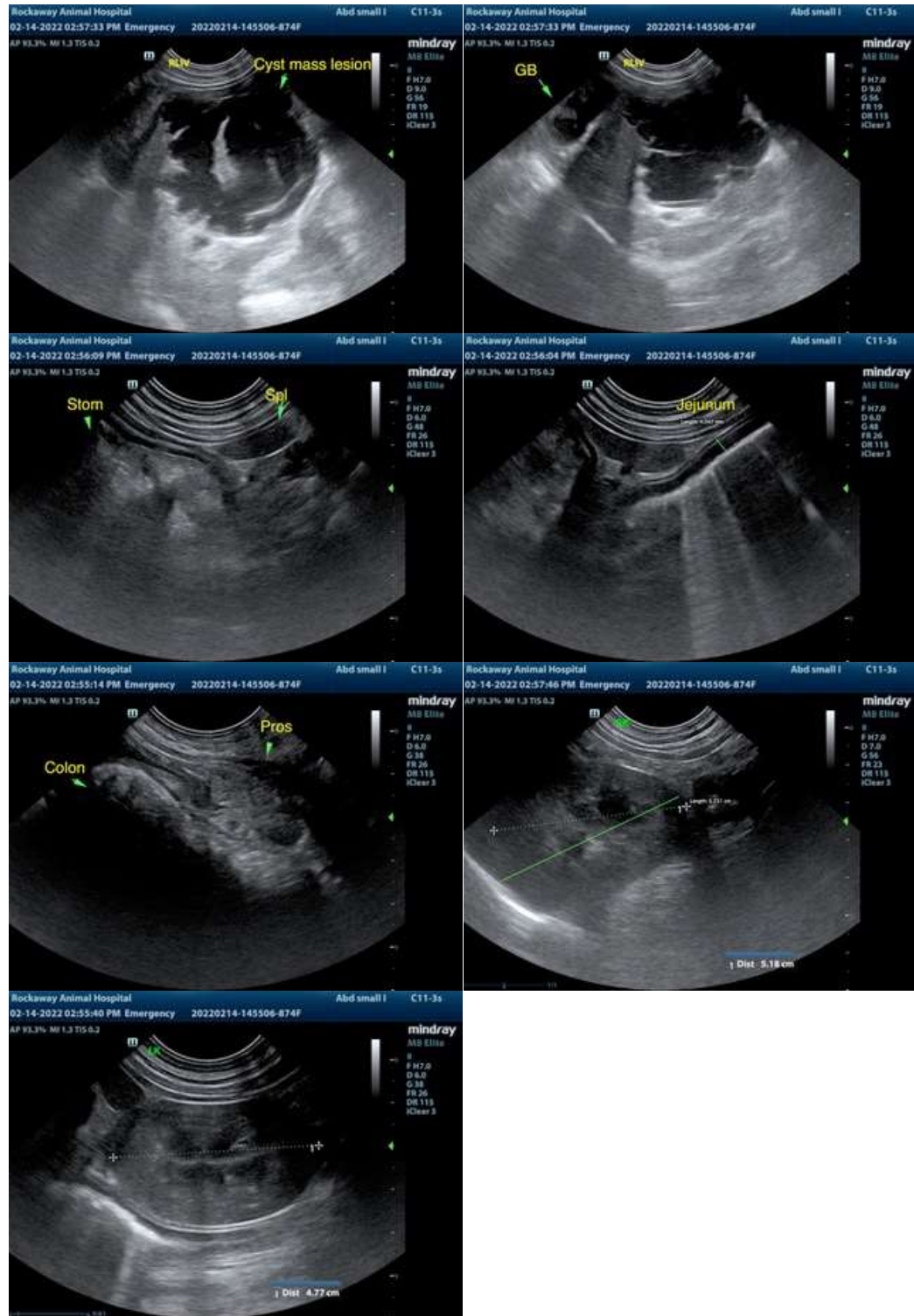
Dr. Kahn

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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.



PATIENT

Bentley Conner

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.

SPECIES

Canine

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

BREED

French Bulldog

SEX

Male

AGE

10

WEIGHT

25

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

**IMAGING
PERFORMED BY**

Jenn

HOSPITAL NAME

Rockaway AH

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