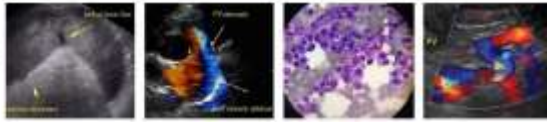




PATIENT	PRESENTING CLINICAL SIGNS
Summer Bernie	recheck spleen, still not eating as well, low energy. Abnormal PE/Chem/CBC/UA Results: Previous BW-WNL
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<i>Urinary System</i> The urinary bladder, trigone, and cystourethral junction exhibited normal 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.
BREED	
Golden Ret	
SEX	
FS	The area of the aortic trifurcation was free of pathology.
AGE	
9 years	The left kidney was not visualized owing to previous nephrectomy. Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 8.0 cm in length.
WEIGHT	
25 kg	<i>Adrenal Glands</i> The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the cranial pole and 0.66 cm width in the caudal pole. No overt evidence of nodular changes was noted. The right adrenal gland was mildly prominent in size with mild asymmetrical contour exhibiting nonhomogeneous to indistinctly nodular parenchyma. An example of an indistinct right adrenal nodule measured 0.5 cm in diameter. The right adrenal gland measured 1.7 cm width at the cranial pole and 0.86 cm width at the caudal pole.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	
Kelly Reschny	
HOSPITAL NAME	<i>Spleen</i> The spleen exhibited persistent generalized enlargement most notable in the mid to cranial spleen. Previously noted to mild progressively expansive hypoechoic nodule measuring 6.0 cm in diameter. No overt evidence of splenic parenchymal escape. Normal splenic vascularity was noted.
Fisher Mills AH	
REFERRING VET	<i>Liver/ Gallbladder</i> The liver presented 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. The gallbladder was non-distended in size with mild inspissated yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.
Dr. Gupta	
INVOICE	
13365	
DATE	
2/16/22	



PATIENT

Gastrointestinal

Summer Bernie

The stomach presented intact yet subjective mild prominent wall layering with minor retained ingesta and luminal gas without evidence of previously noted shadowing echo.

SPECIES

Canine

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 0.51 cm.

BREED

Golden Ret

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

SEX

FS

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.

AGE

9 years

Free Abdomen

No evidence of perisplenic inflammation or omental reactivity, as well as no evidence of perisplenic to peritoneal free fluid was noted. No overt lymphadenopathy was noted.

WEIGHT

25 kg

ULTRASONOGRAPHIC FINDINGS

- Persistent splenomegaly with subjective mild progressive macro-nodule to small mass
- Vacuolar hepatopathy pattern
- Potential persistent mild gastritis
- Nodular to prominent right adrenal gland

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Fisher Mills AH

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular prominent right adrenal gland is nonspecific and may indicate functional vs. nonfunctional adenomatous change, hyperplasia, while the potential for primary vs. metastatic neoplasia cannot be excluded. Screening blood pressure to assess for evidence of hypertension is recommended.

Given the subjective mild progressive splenic macro-nodule to small mass and persistent splenomegaly, higher concern for neoplastic processes is warranted. If not done, and assuming normal clotting status, ultrasound guided FNA of the splenic parenchyma and specifically the macro-nodule to small mass using a 25-gauge needle is recommended. However, assuming no evidence of pathology on three view chest radiographs, splenectomy with gross inspection of the right adrenal gland +/- right adrenalectomy and gastrointestinal biopsies if clinically indicated would be warranted. Empirically, as-needed gastrointestinal support is recommended.



PATIENT

Summer Bernie

SPECIES

Canine

BREED

Golden Ret

SEX

FS

AGE

9 years

WEIGHT

25 kg

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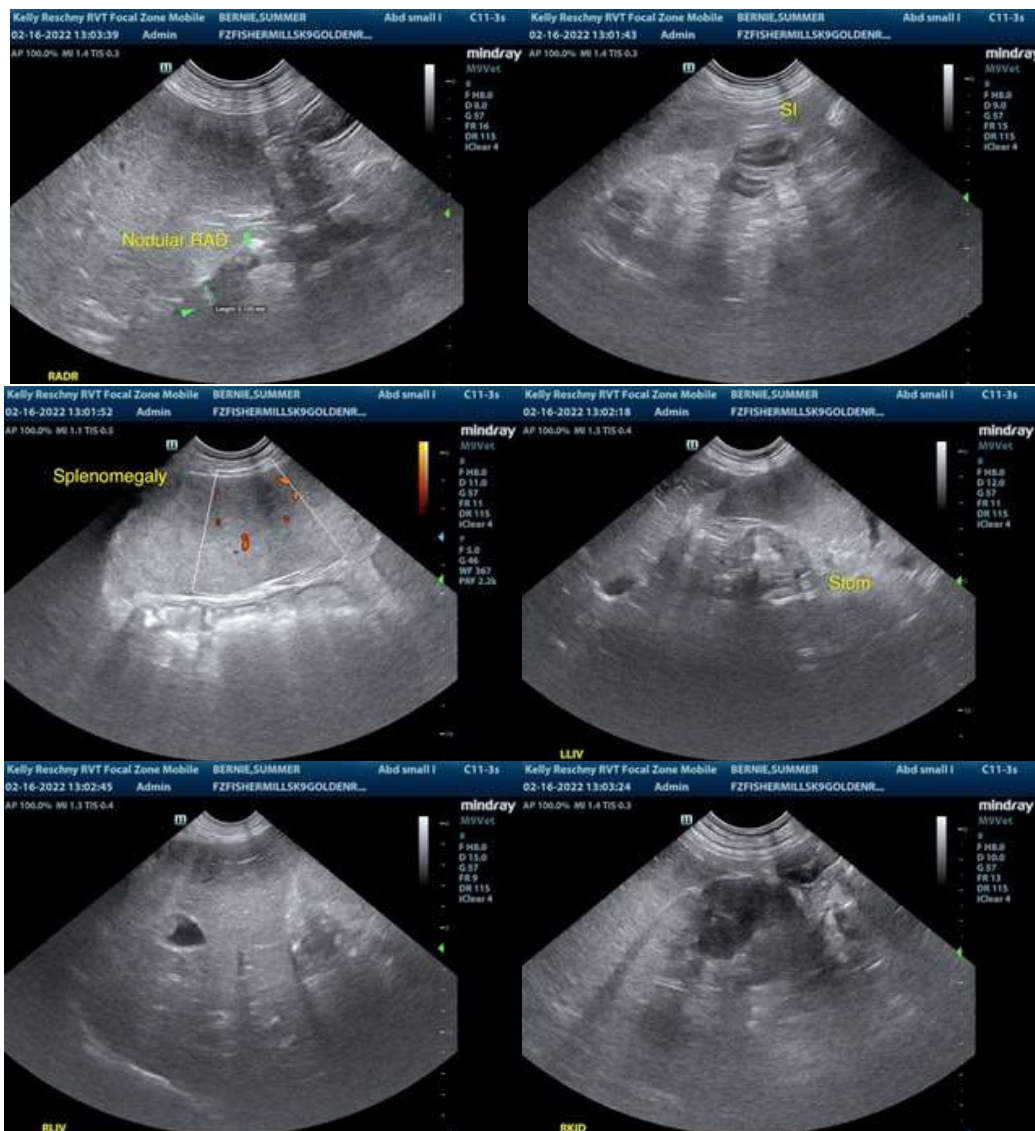
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PATIENT

Summer Bernie

SPECIES

Canine

BREED

Golden Ret

SEX

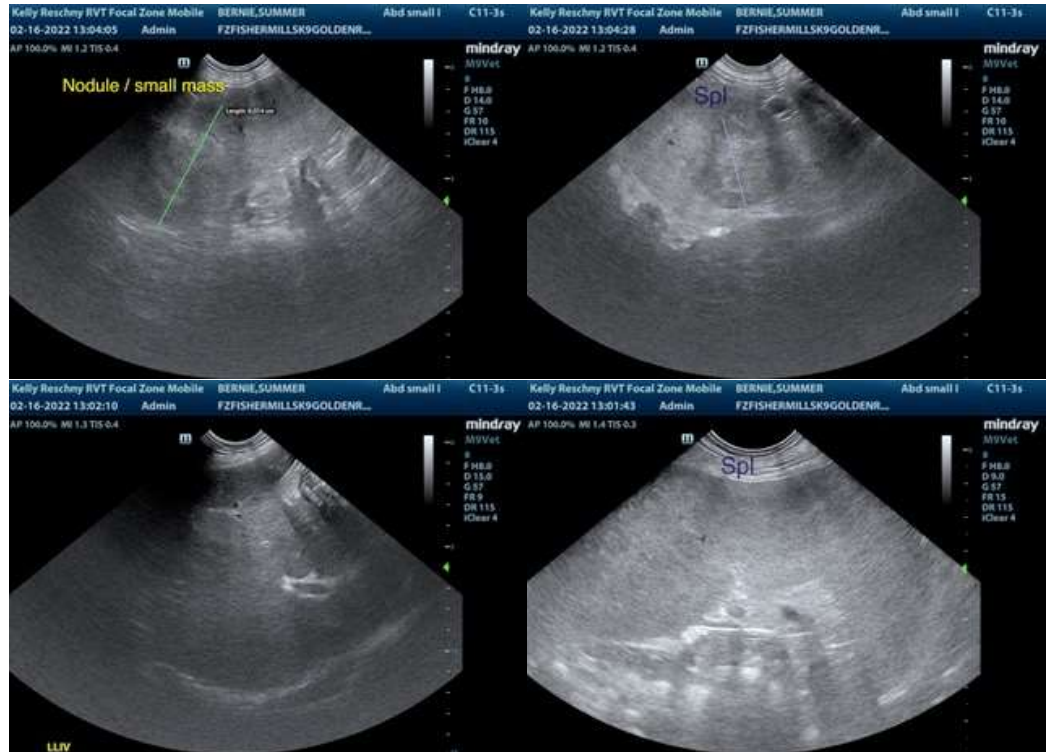
FS

AGE

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WEIGHT

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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