



PATIENT

Lucy McKeivitt

SPECIES

Canine

BREED

Goldendoodle

SEX

F/S

AGE

11

WEIGHT

31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Southpointe VC

REFERRING VET

Dr. James

INVOICE

16235

DATE

2/21/23

PRESENTING CLINICAL SIGNS

Suspicion of an Ab mass on Ab x rays presented for respiratory issues

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the aortic trifurcation was free of pathology.

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 or pyelectasia was present. Pinpoint medullary mineral was noted. The left kidney measured 7.7 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.72 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 0.54 cm width at the cranial pole.

Spleen

The spleen was mildly enlarged yet maintained a symmetrical capsule contour and a finely textured homogeneous parenchyma. The caudal spleen was folded upon itself. Normal splenic vascularity was present with no masses or nodules.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, discrete, nondisruptive, hypoechoic intraparenchymal nodules were present with an example measuring 1.0 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with very mild, incidental, echogenic gallbladder debris in the caudal lumen. No evidence of inflammatory criteria was noted. 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 contained mild, variably ingesta, sonographically consistent with food, without signs of obstruction or foreign material.



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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.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Transdiaphragmatic view of the heart revealed no overt evidence of pericardial effusion.

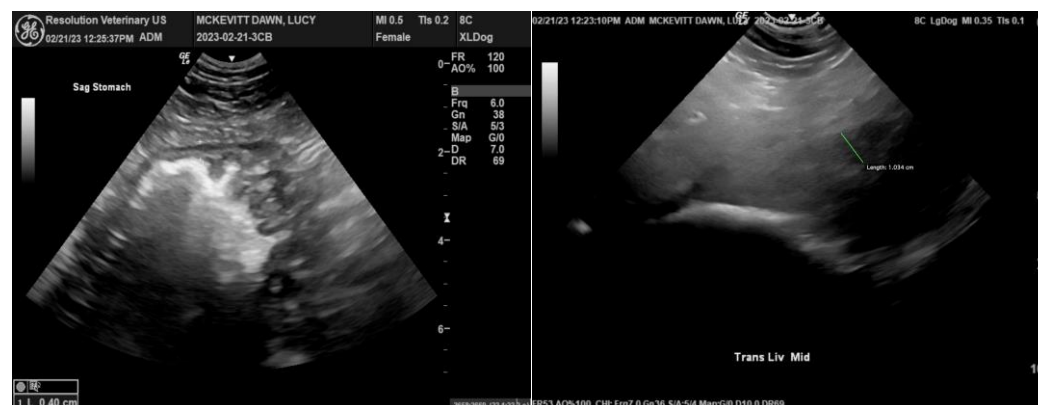
ULTRASONOGRAPHIC FINDINGS

- Hepatic parenchymal remodeling with intermittent discrete intraparenchymal nodule - subjectively benign
- Mild splenomegaly with splenic folding - no evidence of splenic mass
- Mild chronic renal changes with pinpoint medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely mild geriatric abdomen without evidence of significant visceral pathology, specifically intraabdominal neoplastic criteria / mass. The splenic folding and subjective mild splenomegaly is nonspecific with considerations including incidental hyperplasia, hematopoiesis, and potential splenitis while the splenic folding itself is not indicative of underlying pathology.

Correlation of the hepatic appearance with an assessment of the hepatic enzymes is suggested. Suspect benign hepatic parenchymal remodeling with discrete areas of hyperplasia, hematopoiesis, or similar is possible.





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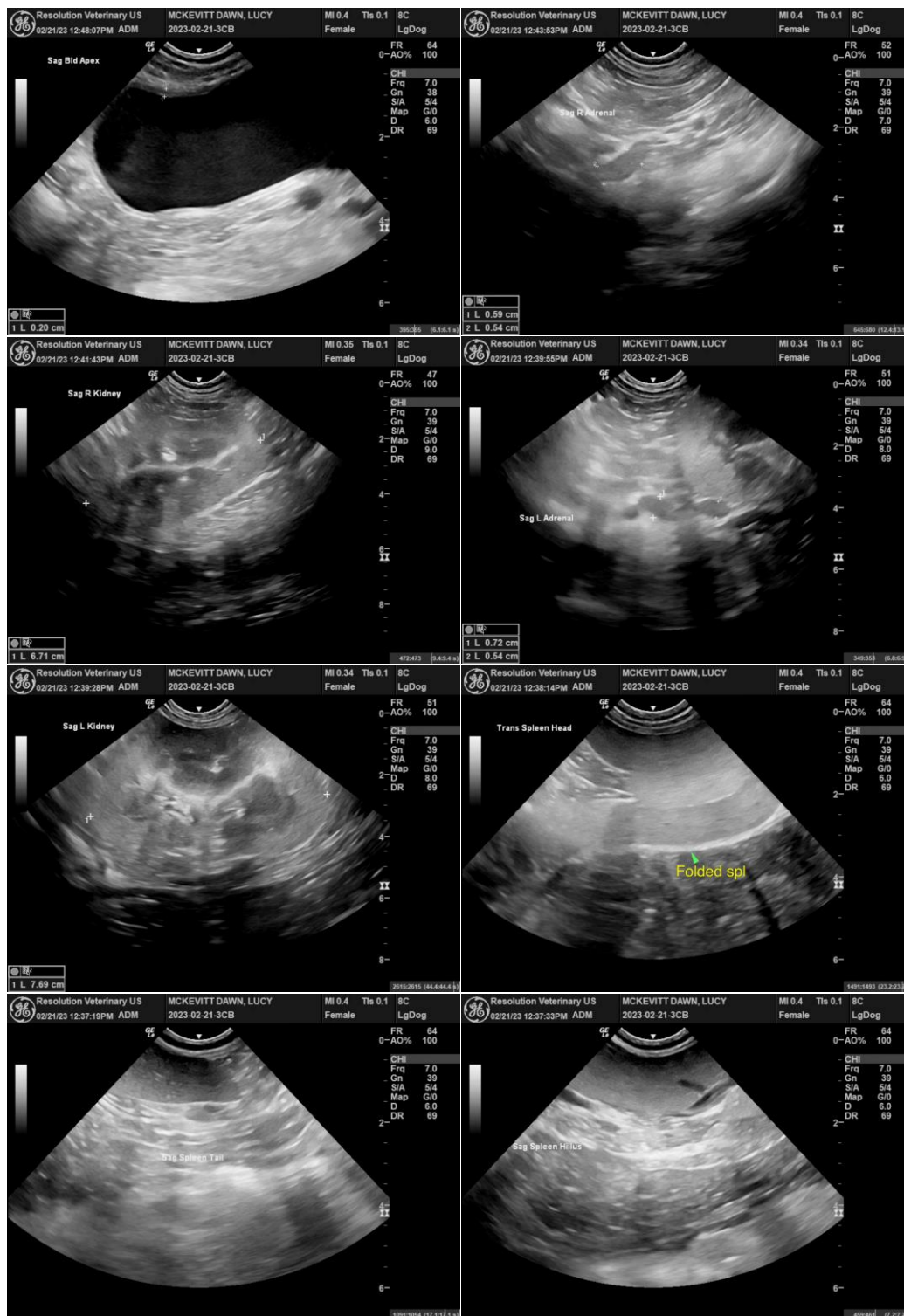
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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