



PATIENT

Fiona Bonilla

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

12 years

WEIGHT

87 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Karen Zelinski

INVOICE

16252

DATE

2/22/23

PRESENTING CLINICAL SIGNS

Patient presents due to unintentional weight loss and PU/PD. Patient used to weigh 98 lbs, now she weighs 87 lbs.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL. Urine culture (-). U/A: 1+ protein, USG 1.014.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was present. The left kidney measured 7.0 cm in length. The right kidney measured 6.5 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 2.6 cm length x 0.43 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 2.4 length x 0.80 cm width at the caudal pole.

Spleen

The spleen exhibited subjective mild to variable enlargement. A solitary, nonuniform hyperechoic nodule noted in the medial parenchyma in the area of the hilus measuring 2.6 cm in diameter was present. Concurrent, small, spherical to nonhomogeneous mass lesion noted in the subjective cranial medial spleen measuring 3.4 cm in diameter was also present. The small mass lesion appeared to mildly distort the splenic capsule without evidence of parenchymal escape. Normal splenic vascularity was noted.

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach was nondistended and presented overtly normal visualized gastric wall layering. The lumen of the stomach contained mild echogenic, nonshadowing ingesta without signs of obstruction or foreign material. No overt evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering and maintained a normal 1:3 muscularis/mucosa ratio. Subtle segmental to generalized intestinal nonspecific mucosal speckling was noted. No obstructive pattern or intestinal masses were visualized.

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

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.

Free Abdomen

Possible cranioventral abdominal lipoma vs. prominent falciform was noted. No omental masses, lymphadenopathy, or evidence of peritoneal effusion were present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Small splenic mass with concurrent suspect benign splenic nodule
- Hepatic parenchymal remodeling - overtly benign
- Intact gastrointestinal wall layering with mild gastric ingesta and nonspecific discrete small bowel mucosal speckling
- Heterogeneous pancreas
- Mild chronic renal changes

Secondary Findings

- Possible intraabdominal lipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small splenic mass was nonspecific with considerations including hyperplasia, hematopoiesis, splenitis, and neoplasia, while the hyperechoic splenic nodule is likely consistent with previous infarct, benign myelolipoma, or emerging mineralization.

Further renal staging to include UPC level, given mild proteinuria, may be considered.

No obvious evidence of primary adrenal pathology was noted.



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Although emerging splenic neoplasia is a possibility, the splenic mass lesion and concurrent nodule are not obviously consistent with neoplastic criteria. Initial sonographic monitoring of the splenic lesion for evidence of progression would not be unreasonable.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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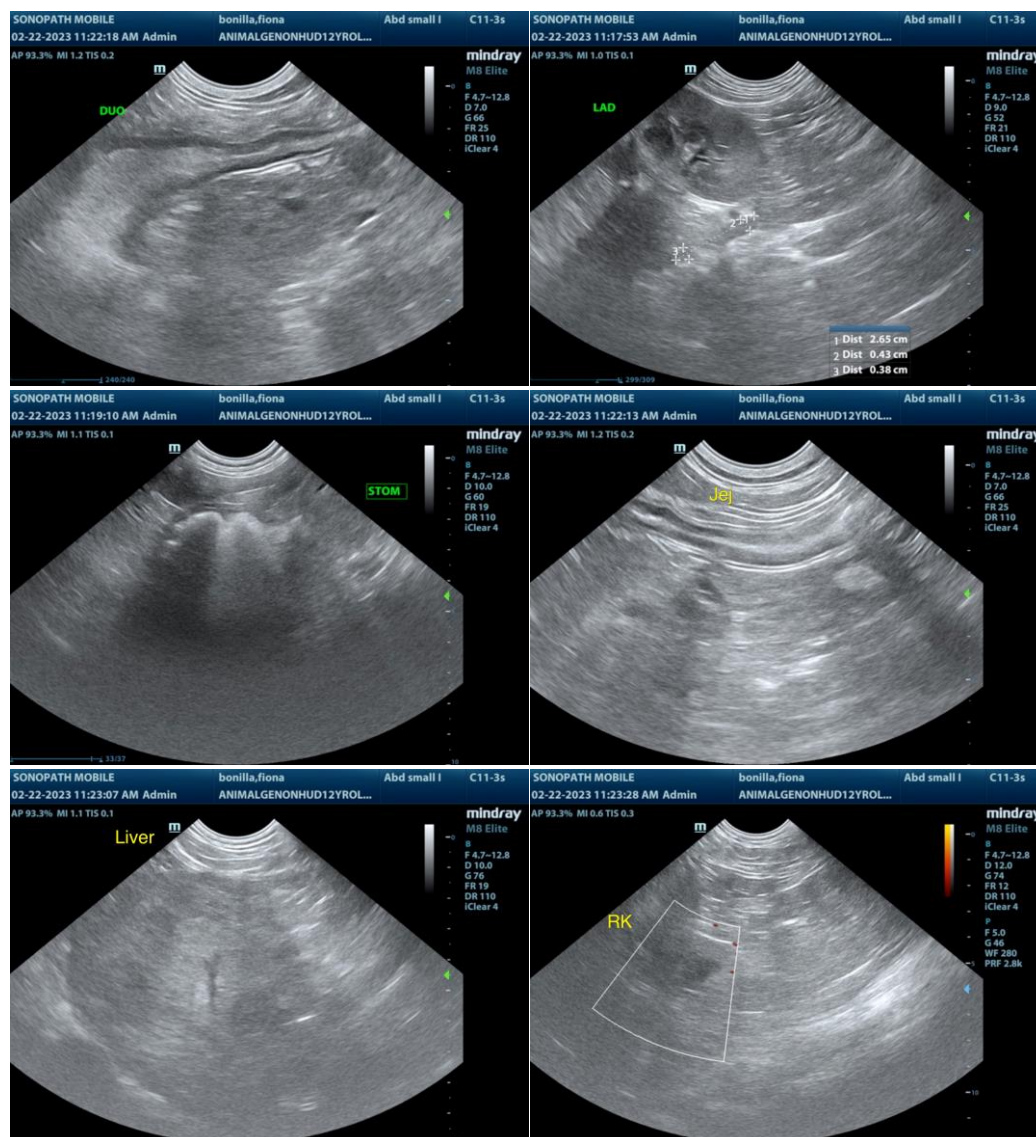
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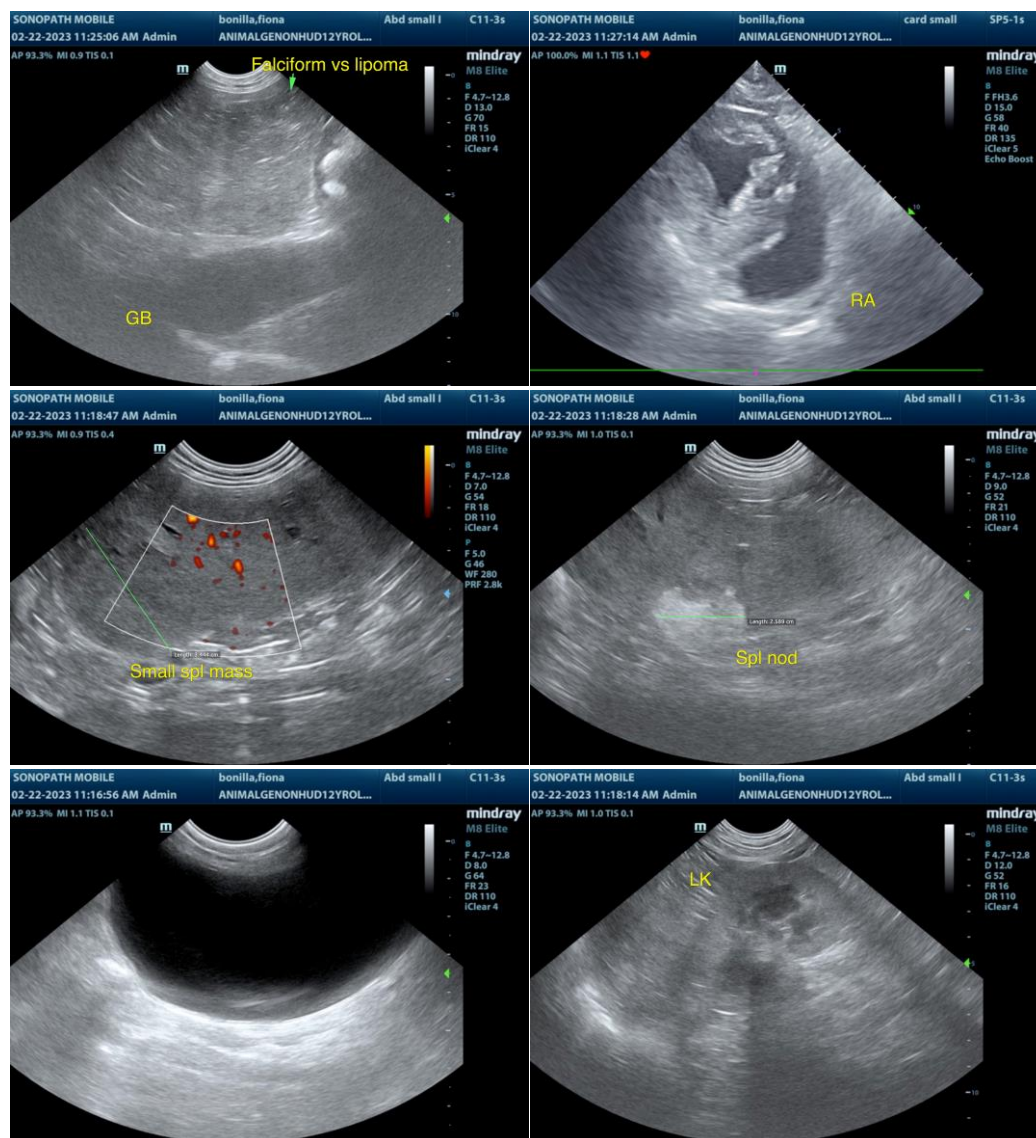
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com