



PATIENT	PRESENTING CLINICAL SIGNS
Jurah Crowhurst	Presented for an abdominal ultrasound. Justification was a nodule/lump on the spleen noted during a laparoscopic ovariohysterectomy in January. Was also recently seen in early February for an infected surgical portal site and treated successfully with antibiotics and non-steroidal anti-inflammatory No other clinic concerns, eating, drinking, limiting and behaving normally. No exercise intolerance and no coughing
SPECIES Canine	
BREED Bernese Mountain Dog	Abnormal PE/Chem/CBC/UA Results: Unremarkable PE No radiographs and no bloodwork
SEX FS	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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
AGE 8mo	
WEIGHT 38.4kg	The area of the aortic trifurcation was free of pathology.
INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole.
IMAGING PERFORMED BY Dr. Westcott	Spleen The intact spleen exhibited overtly normal size with 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. A solitary spherical homogenous nodule medial to the mid to cranial intact spleen was present measuring 1.3 cm in diameter. This isoechoic nodule was not definitively connected to the spleen.
HOSPITAL NAME Dr. Westcott	Liver/Gallbladder The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.
REFERRING VET Dr. Westcott	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.
INVOICE 13174ag	
DATE 03/14/2023	



PATIENT

Jurah Crowhurst

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.

SPECIES

Canine

Pancreas

The pancreas was normal in size with mild capsule asymmetry and isoechoic to mildly heterogenous parenchymal compared to the adjacent omental fat.

BREED

Bernese Mountain Dog

Free Abdomen

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

SEX

FS

- Suspect focal small ectopic splenic tissue medial to the intact spleen, possible non-obvious splenic parenchymal expansion i.e., benign hyperplasia, hematopoiesis or similar. No evidence of splenic neoplastic criteria.
- Minor left kidney pyelectasia-likely incidental/physiologic.
- Mildly heterogenous pancreas-suspect patient variant.

AGE

8mo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology. The suspected focal minor ectopic splenic tissue is not suspected to be of clinical significance. A spec cPL could be considered if clinical signs suggestive of pancreatitis arise or if evidence of GI signs.

WEIGHT

38.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Westcott

HOSPITAL NAME

Dr. Westcott

REFERRING VET

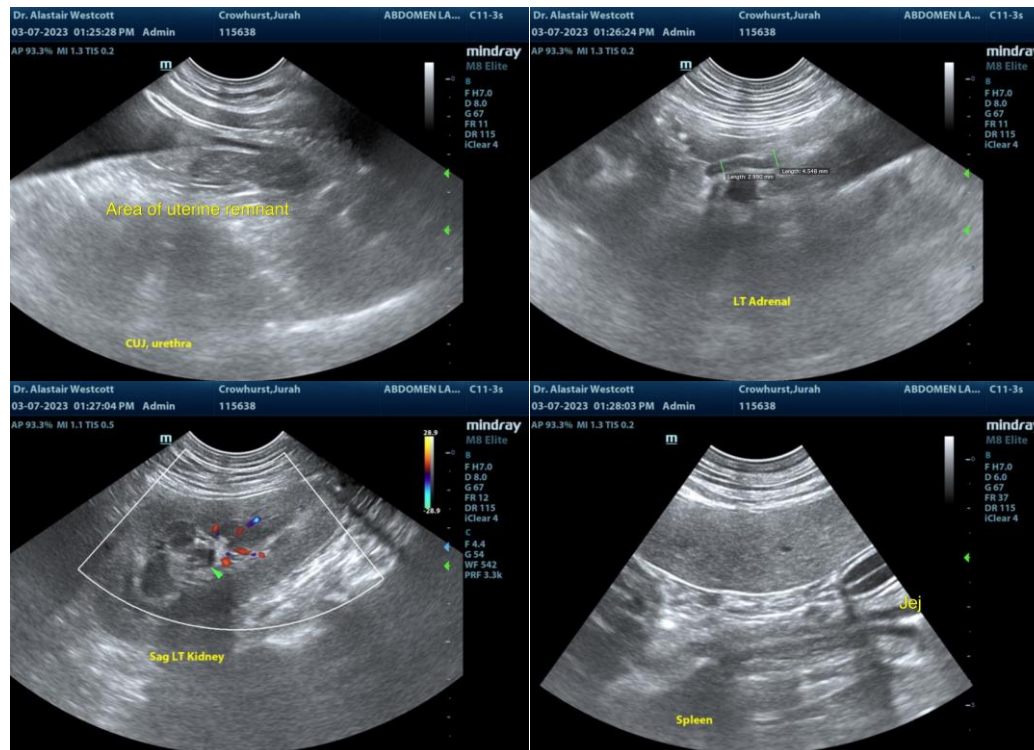
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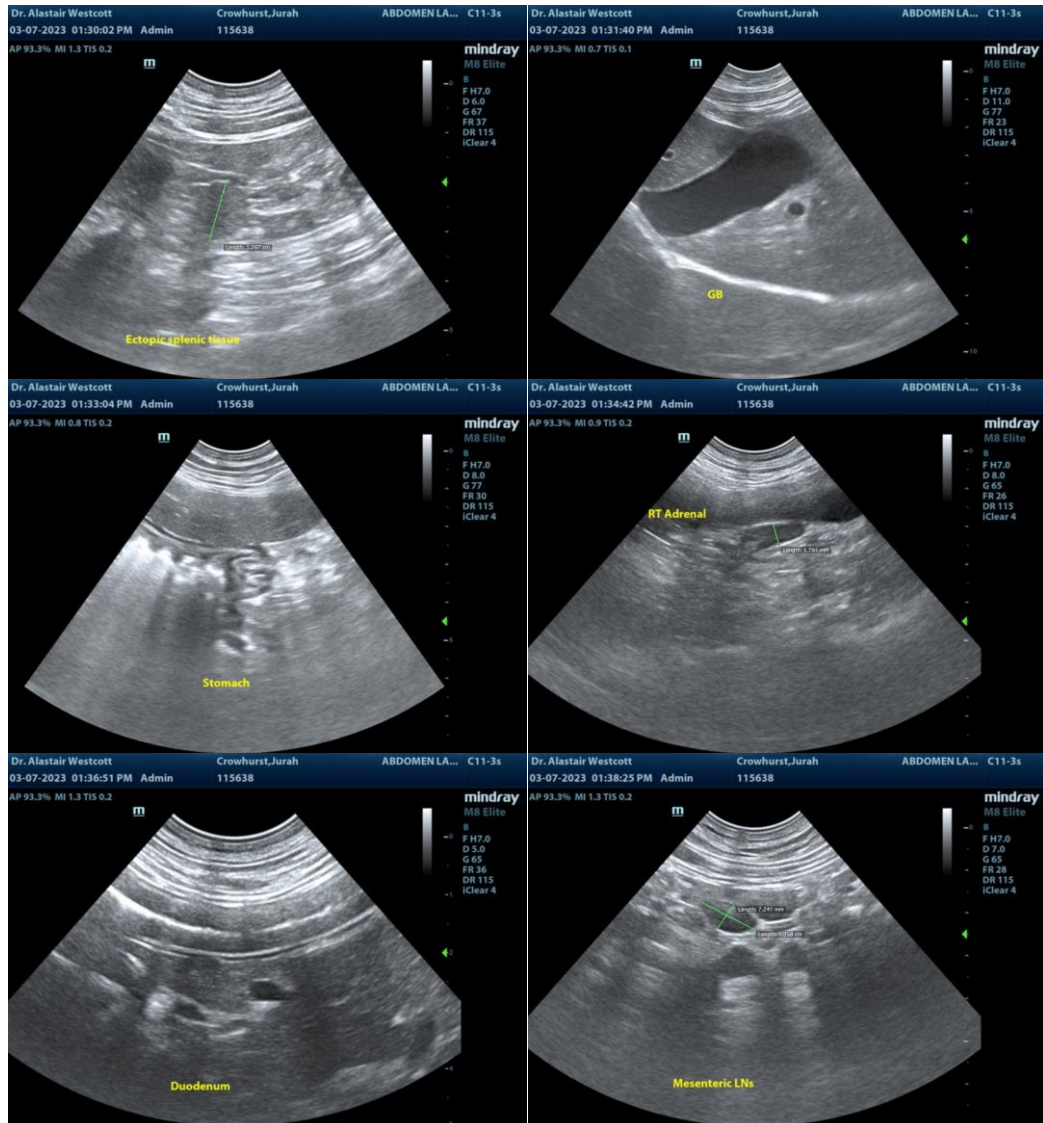
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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