



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Moose MacFayden	Dermal MCT found and he has a large spleen on palpation. US and Radiographs taken today, he needed to be sedated for full exam. FNA of spleen done today and biopsy of liver
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: pending
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Labrador Retriever	<b>Urinary System</b>
<b>SEX</b>	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.
MN	
<b>AGE</b>	No overt pathology is associated with the residual prostate.
10 years	No evidence of medial Iliac or sublumbar lymphadenopathy.
<b>WEIGHT</b>	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 6.6 cm in length. The right kidney measured 7.3 cm in length.
79.8	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland was not definitively visualized.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Brita Kiffney	The spleen exhibited subjective mild to possible moderate generalized enlargement yet maintained symmetrical capsule contour and homogeneous to normoechoic splenic parenchyma. Normal splenic vascularity was noted with no splenic masses or nodules. No evidence of perisplenic omental reactivity or inflammation was noted.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Northshore Veterinary Hospital	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.
<b>REFERRING VET</b>	
Dr. Brita Kiffney	
<b>INVOICE</b>	
16389	
<b>DATE</b>	<b>Gastrointestinal</b>
3/15/23	The stomach presented overtly normal visualized gastric wall layering. The lumen of the stomach contained echogenic, non-shadowing ingesta, sonographically consistent with food, without signs of obstruction or foreign material.



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Moose MacFayden

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Canine

**BREED**

Labrador Retriever

**SEX**

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**WEIGHT**

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**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Brita Kiffney

**HOSPITAL NAME**

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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 pancreas exhibited areas of mild capsule asymmetry and nonhomogeneous mildly echogenic parenchyma. No regional peripancreatic inflammation.

**Free Abdomen**

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

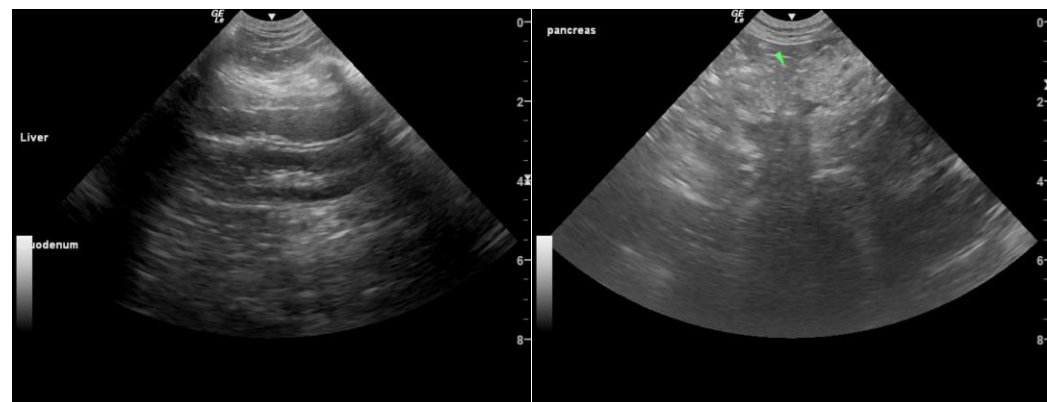
**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific splenomegaly exhibiting homogeneous parenchyma and symmetrical capsule contour
- Mild hepatic parenchymal remodeling
- Age-related kidneys
- Mild nonhomogeneous to echogenic pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No sonographic evidence of definitive intraabdominal primary or metastatic neoplasia criteria. Correlation with pending hepatosplenic sampling is recommended.

Suspect pancreatic age-related variant or minor benign remodeling is possible. Spec cPL could be considered to assess for evidence of chronic pancreatitis if current or previous clinical signs suggestive of pancreatitis are noted. Correlation with pending blood work and ideally urinalysis is suggested.





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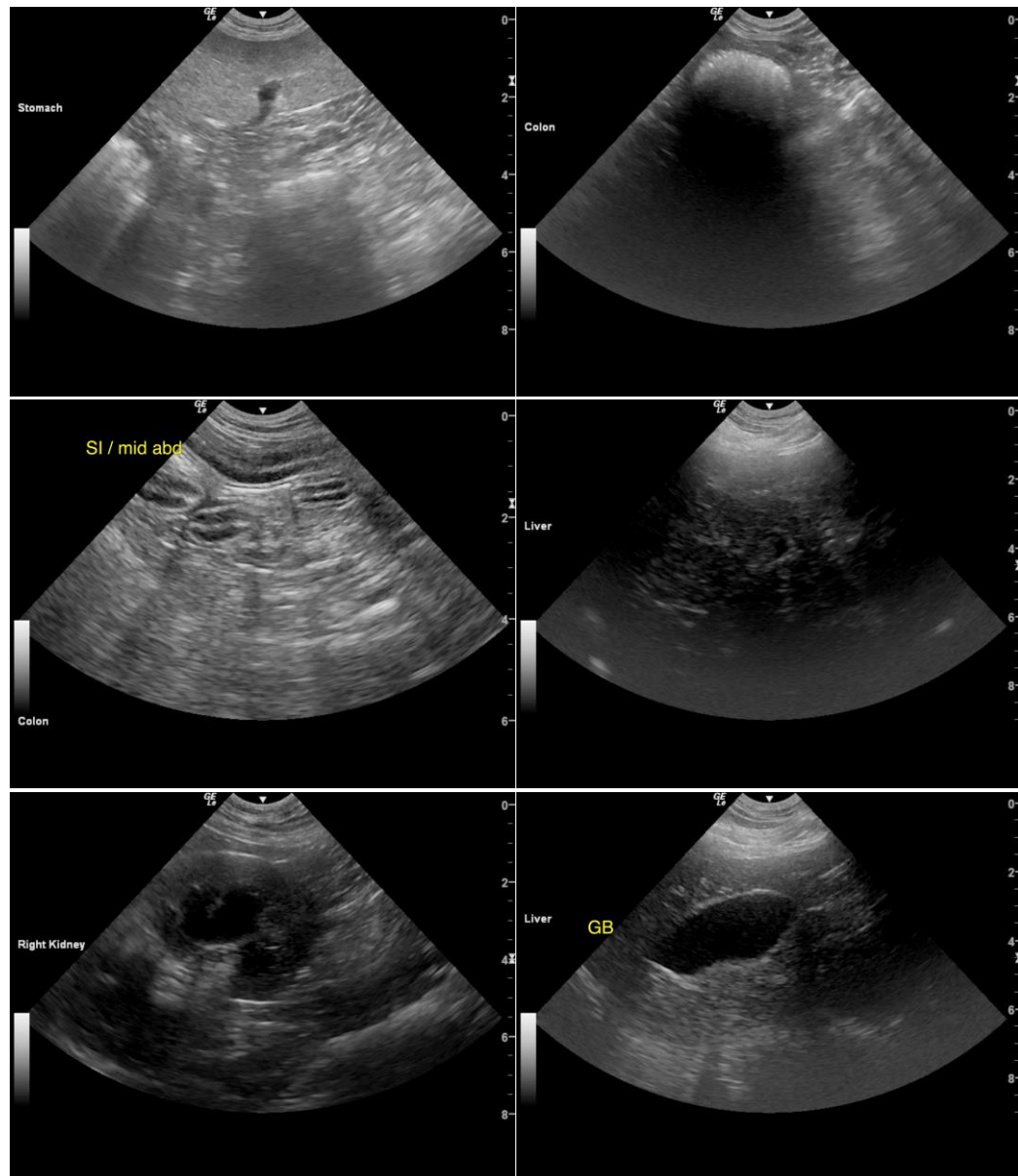
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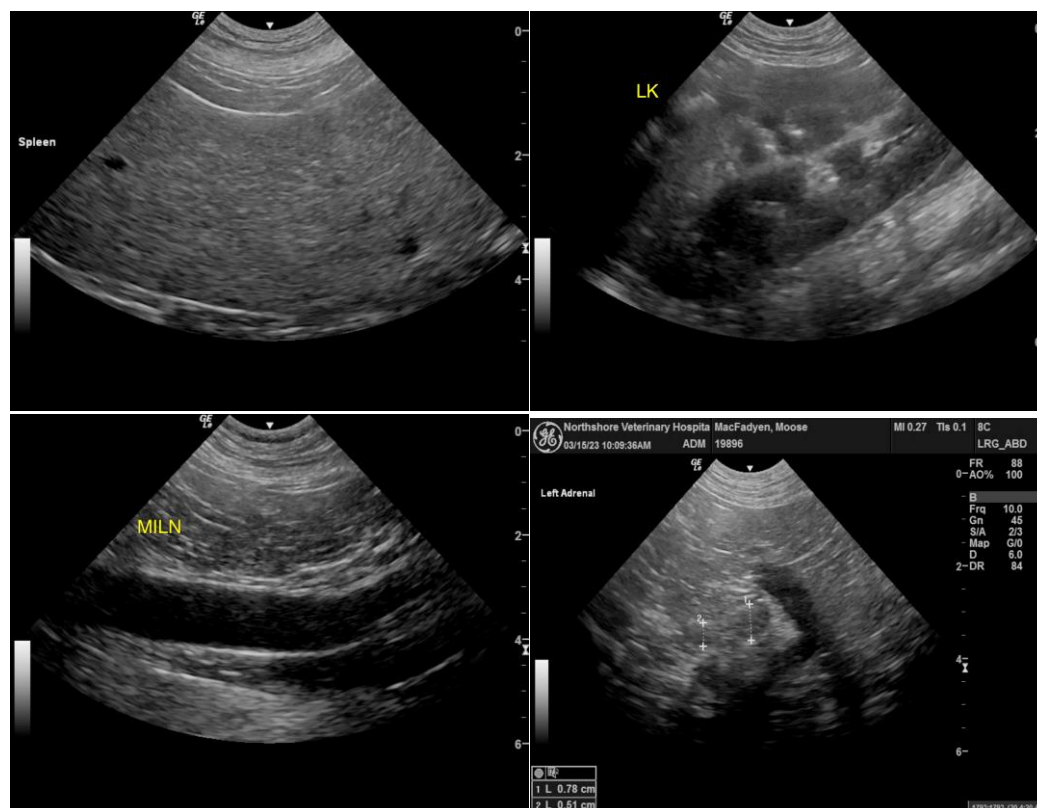
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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