



**PATIENT PRESENTING CLINICAL SIGNS**

Demon Siegel Straining to defecate, swollen rectum, concern for abdominal mass  
 -ALP 214, ALT 151

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

Boston Terrier

**SEX** The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.8 cm in diameter.

M/N

The area of the aortic trifurcation was free of pathology.

**AGE**

2008

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Subjective pinpoint medullary mineral was noted. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 cm in length.

**WEIGHT**

18.6

**Adrenal Glands**

**INTERPRETED BY**

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

The bilateral adrenal glands were subjectively prominent to mildly enlarged in size based on caudal pole width measurement in light of body weight. The right adrenal glands was indistinctly visualized. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.8 cm length x 0.61 cm width at the caudal pole. The right adrenal gland subjectively measured 2.1 cm length x 0.82 cm width at the caudal pole.

**IMAGING**

**PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A well-demarcated, non-expansive, hyperechoic, perihilar nodule was present measuring 0.6 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**HOSPITAL NAME**

BrodheadsVille VC

**REFERRING VET**

Dr. McAleer

**Liver/ Gallbladder**

**INVOICE**

16461

The liver exhibited subjective mild enlargement yet maintained symmetrical capsule contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with minor echogenic nonorganized gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

**DATE**

3/28/23



**PATIENT** *Gastrointestinal*

**Demon Siegel** The stomach was non-distended with generalized, intact, mildly prominent wall layering. Suspect gastric polyp within the gastric body lumen measuring 2.0 cm in diameter was noted. Minor luminal chyme was present. No evidence of mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.46 cm.

**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.

**BREED**

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

*Pancreas*

**SEX** 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.

M/N

**AGE**

*Free Abdomen*

**2008** No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

18.6

- Sonographically unremarkable colon
- Moderate chronic renal changes
- Probable gastric polyp
- Benign hepatopathy exhibiting mild parenchymal remodeling
- Minor gallbladder debris (non-mucocele)
- Bilateral mild adrenomegaly - nonspecific
- Benign splenic nodule - consistent with benign myelolipoma
- Sonographically unremarkable residual prostate

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 DVM, DABVP  
 (Canine and Feline)

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 ARDMS/RVT

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of intraabdominal masses or neoplastic criteria was noted.

**REFERRING VET**

Dr. McAleer

The suspected gastric polyp is likely incidental, given the lack of reported anorexia, vomiting, or weight loss. Potential for neoplastic criteria associated with the suspected gastric polyp is considered unlikely.

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The bilateral mild adrenomegaly is of unclear clinical significance, given the lack of reported clinical signs suggestive of adrenal disease, i.e., PU/PD, polyphagia, etc. No overt adrenal tumors were noted, although sonographic monitoring of the bilateral adrenal glands is likely ideal.

**DATE**

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Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.



**PATIENT**

Demon Siegel

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

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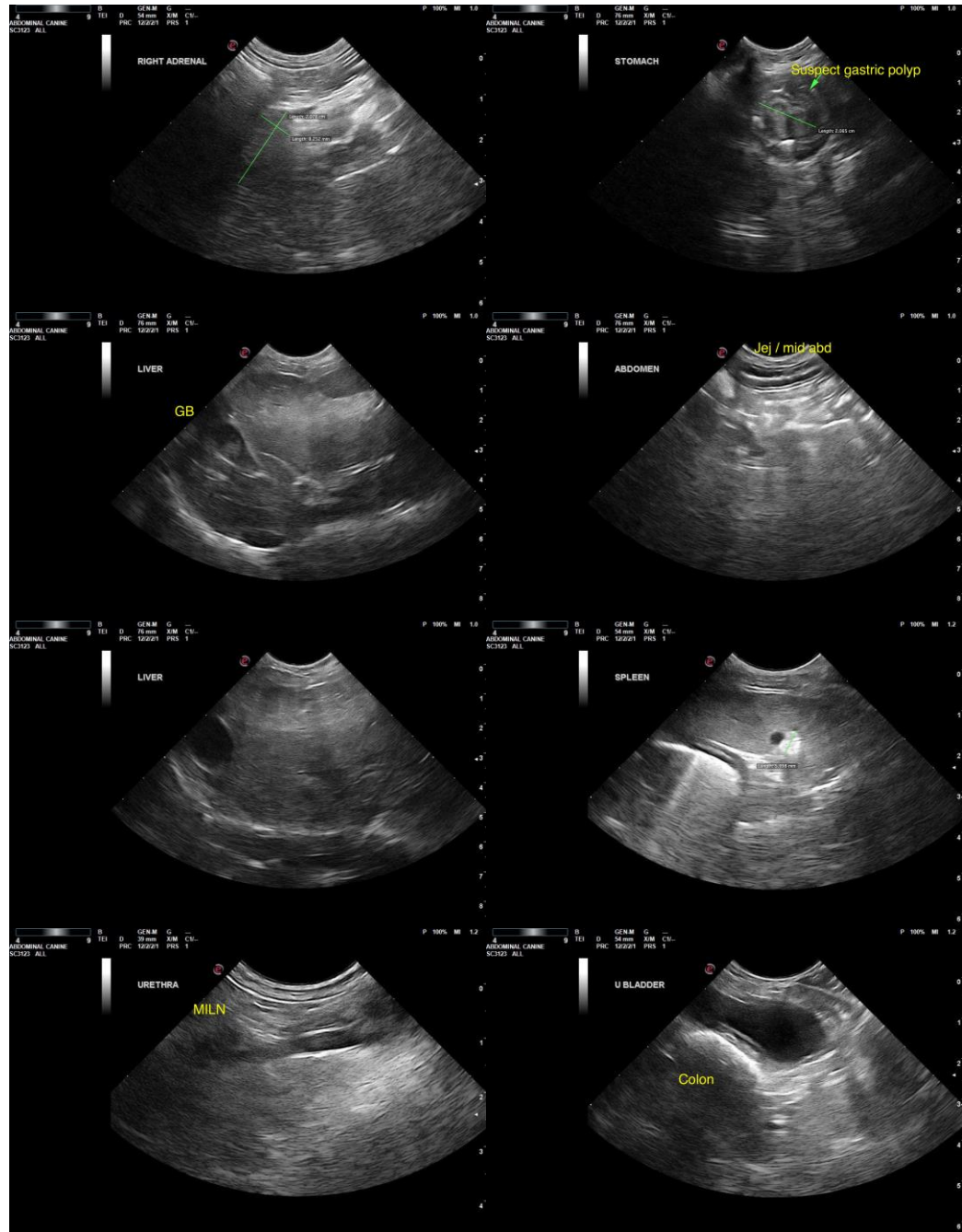
Dr. McAleer

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**DATE**

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**PATIENT**

Demon Siegel

**SPECIES**

Canine

**BREED**

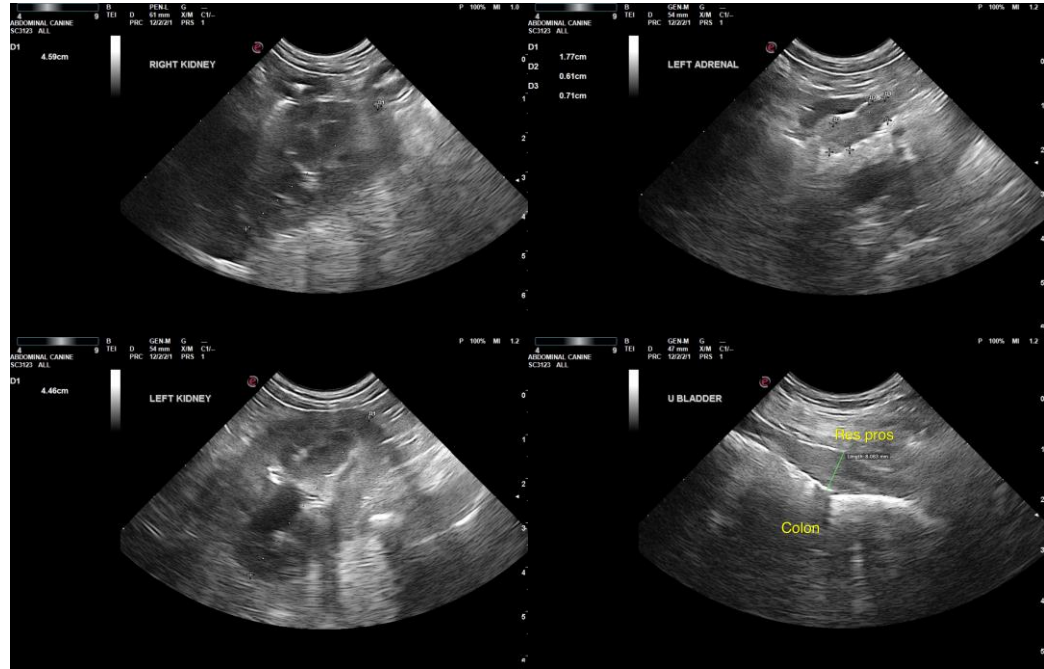
Boston Terrier

**SEX**

M/N

**AGE**

2008



**WEIGHT**

18.6

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.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

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)**

[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

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