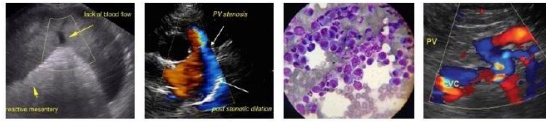




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Buddy Hodgson	recheck of spleen mass and thrombus, DVM concerned about where thrombus is if she should remove spleen.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, 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.
Doodle	
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
MN	
<b>AGE</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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 6.5 cm in length.
10 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
80 lbs.	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.83 cm width in the cranial pole and 0.84 cm width in the caudal pole. The right adrenal gland measured 0.95 cm width in the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP	A previously noted static to mildly expansive, nonhomogeneous macronodule to small mass was present in the lateral aspect of the spleen measuring 3.4 cm x 2.6 cm. The previous measurement was 3.3 cm x 2.7 cm. The macronodule to small mass appeared to mildly distort the associated lateral splenic capsule. The remainder of the spleen exhibited mild splenic parenchyma heterogeneity with maintained symmetrical capsule contour. Previously noted subjectively static splenic vein thrombus primarily located in the area of the hilus was noted extending mildly into the mid spleen and also into the directly adjacent perihilar splenic vein. The thrombus did not appear to be expansive nor disruptive to splenic blood outflow.
<b>IMAGING PERFORMED BY</b>	
Kelly Reschny	
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Maples AH	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. No overt evidence of hepatic masses or nodules was noted. 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. Kazienko	
<b>INVOICE</b>	
13566	
<b>DATE</b>	
3/29/22	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Buddy Hodgson	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta likely consistent with recent meal ingestion without signs of ileus, obstruction or foreign material.
<b>SPECIES</b>	
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.
<b>BREED</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Doodle	<b><i>Pancreas</i></b>
<b>SEX</b>	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.
MN	
<b>AGE</b>	<b><i>Free Abdomen</i></b>
10 years	No overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
80 lbs.	<b><i>Primary Findings</i></b>
	<ul style="list-style-type: none"> <li>• Static mildly expansive splenic macronodule to small mass</li> <li>• Static previously noted splenic vein thrombus</li> <li>• Bilateral chronic renal changes</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP	The size of the splenic vein thrombus does not appear to preclude surgical options in this case as it is primarily located within the splenic hilus and within the immediate perihilar splenic vasculature with only subjective mild extension into the adjacent perihilar splenic vein. No overt evidence of intra-abdominal metastasis was noted.
<b>IMAGING PERFORMED BY</b>	
Kelly Reschny	
<b>HOSPITAL NAME</b>	If not done, three view chest radiographs to rule out concurrent thoracic pathology and a coagulation panel to assess clotting status are suggested prior to surgical considerations.
Maples AH	
<b>REFERRING VET</b>	
Dr. Kazienko	
<b>INVOICE</b>	
13566	
<b>DATE</b>	
3/29/22	



**PATIENT**

Buddy Hodgson

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

MN

**AGE**

10 years

**WEIGHT**

80 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Maples AH

**REFERRING VET**

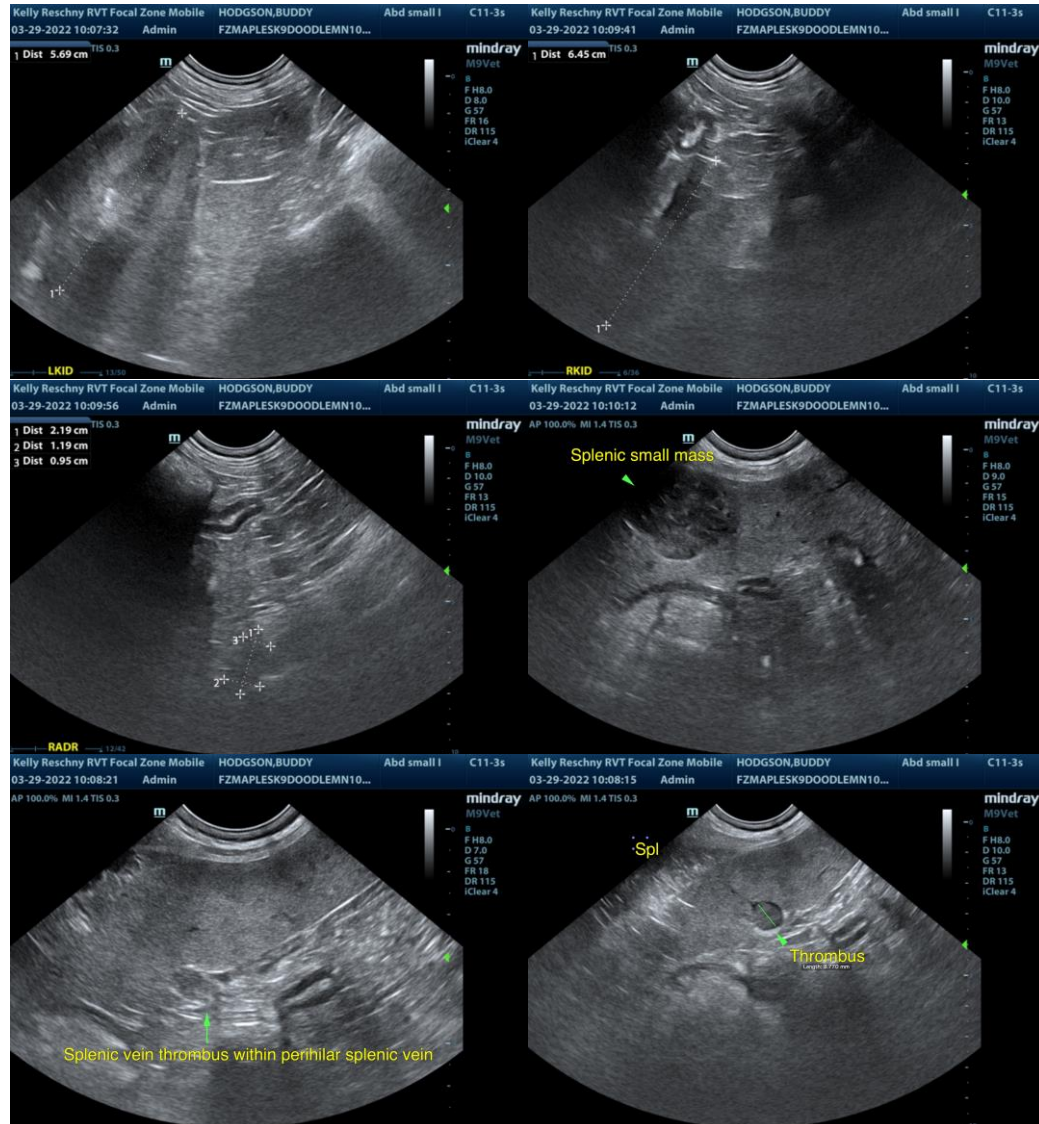
Dr. Kazienko

**INVOICE**

13566

**DATE**

3/29/22





**PATIENT**

Buddy Hodgson

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

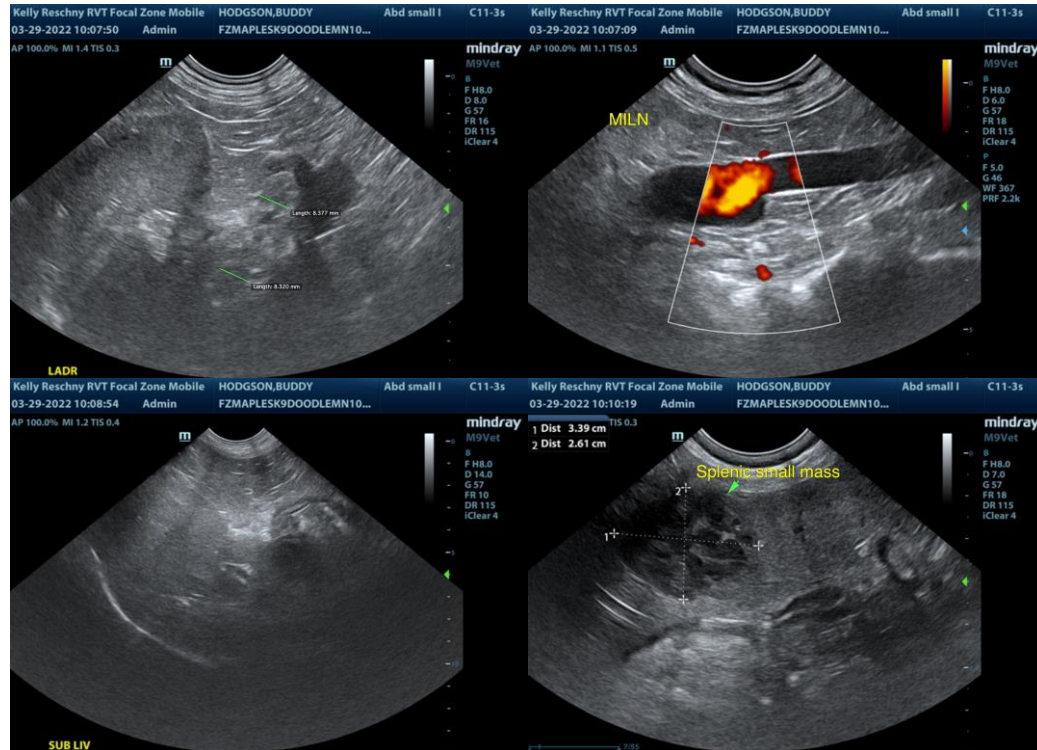
MN

**AGE**

10 years

**WEIGHT**

80 lbs.



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Maples AH

**REFERRING VET**

Dr. Kazienko

**INVOICE**

13566

**DATE**

3/29/22

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com