



PATIENT	PRESENTING CLINICAL SIGNS
Simon Hamel-Smith	Presented on 3/6/23: Hx of sneezing with occasional blood. Sometimes breaths harder when laying down. PE: elevated 3rd eyelid of OS; possible drooping of lower eyelid Lt side unilateral mucoid nasal discharge Muscle atrophy & arthritis/discomfort of the hind legs and back Minimal exam of oral cavity d/t biting - G2+ tartar with receding gums around incisors
SPECIES	
Canine	Current Medications Vetprofen (12.5mg po sid to bid)
BREED	Abnormal PE/Chem/CBC/UA Results: Significantly Elevated Neutrophils, Monocytes and eosinophils, low albumin
Corgi Mix	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
MN	Urinary System
AGE	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
12yr	
WEIGHT	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. Mild left kidney pyelectasia was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.
17lb	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the residual prostate appeared normal and free of pathology measuring 1.1 cm in diameter. Mild non-specific dilation of the residual prostate urethra was present which may be seen in patients neutered at a later age if clinically applicable.
IMAGING PERFORMED BY	Adrenal Glands
Jenna Walsh CVT	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 2.0 cm length and 0.45 cm width in the caudal pole. The right adrenal gland measured 1.9 cm length and 0.46 cm width in the caudal pole. No adrenal tumors.
HOSPITAL NAME	Spleen
West Eugene AH	The spleen exhibited overall normal size. A mildly expansive small non-homogenous to hypoechoic mass was present in the mid to caudal spleen measuring ~ 3.0 cm in diameter. A concurrent separate well demarcated uniform hypoechoic nodule was present in the mid spleen measuring 1.2 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
REFERRING VET	Liver/Gallbladder
Dr. Larsen	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in
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04/17/2023	



PATIENT	margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-dependent mildly congealed non-organized debris. The cystic and common bile ducts were normal.
Simon Hamel-Smith	
SPECIES	Gastrointestinal
Canine	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.
BREED	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.
Corgi Mix	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
MN	Pancreas
AGE	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 was evident.
12yr	
WEIGHT	Free Abdomen
17lb	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none">• Small mildly disruptive splenic mass lesion with concurrent non-disruptive nodule.• Mild hepatic parenchyma remodeling- benign.• Gallbladder debris (non-mucocele).• Bilateral mild chronic renal changes with left kidney pyelectasia.
Jenna Walsh CVT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME	The small splenic mass lesion and concurrent nodule are non-specific with considerations including hyperplasia, hematopoiesis, focal splenitis, small hematoma while potential for emerging neoplastic criteria is possible.
West Eugene AH	Assuming normal clotting status and using a 25g needle, a splenic mass +/- splenic nodule FNA for screening cytology is warranted for further assessment. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.
REFERRING VET	Sonographic monitoring of the splenic mass/nodule for evidence of progression or prophylactic splenectomy could be considered.
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SPECIES

Canine

BREED

Corgi Mix

SEX

MN

AGE

12yr

WEIGHT

17lb

INTERPRETED BY

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(Canine and Feline)

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

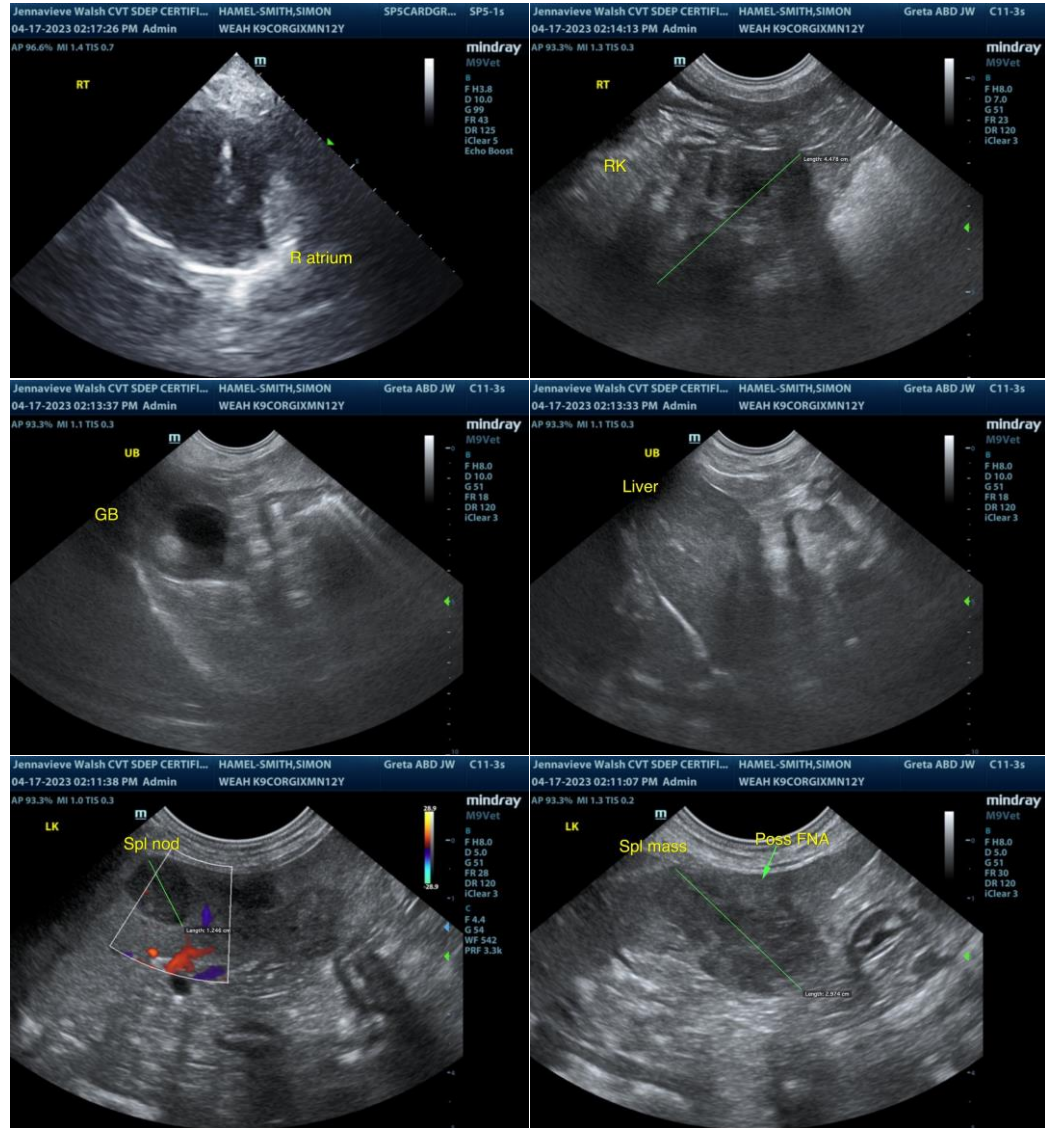
Dr. Larsen

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PATIENT

Simon Hamel-Smith

SPECIES

Canine

BREED

Corgi Mix

SEX

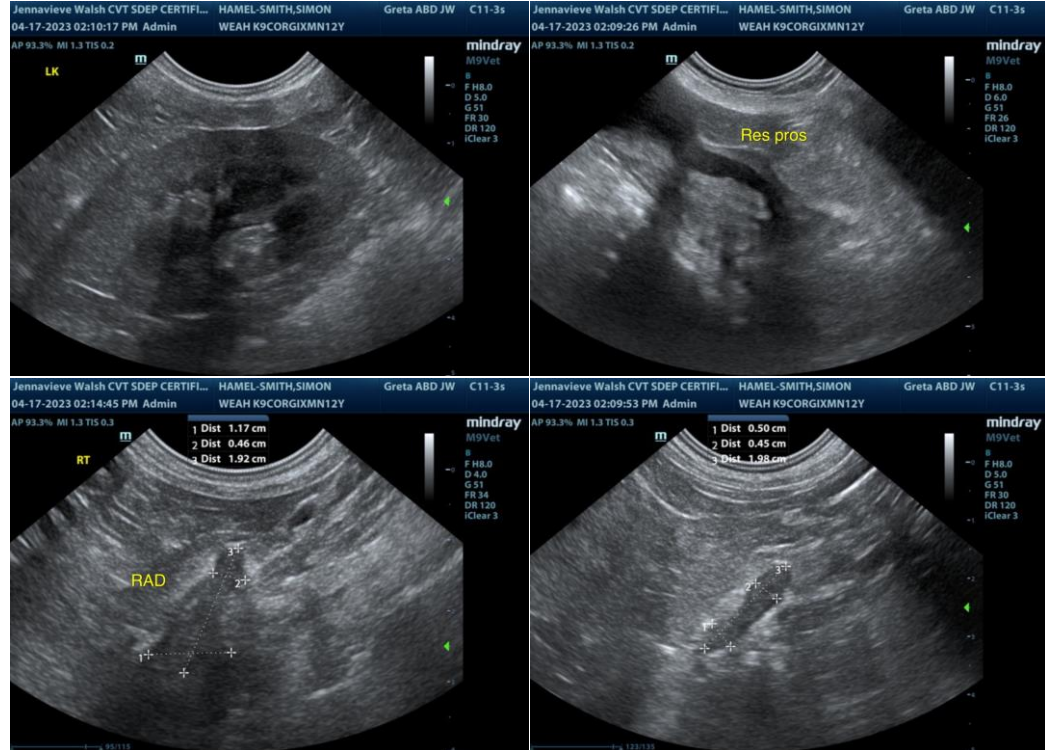
MN

AGE

12yr

WEIGHT

17lb



INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenna Walsh CVT

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

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