



**PATIENT**

Marcus Herrier

**SPECIES**

Canine

**BREED**

Mastiff X

**SEX**

M/N

**AGE**

6

**WEIGHT**

55 kg.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Canyon Meadows  
AC

**REFERRING VET**

Dr. Lebouldus

**INVOICE**

16648

**DATE**

4/19/23

**PRESENTING CLINICAL SIGNS**

Lethargic and anorexic but no weight loss last 10 days. Patient given short term GA for scan Chest x rays pending

Abnormal PE/Chem/CBC/UA Results: Marked neutrophilia 157 range 5-17 with mostly unclassified cells -137.0 Moderate to severe elevation of ALP Diagnosed and managed hypothyroid present level midrange normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

The residual prostate was free of overt pathology.

A visualized medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 3.2 cm x 0.72 cm and is considered incidental, not consistent with inflammatory or neoplastic criteria.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 9.0 cm in length. The right kidney measured 8.6 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was indistinctly visualized owing to patient size and conformation. The right adrenal gland exhibited no obvious pathology and subjectively measured 0.58 cm width at the caudal pole and 0.83 cm width at the cranial pole.

**Spleen**

The spleen was normal in size and contour with a primarily finely textured and homogenous parenchyma. A solitary, discrete, hypoechoic, nondisruptive nodule was present caudal to the splenic hilus measuring 0.60 cm diameter.

**Liver/ Gallbladder**

The liver presented subjective mild enlargement. 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 margination. The hepatic and portal vasculature were normal in appearance without signs of



<b>PATIENT</b>	congestion. Potential discrete areas of hepatic hyperplasia, hematopoiesis, or similar are possible. No evidence of hepatic masses. Normal hepatic vascular volume was noted.
Marcus Herrier	
<b>SPECIES</b>	The gallbladder was non-distended in size containing anechoic content with minor echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
Canine	
<b>BREED</b>	<b>Gastrointestinal</b>
Mastiff X	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.
<b>SEX</b>	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.
M/N	
<b>AGE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
6	<b>Pancreas</b>
<b>WEIGHT</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.
55 kg.	<b>Free Abdomen</b>
<b>INTERPRETED BY</b>	No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Dr. Belan	<ul style="list-style-type: none"> <li>• Nonspecific discrete splenic nodule - suspect benign etiology i.e., hyperplasia, hematopoiesis, or similar, emerging nodular splenic neoplastic criteria is thought less likely</li> <li>• Nonspecific yet subjective benign hepatopathy - sonographically suggestive of vacuolar hepatopathy pattern</li> <li>• Mild gallbladder debris (non-mucocele)</li> <li>• Sonographically unremarkable gastrointestinal tract / pancreas</li> </ul>
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Canyon Meadows AC	Overall, no sonographic evidence of significant visceral pathology, i.e., definitive neoplastic criteria as an obvious cause of the patient's clinical signs and CBC abnormalities. Correlation with pending three-view chest radiographs to rule out occult thoracic pathology as a contributing factor is suggested.
<b>REFERRING VET</b>	Assuming normal clotting status screening hepatic FNA cytology if accessible could be considered for further clarification. Sonographic monitoring of the splenic nodule for evidence of progression would be reasonable. CBC pathology review is suggested.
Dr. Leboldus	For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <a href="http://spa.sonopath.com/">http://spa.sonopath.com/</a> .
<b>INVOICE</b>	
16648	
<b>DATE</b>	
4/19/23	



## PATIENT

Marcus Herrier

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

## SPECIES

Canine

## BREED

Mastiff X

## SEX

M/N

## AGE

6

## WEIGHT

55 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Belan

## HOSPITAL NAME

Canyon Meadows  
AC

## REFERRING VET

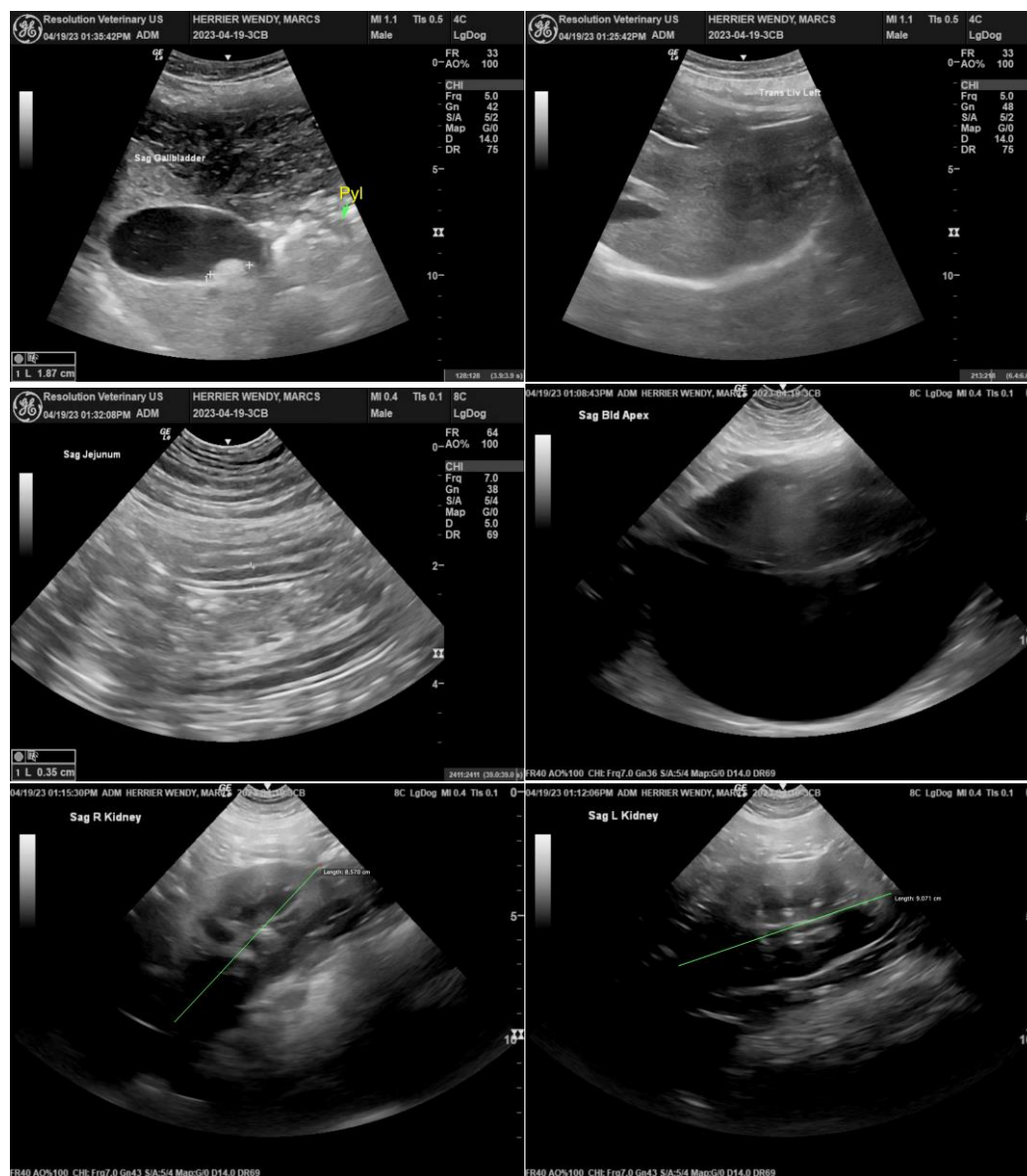
Dr. Leboldus

## INVOICE

16648

## DATE

4/19/23





## PATIENT

Marcus Herrier

## SPECIES

Canine

## BREED

Mastiff X

## SEX

M/N

## AGE

6

## WEIGHT

55 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Belan

## HOSPITAL NAME

Canyon Meadows  
AC

## REFERRING VET

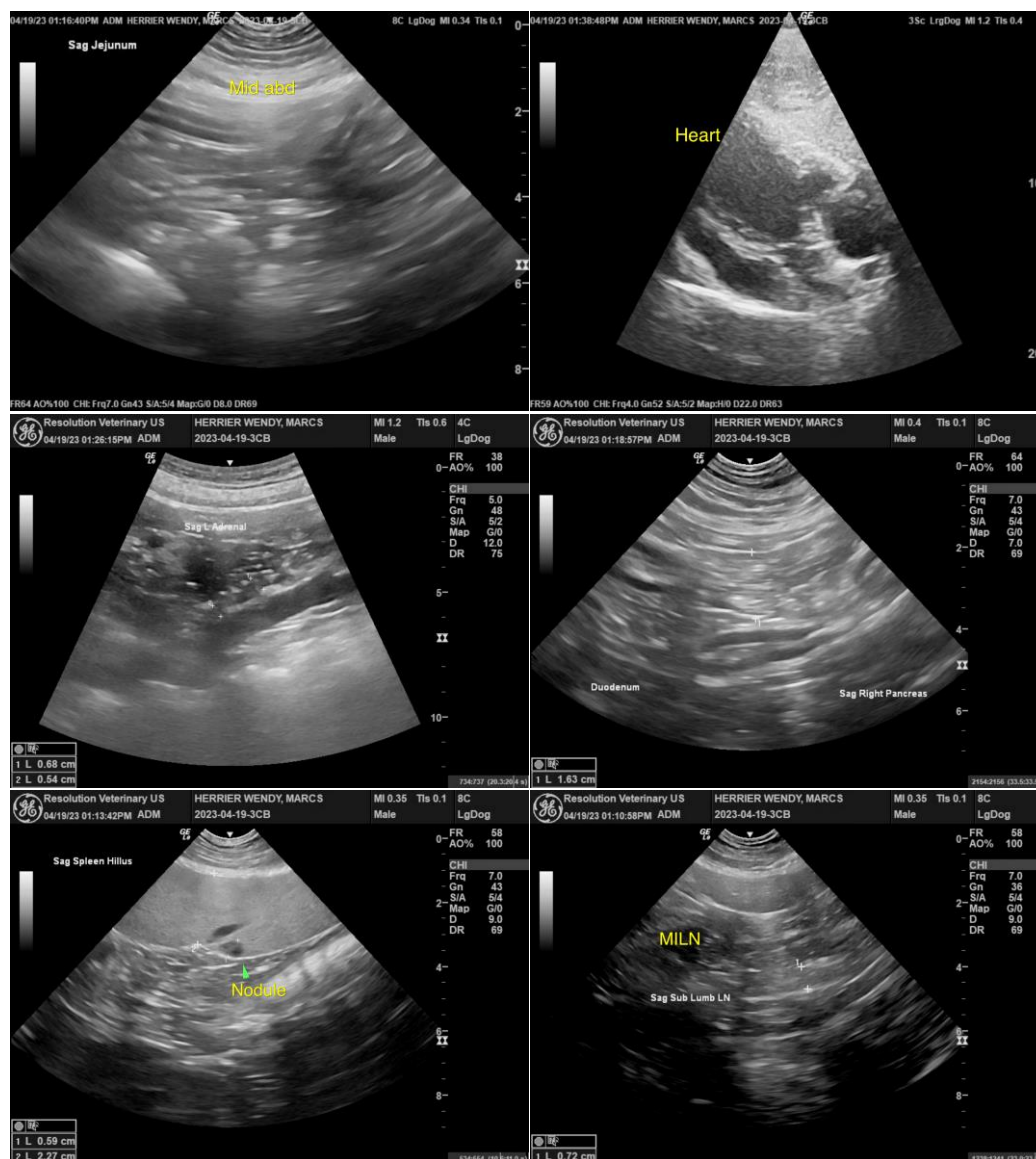
Dr. Leboldus

## INVOICE

16648

## DATE

4/19/23



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