



PATIENT	PRESENTING CLINICAL SIGNS
Skye Davidson	possible abdominal trauma 6-7 months ago (O heard but did not observe dog cry out when outside), progressive abdominal distension. Rads showed abdominal distension with fluid vs mass. O has been treating with herbal remedies through holistic vet
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: thin BCS, severe abdominal distension fecal neg CBC chem, t4 WNL
BREED	
American Eskimo	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
F	Urinary System
AGE	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.
3 years	
WEIGHT	A definitive uterus and bilateral ovaries were not overtly visualized.
9 kg.	There is no obvious evidence of medial Iliac or sublumbar lymphadenopathy/masses.
INTERPRETED BY	The bilateral kidneys were overtly normal yet displaced dorsally secondary to probable marked splenomegaly. Normal size was 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 4.1 cm in length. The right kidney measured 3.7 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Adrenal Glands
Goeres	The left or right adrenal glands were not definitively visualized.
HOSPITAL NAME	Spleen
Kelowna VH	Probable marked splenomegaly occupying the majority of the peritoneal cavity was present. The visualized splenic parenchyma appeared to maintain a finely textured homogeneous echotexture with uniform areas of mild hypoechoic parenchyma or potential for mildly echogenic splenic subcapsular fluid.
REFERRING VET	Liver/ Gallbladder
Dr. Bezugley	The liver was subjectively subnormal in size and volume with a maintained symmetrical capsule contour with homogeneous normoechoic parenchyma. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
INVOICE	Gastrointestinal
16640	The stomach was overt normal and non-distended without evidence of retained gastric ingesta, fluid, or foreign material. The stomach appeared to be displaced craniodorsally secondary to probable marked splenomegaly.
DATE	
4/19/23	



PATIENT

Skye Davidson

The visualized segments of small intestine were sonographically unremarkable with no evidence of obstructive pattern. No overt lymphadenopathy was noted.

SPECIES

Canine

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

BREED

American Eskimo

Pancreas

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.

SEX

F

Free Abdomen

Scant to mild volume peritoneal effusion was present.

AGE

3 years

ULTRASONOGRAPHIC FINDINGS

- Probable marked splenomegaly with possible splenic subcapsular fluid
- Scant to mild volume peritoneal effusion
- Subjective subnormal liver - nonspecific

WEIGHT

9 kg.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Considerations for the probable marked splenomegaly may include marked hyperplasia, hematopoiesis, previous trauma/hematoma, infiltrative neoplasia, or other. Non-splenic pathologies such as significant omental / peritoneal hematoma, granuloma, or unspecified neoplasia are thought less likely, yet given the size of the lesion, nonspecific origin cannot be definitively excluded. Three-view chest radiographs are recommended if not done. Assuming no pathology on thoracic radiographs, laparotomy for gross clarification and expectation toward splenectomy would be warranted.

IMAGING PERFORMED BY

Goeres

The subjective subnormal liver is of unclear clinical significance with potential for patient variant, given the lack of hepatic enzyme elevations or clinical signs consistent with hepatic dysfunction. Gross inspection of the liver at the time of surgery, if elected, +/- hepatic biopsies if clinically indicated could be considered.

HOSPITAL NAME

Kelowna VH

REFERRING VET

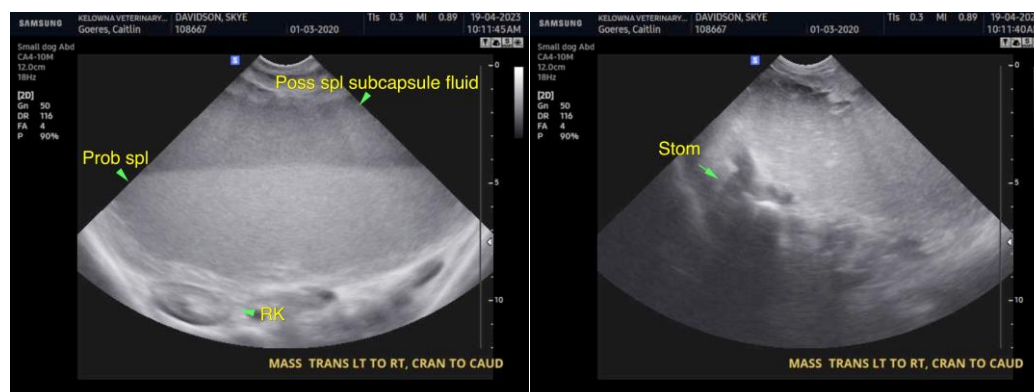
Dr. Bezugley

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PATIENT

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SPECIES

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AGE

3 years

WEIGHT

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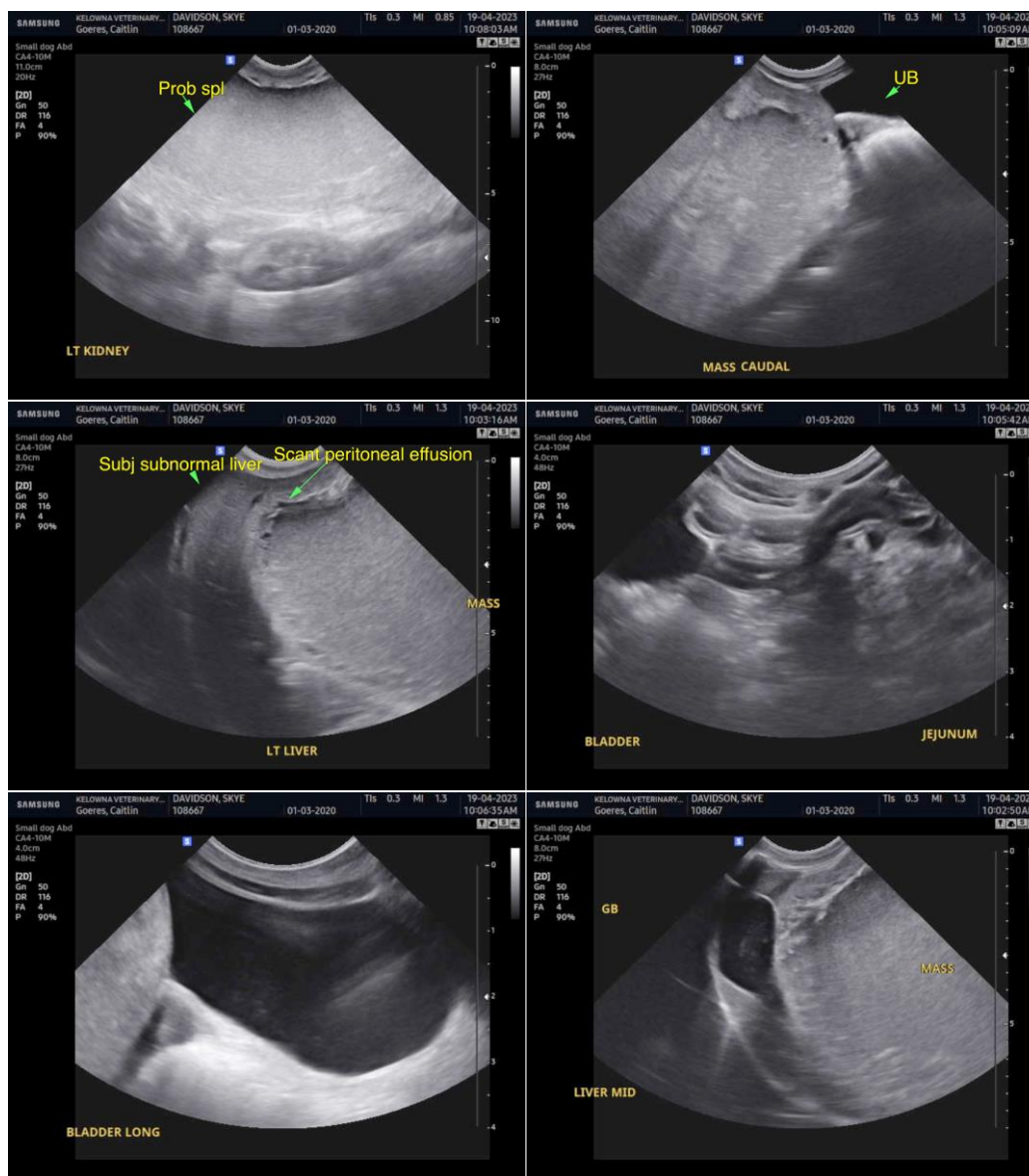
Dr. Bezugley

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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.

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