



**PATIENT**

Tucker Mealy

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

63.5 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kim Leidberg

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Miller, Creature  
Comfort

**INVOICE**

14603

**DATE**

4/4/22

**PRESENTING CLINICAL SIGNS**

History: Recheck AUS to compare liver masses and splenic nodule and mesenteric lymph nodes that was noted on 3/11/2022. Tucker has been on Clavamox and Metronidazole.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.73 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Both kidneys were normal size and margination. A normal 1:3 cortex / medulla ratio was maintained. Minor loss of corticomedullary demarcation was noted, expected for age. Discreet pinpoint medullary mineral was present in both kidneys. The left kidney measured 6.8 cm in length. The right kidney measured 6.6 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 0.75 cm width at the caudal pole and 0.67 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width at the caudal pole and 0.87 cm width at the cranial pole.

**Spleen**

The spleen was normal in size and contour. Minor splenic parenchyma heterogeneity was present with previously noted subjectively static subtle hypoechoic nondisruptive splenic nodules, an example measured 0.65 cm in diameter. Splenic vascularity was normal.

**Liver**

The liver exhibited potential for mild left hepatomegaly. Generalized subtle heterogeneous hepatic parenchyma exhibiting moderate coarse echotexture and evidence of minor parenchymal remodeling. A solitary isoechoic to mildly nonhomogeneous nondisruptive macronodule was present in the subjective in the caudoventral aspect of the left liver, measuring approximately 4.0 cm in diameter. A solitary thinly walled intraparenchymal cyst was noted adjacent to the gallbladder, containing anechoic fluid, measuring 1.0 cm in diameter.

The gallbladder was non distended in size. The gallbladder walls were overtly normal. Primarily anechoic content was present with mild nondependent nonorganized luminal debris. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate gastric ingesta, exhibiting progressive distal acoustic shadowing.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, non-shadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material.

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

**Pancreas**

**BREED**

Border Collie Mix

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.

**Free Abdomen**

**SEX**

Neutered Male

A small pocket of scant free fluid was noted around the lateral aspect of the spleen. No evidence of significant peritoneal effusion. No evidence of previously noted subjectively benign or reactive lymphadenopathy.

**AGE**

9 Years

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Minor age-related kidneys with discreet pinpoint medullary mineral
- Static subtle nondisruptive splenic nodules
- Mild heterogeneous liver with discreet isoechoic to nonhomogeneous left macronodule and focal intraparenchymal cyst
- Mild gallbladder debris (non-mucocele)
- Scant perisplenic free fluid

**Secondary Findings**

- Gastrointestinal ingesta- probable postprandial presentation

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the lack of reported hepatic enzyme elevations in this patient, overall liver was nonspecific. Potential considerations may include age-related parenchymal remodeling, vacuolar hepatopathy, inflammatory disease, nodular to regenerative hyperplasia, hematopoiesis, fibrosis with infiltrative neoplasia considered a less likely differential diagnosis in light of lack of progressive from previous ultrasound or other hepatopathy.

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The previously mentioned etiologies for the splenic nodules are still applicable.

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Assuming normal clotting status, hepatosplenic FNA, using a 25-gauge needle, is warranted for screening cytology, specifically in light of mild perisplenic free fluid. Potentially, the previous hepatic presentation compared to current study may indicate resolved areas of hepatic inflammation, infection, hematopoiesis.

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Empirically, continued hepatosupportive medications with sonographic monitoring of the spleen, liver and for evidence of progressive/persistent free fluid would be reasonable.



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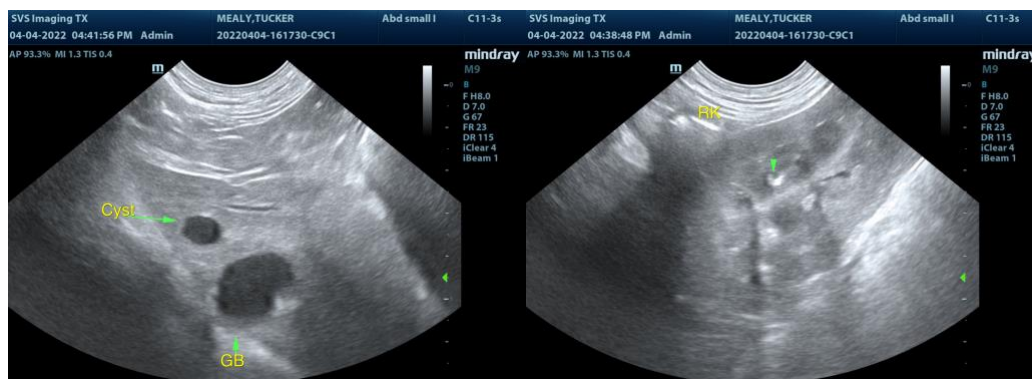
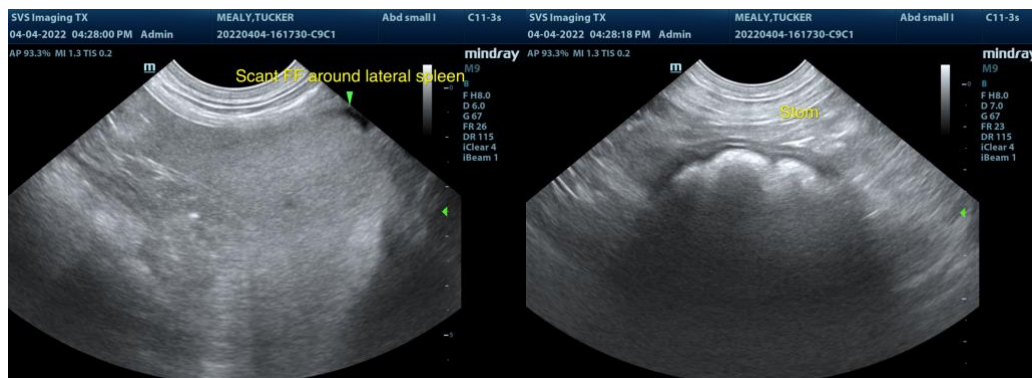
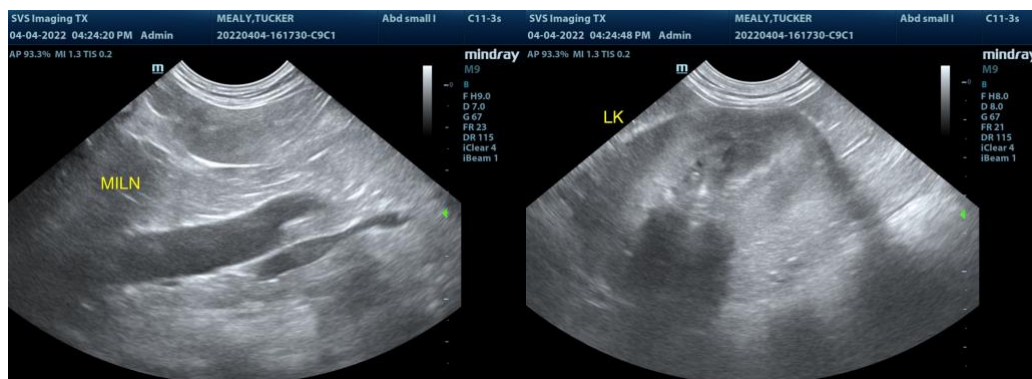
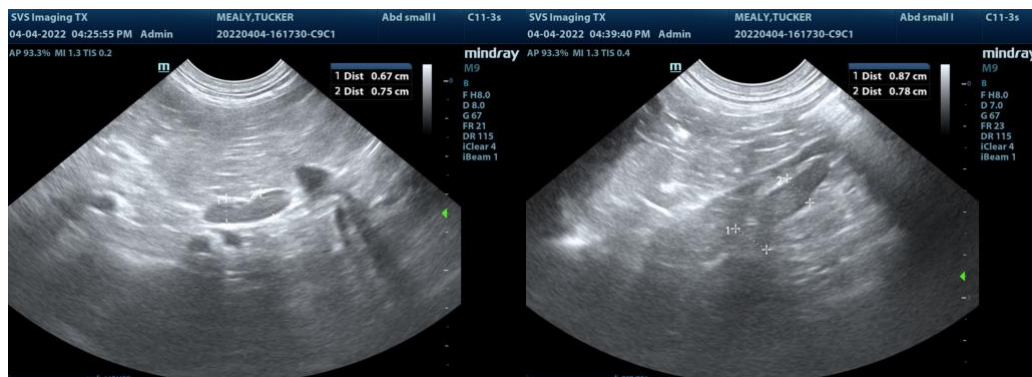
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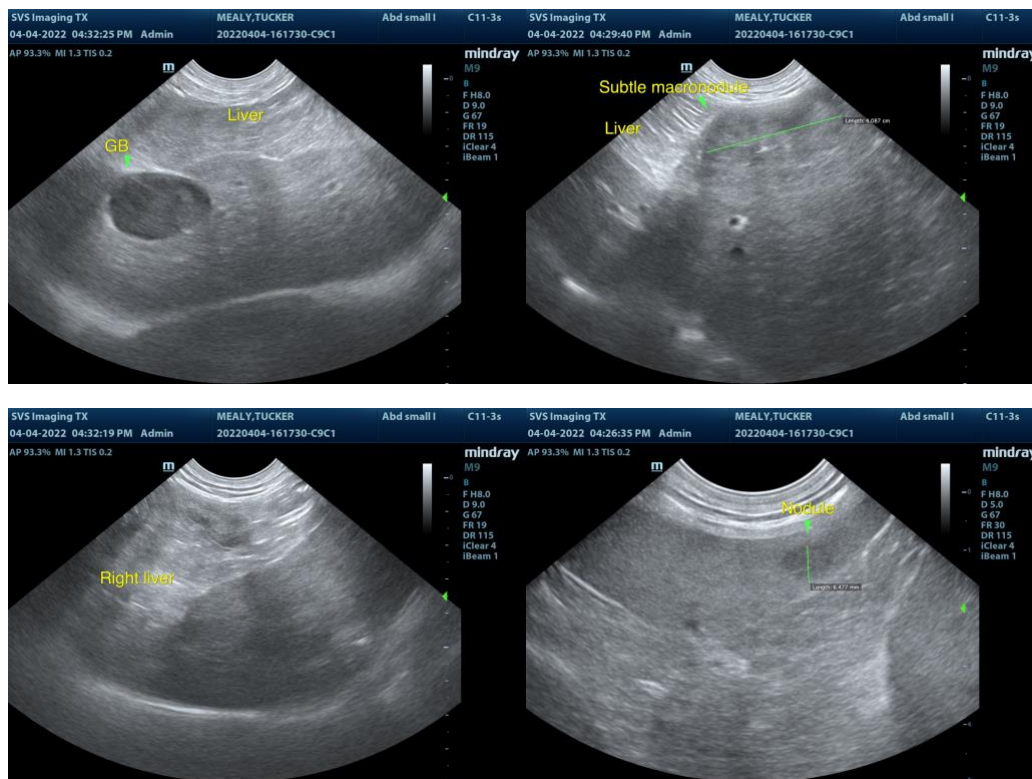
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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