



**PATIENT**

Moonlight Ross

**PRESENTING CLINICAL SIGNS**

Not eating, fever Current meds: entyce oral solution

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Shih Tzu Mix

**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 was noted.

**SEX**

MN

The area of the aortic trifurcation was free of pathology and without evidence of medial iliac or sublumbar lymphadenopathy.

**AGE**

11 years

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. A small, thinly walled medial cortical cyst containing anechoic fluid was noted in the right kidney. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

**WEIGHT**

12.4 lbs.

**INTERPRETED BY**

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

**Adrenal Glands**

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 x 0.67 cm width at the caudal pole. The right adrenal gland measured 1.5 cm length x 0.54 cm width at the caudal pole. No evidence of hyperplasia or adrenal tumors was noted.

**IMAGING PERFORMED BY**

Jessica Miller

**Spleen**

The spleen exhibited subjective mild enlargement with minor areas of medial capsule asymmetry. Subtle splenic parenchyma heterogeneity including a solitary, subtly expansive, nonhomogeneous medial parenchymal nodule, measuring 1.5 cm in diameter, was present. The nodule was noted just caudal to the splenic hilus. No evidence of capsular escape associated with the nodule.

**HOSPITAL NAME**

Summit Dog and Cat  
Hospital

**Liver/ Gallbladder**

**REFERRING VET**

Dr. Levitian

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**Gastrointestinal**

**DATE**

4/6/22

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.

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.



**PATIENT**

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

Moonlight Ross

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Shih Tzu Mix

No omental masses, lymphadenopathy or peritoneal effusion were present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

MN

- Mild subjective splenomegaly with focal subtly expansive nonhomogeneous nodule
- Overtly normal gastrointestinal tract, potential gastroenteritis
- Mild age-related kidneys with small right kidney cyst

**AGE**

11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

12.4 lbs.

Overall, largely mild geriatric abdomen without evidence of significant visceral pathology. The mild splenomegaly and concurrent solitary splenic nodule were nonspecific with considerations including; reactive hyperplasia, hematopoiesis, splenitis, hematoma, Infection, and focal infarction, while the potential for occult splenic neoplasia cannot be excluded. Assuming normal clotting status and using a 25-gauge needle, ultrasound-guided splenic parenchyma and nodule FNA are warranted for screening cytology. Three view chest radiographs are suggested to rule out occult thoracic pathology if not done. Continued gastrointestinal support and empirical therapy for gastroenteritis is recommended.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Summit Dog and Cat Hospital

**REFERRING VET**

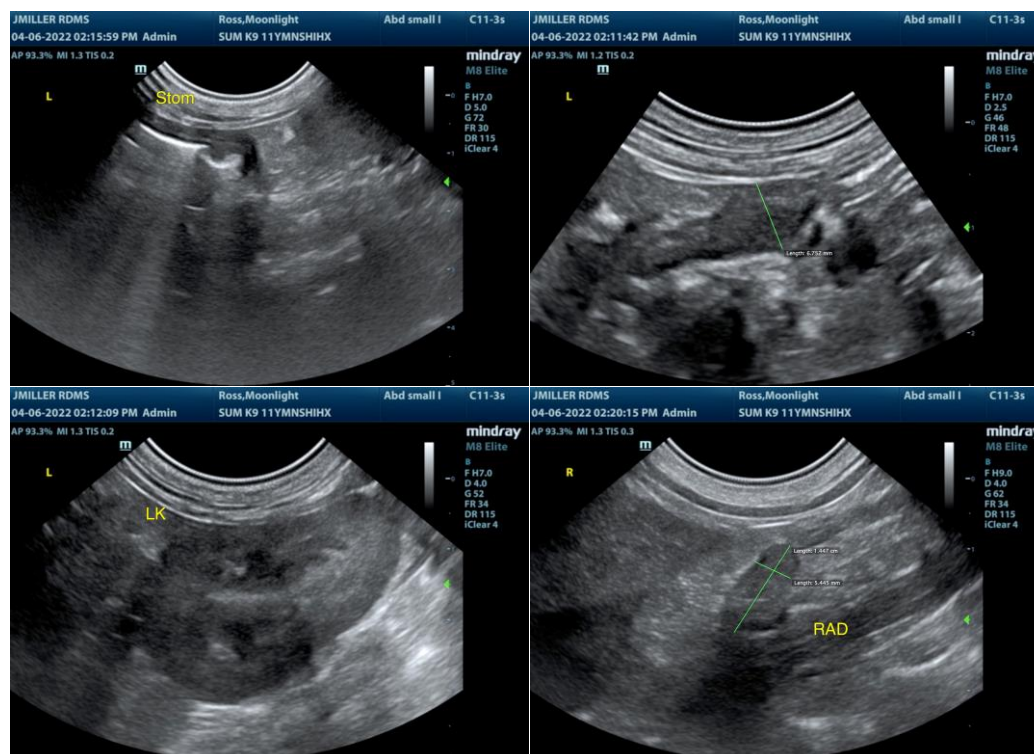
Dr. Levitian

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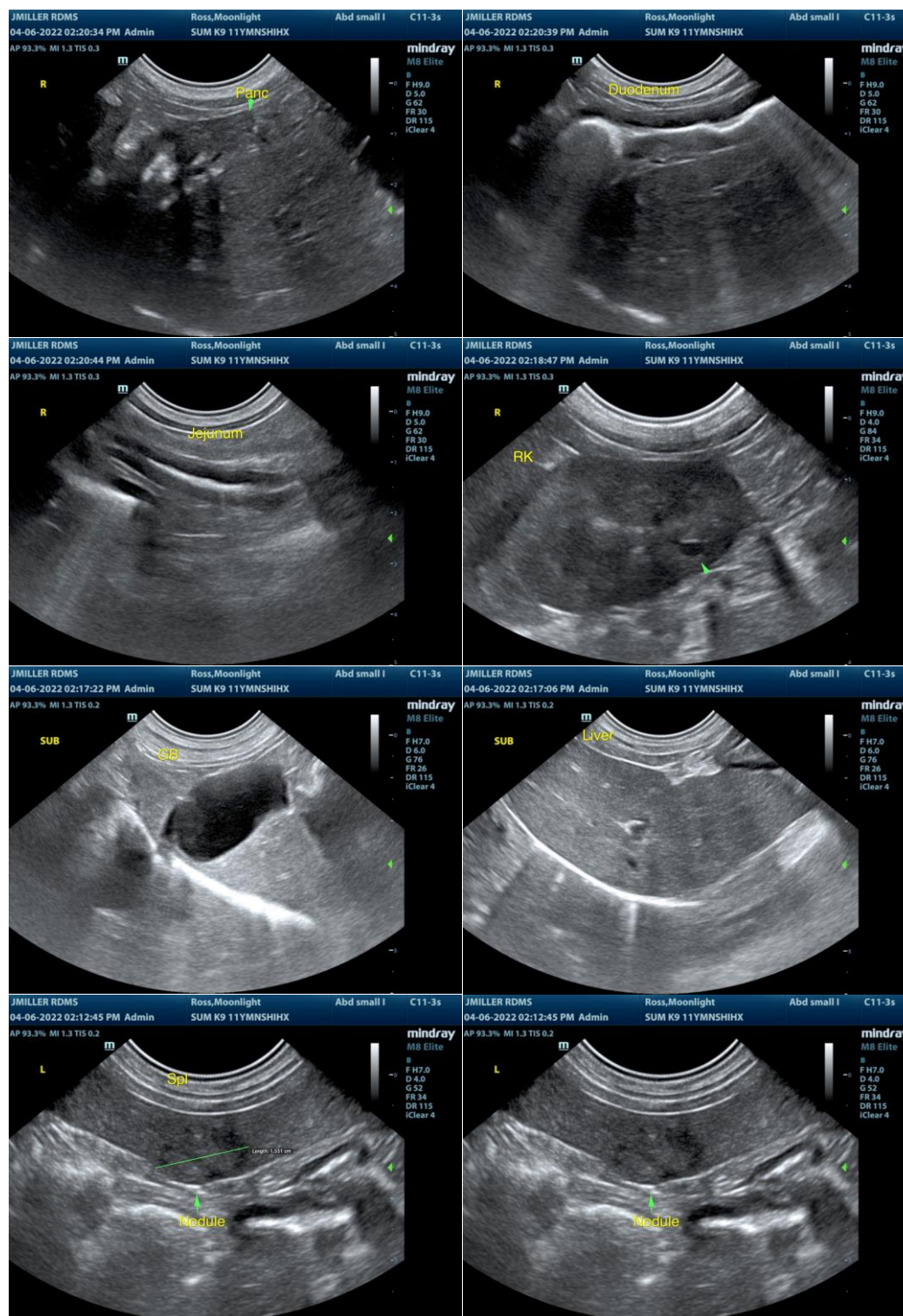
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

**SPECIES**

Canine

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

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Shih Tzu Mix

**SEX**

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