


**PATIENT PRESENTING CLINICAL SIGNS**

Findley Blossom  
Guthrie abdominal pain, seems to be more caudal meds: cerenia, pantoprazole, ampicillin, dexmedetomidine, methadone, gabapentin, B12

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Please see attached labs

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

JRT

**SEX**

FS

**AGE**

13yr

**WEIGHT**

8.4kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

 Hamilton Region  
Veterinary Emergency  
Clinic

**REFERRING VET**

Bourque

**INVOICE**

13663ag

**DATE**

05/01/2023

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 5.5 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

The area of the uterine remnant appeared normal and free of pathology.

**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 and 0.60 cm width in the caudal pole. The right adrenal gland measured 1.9 cm length and 0.48 cm width in the caudal pole.

**Spleen**

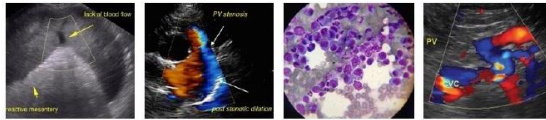
The spleen exhibited normal size and generalized parenchymal heterogeneity. A solitary mildly expansive well demarcated uniform hypoechoic nodule was present in the craniomedial spleen measuring 1.6 cm in diameter.

**Liver/Gallbladder**

The liver exhibited mild enlargement with areas of mild capsule asymmetry. Normal to subjective mild reduced parenchymal echogenicity was present with moderate coarse echotexture. Subtly prominent yet indistinct portal vascular borders were noted with normal vascular volume. No visualized masses or nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact yet variable mid wall thickening in the ventral gastric body extending into the antrum and pylorus. The ventral gastric body wall measured 0.7 cm in width. The lumen of the stomach contained luminal gas and possible mild retained hyperechoic non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental non-obstructive intestinal ileus pattern was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

**SPECIES**

Canine

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

**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 was evident.

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**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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Generalized mild increased omental echogenicity was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

13yr

- Moderate chronic renal changes.
- Non-specific mildly expansive splenic nodule-hyperplasia, hematopoiesis, granuloma or similar. Potential for emerging neoplastic criteria possible.
- Mild hepatomegaly exhibiting minor parenchyma hypoechogenicity-vacuolar hepatopathy, inflammatory disease, occult infiltrative neoplasia all potentials.
- Gallbladder debris (non-mucocele).
- Mildly thickened stomach, possible segmental enteritis pattern.
- Sonographically normal pancreas.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25g needle, a hepatic parenchyma and splenic nodule FNA for screening cytology is warranted for further assessment.

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The gastric and segmental intestinal appearance is of unclear clinical significance given the lack of reported GI signs. Given current medication protocol, acute inflammatory intestinal episode with the possibility of occult infiltrative neoplasia, infectious disease or other cannot be definitively excluded. Low grade pancreatitis which may appear sonographically normal could be present.

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Empirically, continued as needed GI support, potential empirical therapy for low grade pancreatitis especially if evidence of cranial abdominal/subxiphoid discomfort on palpation, hepatosupportive medications if clinically indicated with assessment of clinical response and monitoring of liver enzymes is recommended.

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Ideally sonographic monitoring of the splenic nodule for evidence of progression would be reasonable.

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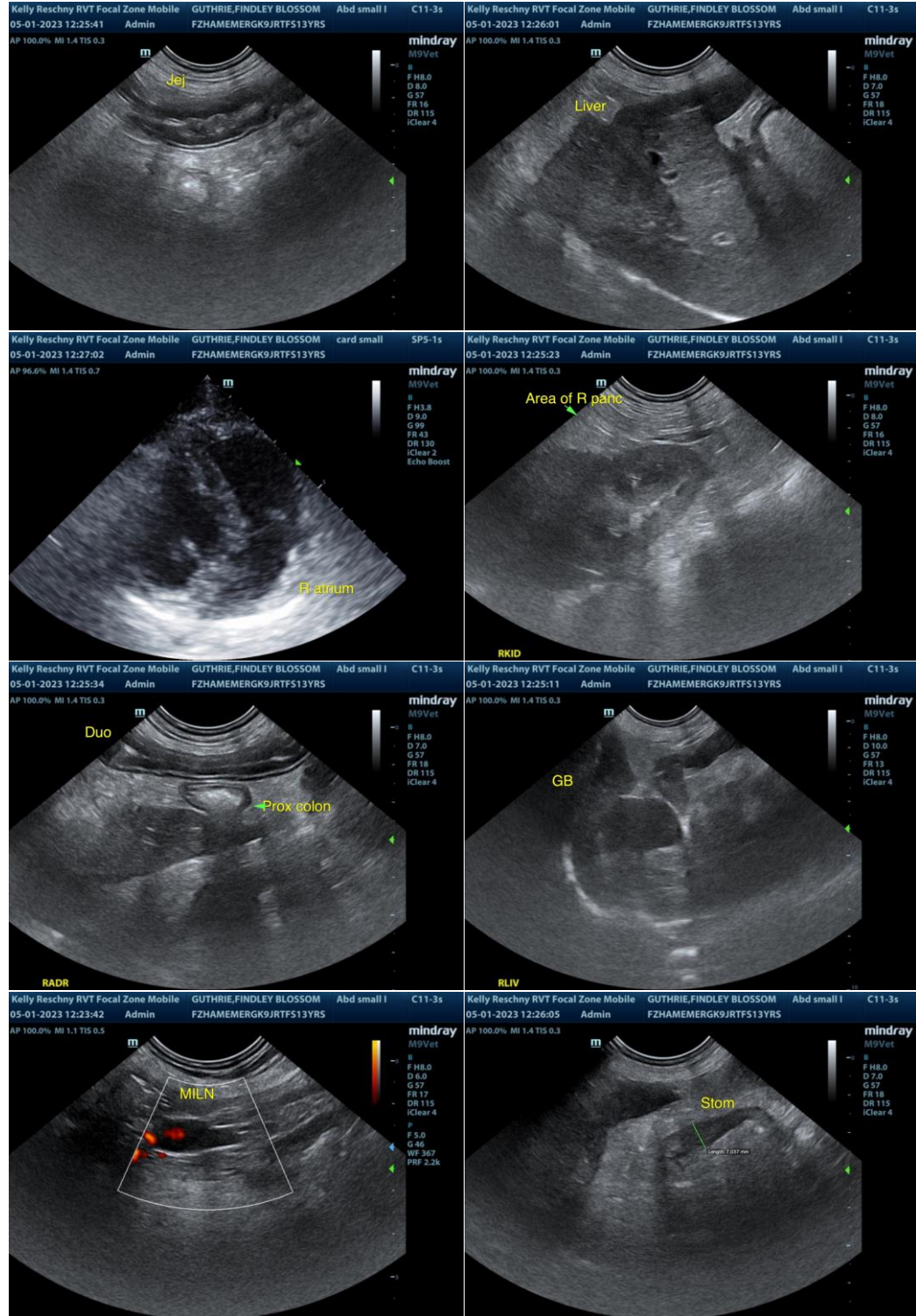
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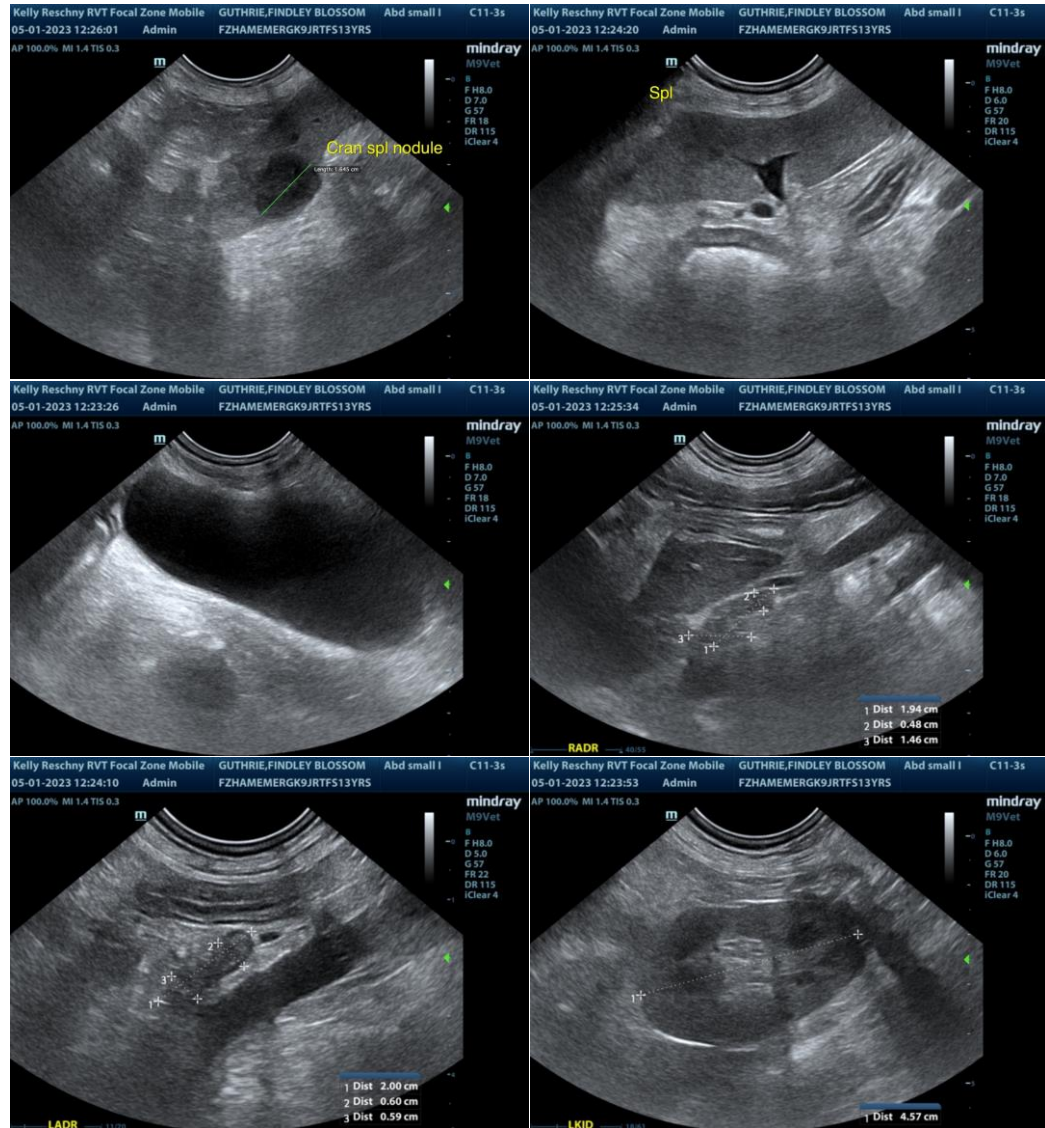
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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