



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Callisto Gardiner	This is just a follow up double cavity WITH echo. Patient is asymptomatic. No meds other than Apoquel and has had 5mg of Prednisone daily at times to control allergies also. Previous scan 9/22/21 Abnormal PE/Chem/CBC/UA Results: n/a
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Bouvier	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.
<b>SEX</b>	
FS	The area of the aortic trifurcation was free of pathology.
<b>AGE</b>	
6 years	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 6.4 cm in length. The right kidney measured 7.5 cm in length.
<b>WEIGHT</b>	
41.4 kg	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.79 cm width at the caudal pole. The right adrenal gland was Indistctly visualized yet without overt pathology, subjectively measuring 2.4 cm length x 0.90 cm width at the caudal pole.
R. McKenzie Daniel, DVM, DABVP	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. A solitary, non-expansive or disruptive hypoechoic nodule to cyst was noted in the mid cranial spleen, measuring 0.86 cm in diameter.
Crystal Hill	<b>Liver/ Gallbladder</b>
<b>HOSPITAL NAME</b>	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.
Simcoe AH	
<b>REFERRING VET</b>	
Dr. Kennedy	
<b>INVOICE</b>	
13857	<b>Gastrointestinal</b>
<b>DATE</b>	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.
5/12/22	



**PATIENT**

Callisto Gardiner

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.

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

**SPECIES**

Canine

**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.

**BREED**

Bouvier

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Small hypoechoic nondisruptive splenic nodule or cyst
- Otherwise sonographically normal abdomen

**AGE**

6 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant visceral pathology was noted. The small splenic nodule to cyst is likely consistent with a benign process such as cyst, focal lymphoid hypoplasia, hematopoiesis, or small hematoma without evidence of neoplastic criteria. Sonographic monitoring of this nodule or cyst for evidence of progression would be reasonable.

**WEIGHT**

41.4 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Simcoe AH

**REFERRING VET**

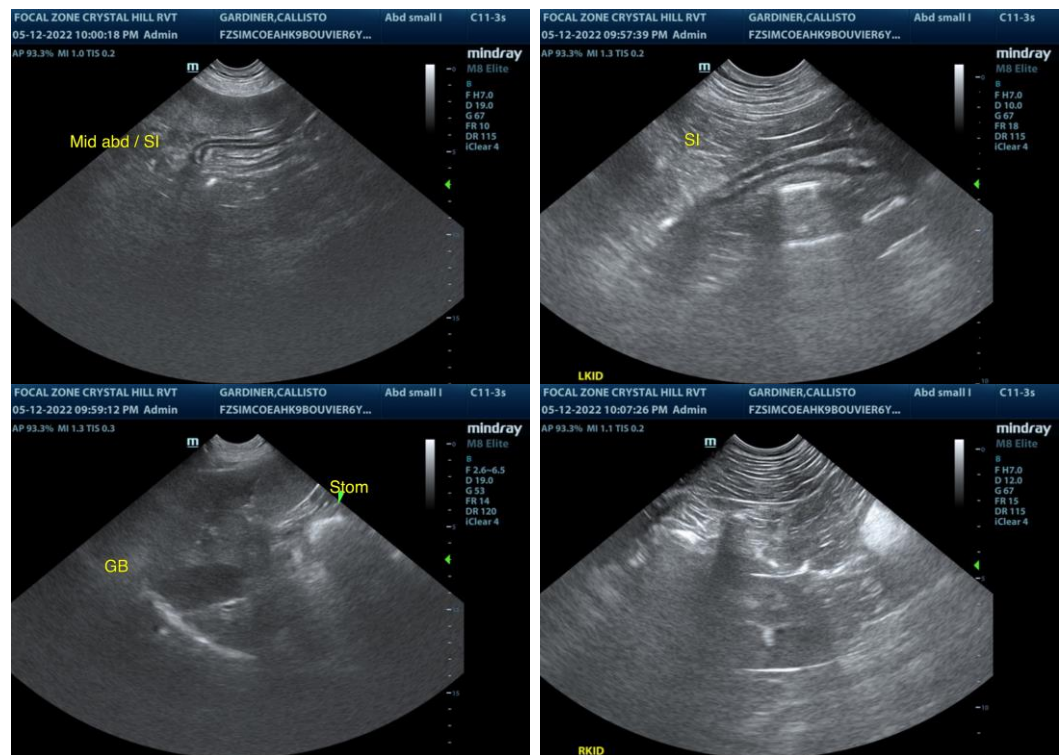
Dr. Kennedy

**INVOICE**

13857

**DATE**

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**PATIENT**

Callisto Gardiner

**SPECIES**

Canine

**BREED**

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**SEX**

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**AGE**

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**WEIGHT**

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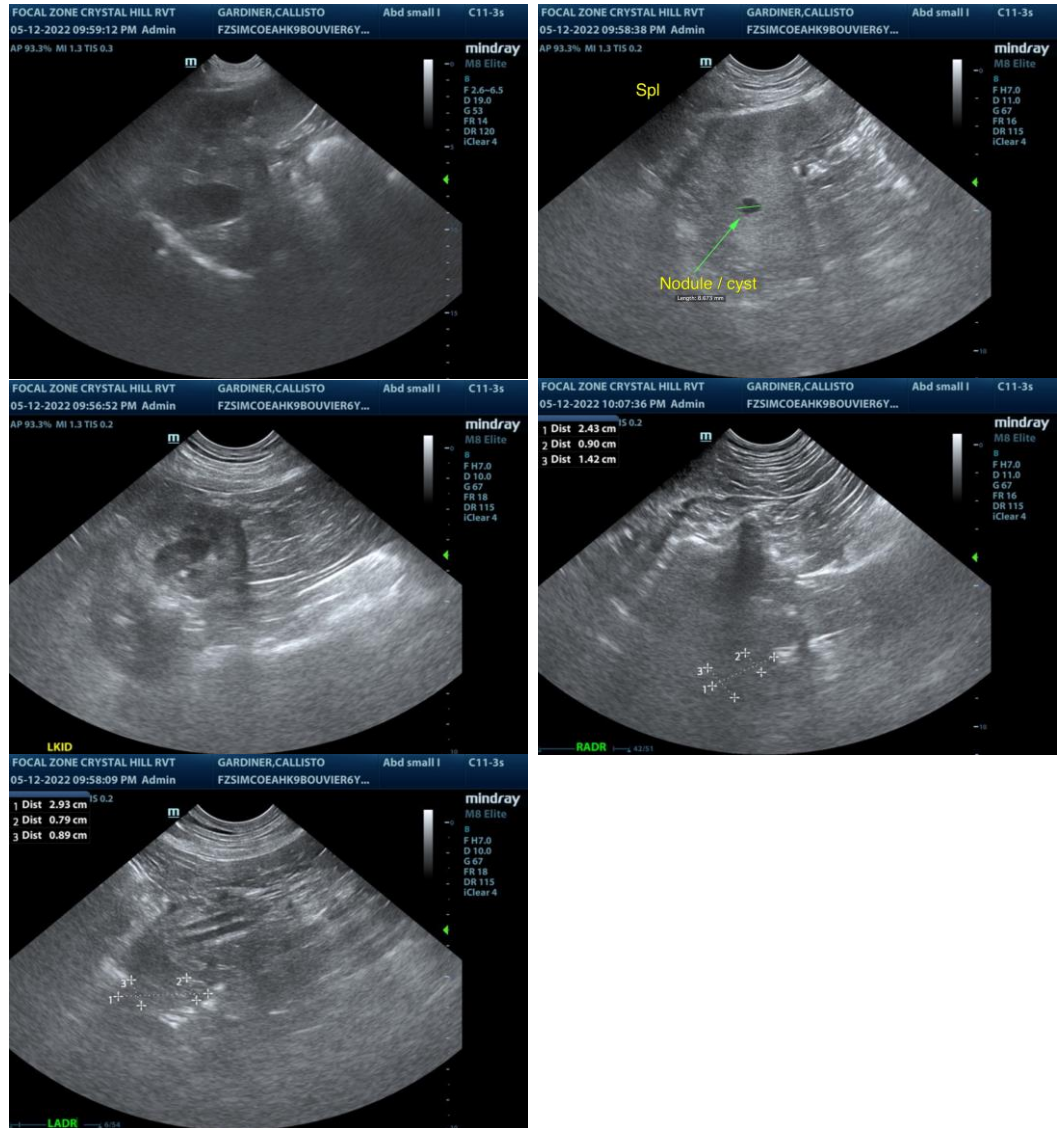
Dr. Kennedy

**INVOICE**

13857

**DATE**

5/12/22



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