



**PATIENT PRESENTING CLINICAL SIGNS**

Riley Warren History: concerned about stomach mass did xrays 5/17/22

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Current Medications did trial of metronidazole and cerenia

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Whole Pet VC

**REFERRING VET**

Dr. DeMarco

**INVOICE**

15240

**DATE**

5/18/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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 3.9 cm in length. The right kidney measured 5.3 cm in length.

**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 0.67 cm width in the cranial pole and 0.45 cm width in the caudal pole. The right adrenal gland measured 0.48 cm width in the caudal pole.

**Spleen**

The spleen was overall normal in size with primarily maintained symmetrical capsule contour and finely textured homogeneous parenchyma. A solitary mildly expansive nonhomogeneous macronodule to small mass in the cranial spleen, measuring 2.5 cm in diameter. The mass appeared to distort the associated lateral splenic capsule yet without evidence of parenchymal escape or rupture.

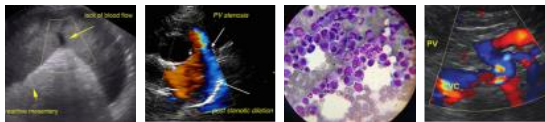
**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was subnormal in size. Moderate nondependent to congealed yet nonorganized sludge was noted. No evidence of peripheral gallbladder inflammation.

**Gastrointestinal**

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty without evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.51 cm.



**PATIENT**

Riley Warren

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. The duodenum wall measured 0.42 cm. The jejunum wall measured 0.31 cm.

**SPECIES**

Canine

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

**BREED**

Dachshund

**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.

**SEX**

Neutered Male

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

15 Years

**ULTRASONOGRAPHIC FINDINGS**

- Moderate chronic renal changes
- Mildly expansive nonhomogeneous splenic macronodule to small mass- multiple etiologies possible, including hyperplasia, hematopoiesis, small hematoma, granuloma or emerging neoplasia.
- Hepatic parenchymal remodeling
- Subnormal gallbladder, containing moderate congeal yet nonorganized sludge (non-mucocele)
- Suspect mild gastritis/gastroduodenitis- no evidence of upper gastrointestinal neoplastic criteria

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA of the splenic macronodule to small mass, using a 25-gauge needle and assuming normal clotting status, could be considered for screening cytology. Sonographic monitoring of the splenic macronodule to small mass for evidence of progression with initial recheck in 4-weeks would be reasonable, while prophylactic splenectomy would be a more aggressive approach. Continued, as needed, gastrointestinal support recommended.

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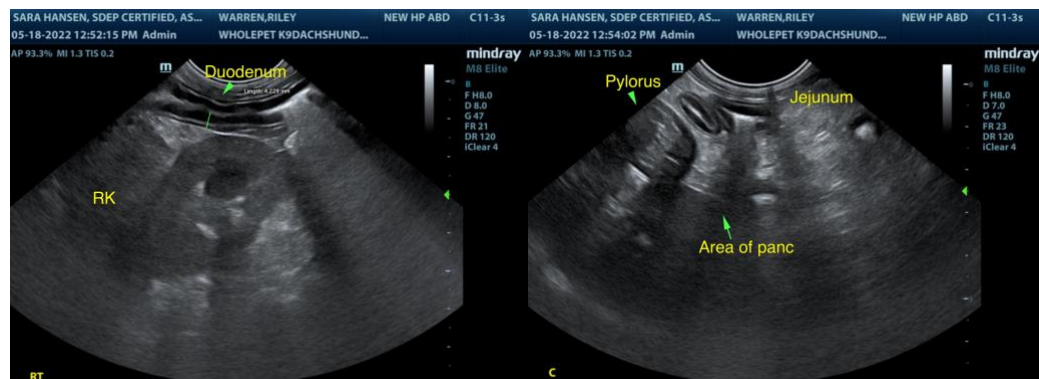
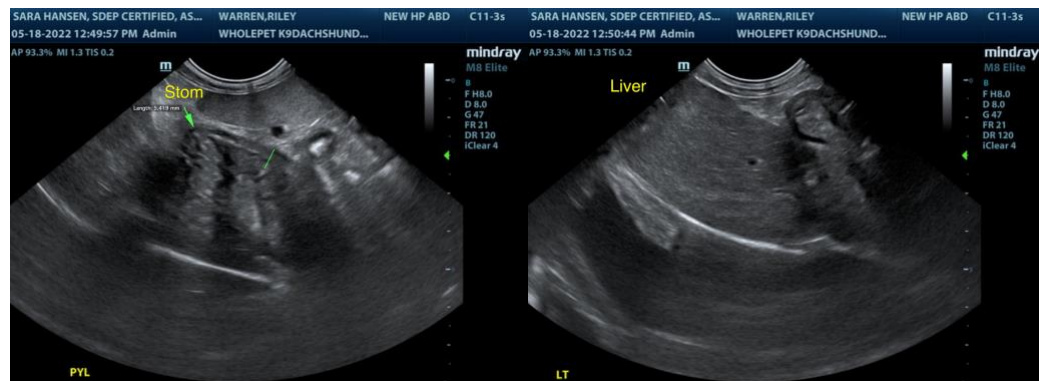
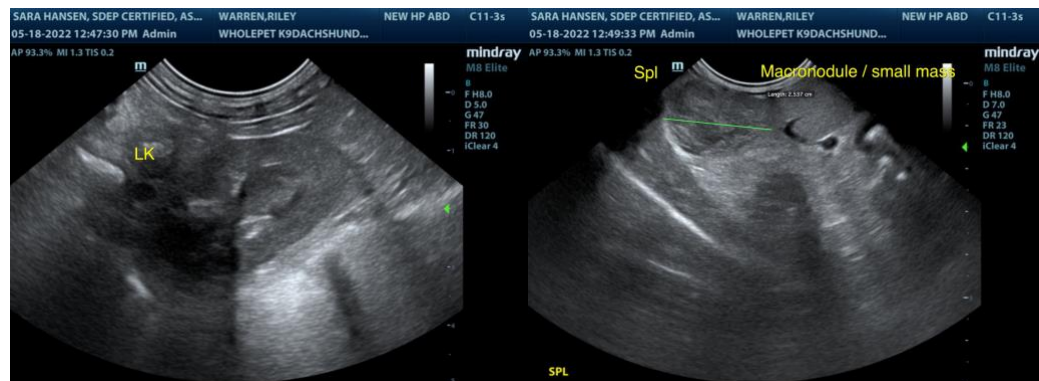
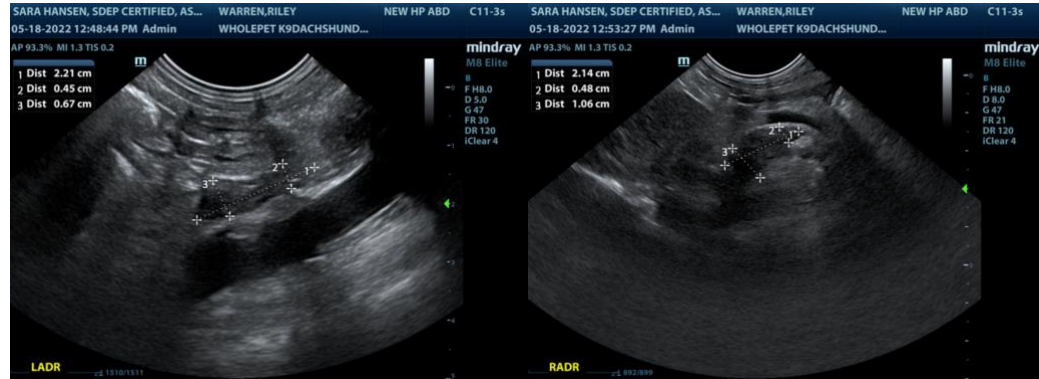
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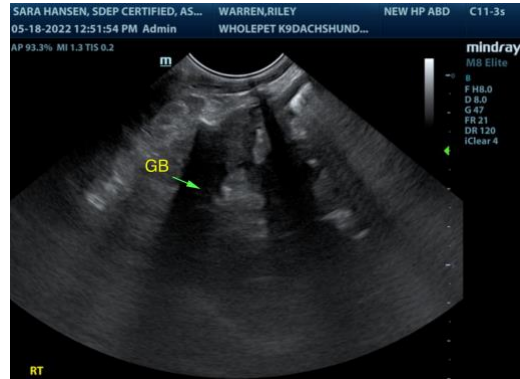
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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