



PATIENT PRESENTING CLINICAL SIGNS

Sophie Brooking Anal gland fistulas, splenic mass

Unremarkable recent CBC/Chemistry Panel

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

German Shepherd

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

No overt pathology was noted in the area of the uterine remnant.

FS

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

AGE

2012

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 7.5 cm in length. The right kidney measured 7.9 cm in length.

WEIGHT

80

Adrenal Glands

INTERPRETED BY

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

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 0.63 cm width at the cranial pole.

Spleen

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

A mass involving the cranial spleen with secondary capsule expansion and disruption was present and measured 7.3 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The non-involved mid to caudal spleen was sonographically normal with normal splenic vascularity.

HOSPITAL NAME

White Haven VH

Liver/ Gallbladder

REFERRING VET

Dr. Dengler

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.

INVOICE

13799

Gastrointestinal

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.

DATE
 5/4/22

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.

Sophie Brooking

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

Free Abdomen

BREED

No evidence of intraabdominal lymphadenopathy, omental masses, or overt perisplenic or peritoneal free fluid was present.

German Shepherd

SEX

Rapid view of the heart (SDEP 3 position) revealed subjectively normal function without pathology in the right auricle or pericardium.

FS

ULTRASONOGRAPHIC FINDINGS

AGE

- Confirmed splenic mass, otherwise sonographically unremarkable abdomen

2012

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, hypersplenism, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

80

No overt evidence of intraabdominal or cardiac metastasis was noted. If no evidence of pathology on three view chest radiographs, laparotomy with splenectomy, gross inspection of the perisplenic omentum and adjacent organs would be warranted.

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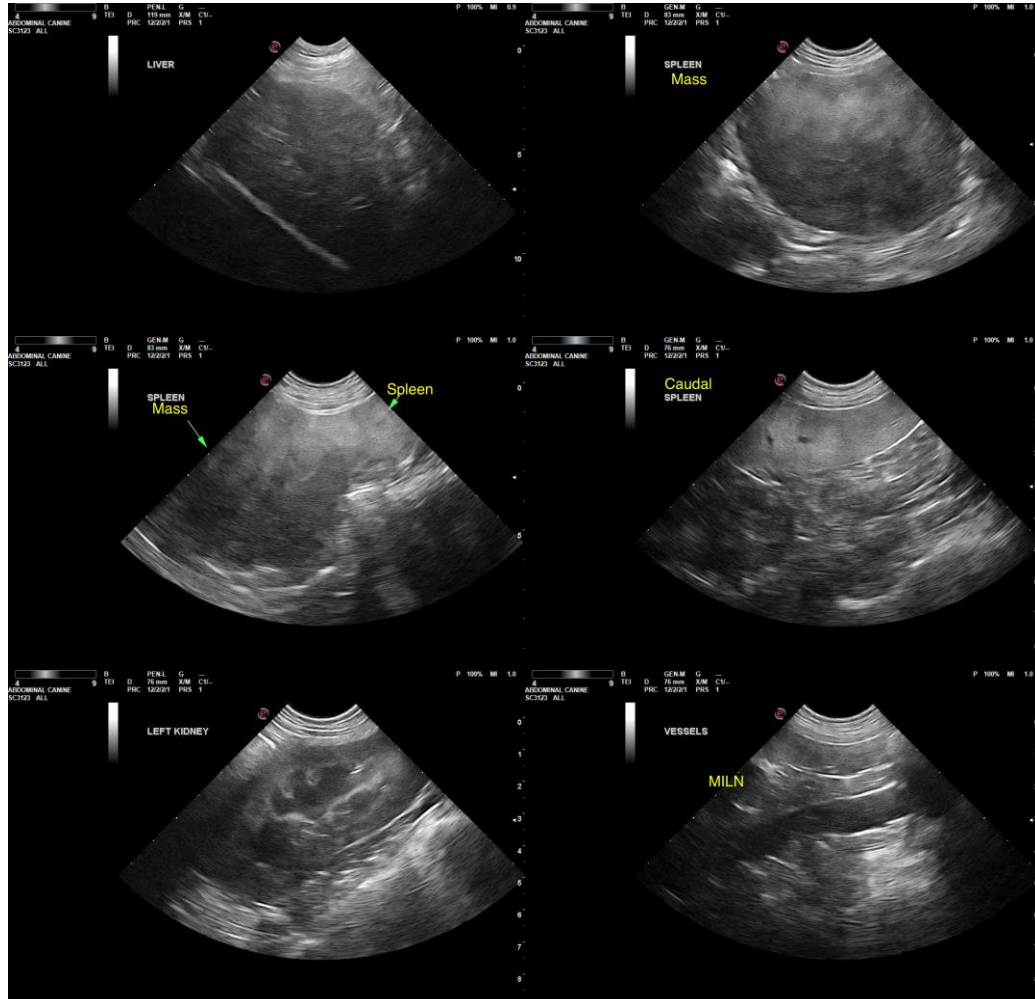
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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