



**PATIENT**

Sunshine Linn County  
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**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

50 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Reid VH

**REFERRING VET**

Dr. Harrison Reid

**INVOICE**

16062

**DATE**

6/13/22

**PRESENTING CLINICAL SIGNS**

History: Chief Complaint: Linn County Animal Control D/O (P in bad shape) -P did not lift head when carrier taken apart. Markedly obtunded, depressed, will not make eye contact w/ HRR, very nervous on PE -Marked flea infestation, marked erythema/swelling/discomfort noted. -Marked Toenail overgrowth. 1st digit nails bilaterally have grown INTO and OUT OF paw pads leaving marked abscessation in the digits of the forelimbs. -Linear region of alopecia along w/ dorsum (thoraco/abdominal) w/ flea dirt and fleas present -L shoulder mass FNA: cystic fluid -Seemingly fluid filled abdomen. Seems to have a large fluid wave on PE. No fluid on abdominocentesis. -Generalized lymphadenopathy in the popliteals, submandibular In's etc (likely secondary to dental disease and generalized dermatitis\_ -P unwilling to stand on PE, moderately tense on abdominal palpation, P did not allow fully palpation (lip curling)\_ - Moderate loss of ILT muscles along w/ mild wasting of the temporalis muscles bilaterally\_ -Sinus arrhythmia -PLR in tact, menace in tact. Deep pain on all 4 limbs in tact. No CP's checked as P non-ambulatory on PE. (laying down) --> Lateral abdominal radiograph revealed large Splenic mass. Cannot r/o HSA of the spleen +/- splenic hematoma secondary to trauma etc Recommended lateral thoracic met check: nsf

Abnormal PE/Chem/CBC/UA Results: alt 145 alph 250 glu 162

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

No evidence of pathology in the area of the iliac trifurcation without evidence of medial iliac or sublumbar lymphadenopathy.

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 minor loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 7.2 cm in length.

**Adrenal Glands**

The left adrenal gland was mildly prominent in size with maintained symmetrical capsule contour and primarily homogeneous parenchyma. The left adrenal gland measured 3.7 cm in length x 0.99 cm at the caudal pole in width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm in length x 0.74 cm width at the caudal pole.

**Spleen**

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



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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.

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**Liver**

The liver exhibited borderline to mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta/chyme without signs of obstruction or foreign material.

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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.

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

**Pancreas**

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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.

**Free Abdomen**

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

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**Other**

No evidence of pathology in the area of the uterus or uterine remnant.

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**ULTRASONOGRAPHIC FINDINGS**

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- Low-grade hepatopathy- subjectively benign
- Sonographically unremarkable spleen- no evidence of masses or neoplastic criteria
- Mild age-related kidneys
- Mildly prominent left adrenal gland- nonspecific
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta/chyme

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Overall, no evidence of significant abdominal visceral pathology. The liver was nonspecific yet consistent with low-grade benign hepatopathy, mild vacuolar versus low-grade inflammatory



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hepatopathy possible. However, the hepatic presentation is not overtly suggestive of steroid hepatopathy.

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The mildly prominent left adrenal gland is suspected to be patient variant without evidence of adrenal neoplastic criteria. Screening urine cortisol to creatinine ratio +/- full adrenal work up and screening blood pressure could be considered if clinically indicated.

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The mild gastric ingesta/chyme may correlate with recent meal ingestion. However, if documented NPO or evidence of anorexia/inappetence, some degree of possible metabolic gastric hypomotility could be considered.

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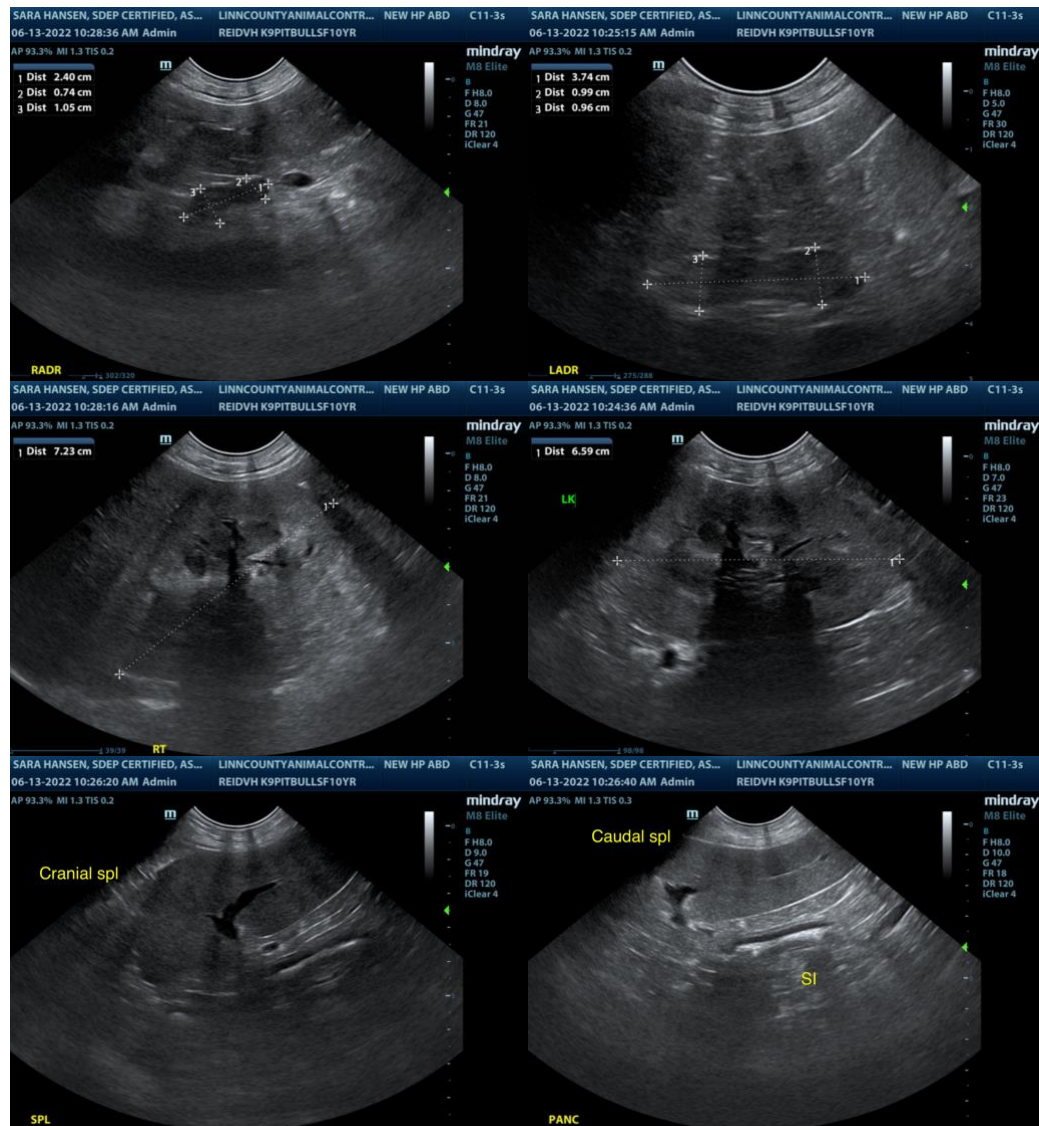
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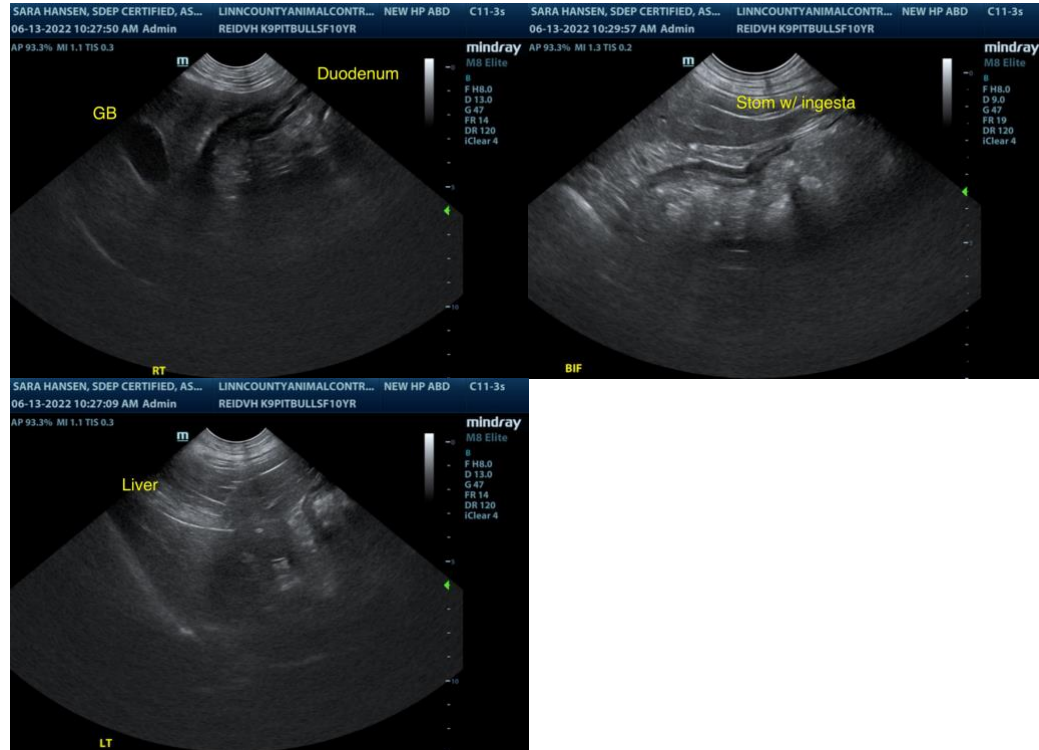
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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