



**PATIENT**

Daysie Shaner

**SPECIES**

Canine

**BREED**

Shepard X

**SEX**

FS

**AGE**

13 years

**WEIGHT**

82 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. A. Rodriguez

**HOSPITAL NAME**

Foxfield Veterinary  
Services

**REFERRING VET**

Dr. A. Rodriguez

**INVOICE**

**DATE**

6/28/22

**PRESENTING CLINICAL SIGNS**

U/S due to bloodwork

Abnormal PE/Chem/CBC/UA Results: ALT: 203, alk: 1424, GGT 9, chol:468, PSL 388, T4 0.8. USG: 1.011. LDDST WNL.

**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 was noted.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 8.1 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.7 cm length x 1.2 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 4.3 cm length x 1.1 cm width at the caudal pole.

**Spleen**

The spleen was overall normal in size with minor areas of lateral medial capsule asymmetry. Generalized parenchyma heterogeneity was noted. A solitary, spherical, solid to nonhomogeneous mass in the mid-spleen measuring 3.3 cm in diameter was present. The mass symmetrically distorted the lateral and medial capsule contour.

**Liver/ Gallbladder**

The liver exhibited generalized enlargement yet maintained symmetrical capsule contour. Moderately coarse parenchyma exhibiting increased parenchyma echogenicity was present with intermittent subtle nondisruptive, small, hypoechoic intraparenchymal nodules. The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, 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.

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### **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.

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### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

## ULTRASONOGRAPHIC FINDINGS

### WEIGHT

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### **Primary Findings**

- Small solid to nonhomogeneous mildly expansive splenic mass
- Hepatopathy exhibiting generalized mild parenchyma hyperechogenicity with intermittent subtle nondisruptive intraparenchymal nodules
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes

### INTERPRETED BY

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### **Secondary Findings**

- Gastric ingesta - probable post prandial presentation

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, the liver was nonspecific with potential considerations including vacuolar hepatopathy, inflammatory / immune-mediated disease, early fibrosis, nodular to regenerative hyperplasia, hematopoiesis, or other hepatopathy with neoplastic criteria thought less likely.

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Likewise, multiple etiologies for the splenic mass are possible including hyperplasia, hematopoiesis, granuloma, splenitis, and small hematoma, with potential for neoplasia.

### INVOICE

Assuming normal clotting status, hepatic parenchymal and splenic mass FNA using a 25-gauge needle is warranted for screening cytology. Sonographic monitoring of the liver and splenic mass for evidence of progressive changes, along with monitoring of hepatic enzymes would be a more conservative approach. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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No overt evidence of active pancreatitis was noted, although if clinically relevant, low-grade to mild chronic pancreatitis could be present yet sonographically normal.



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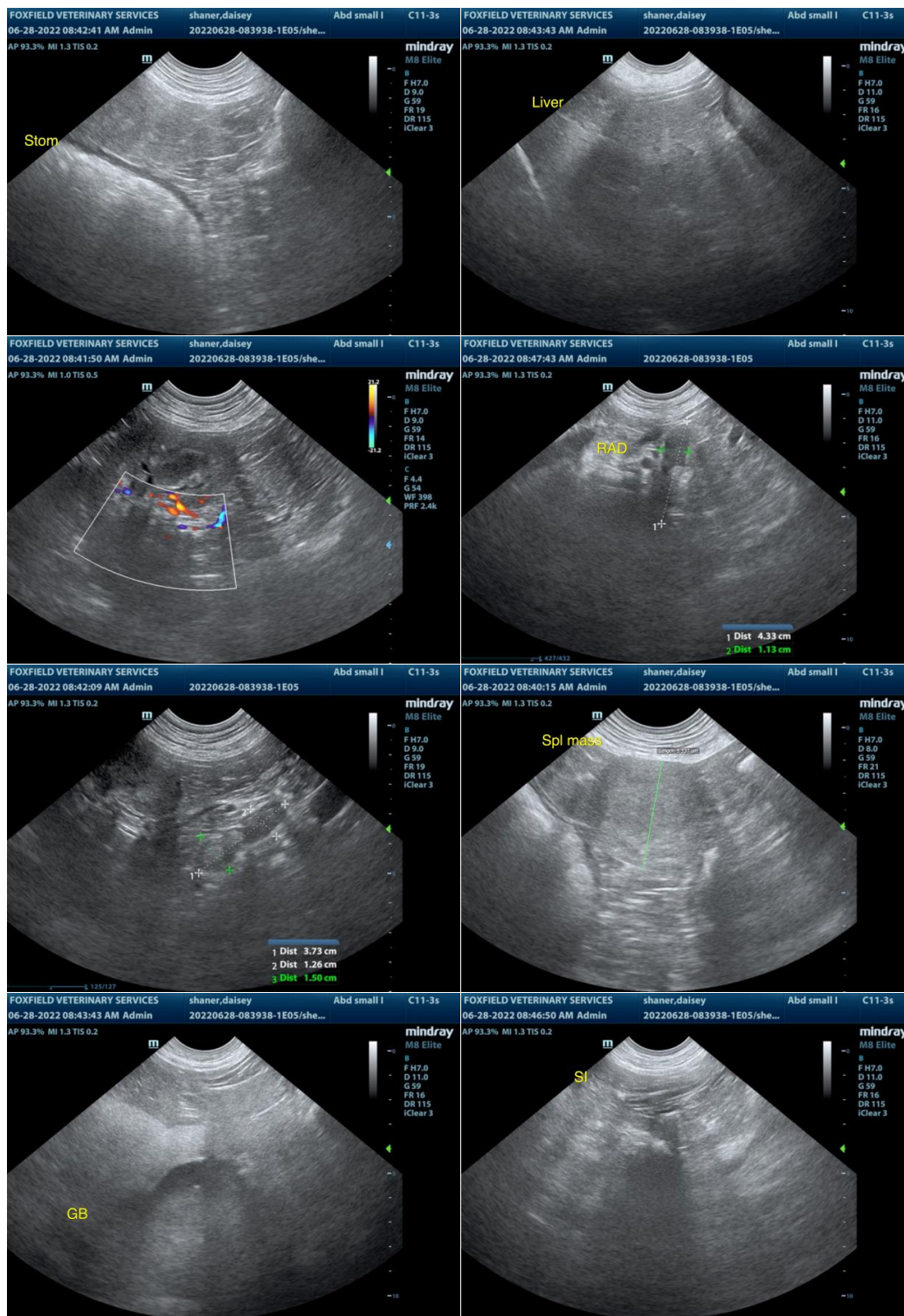
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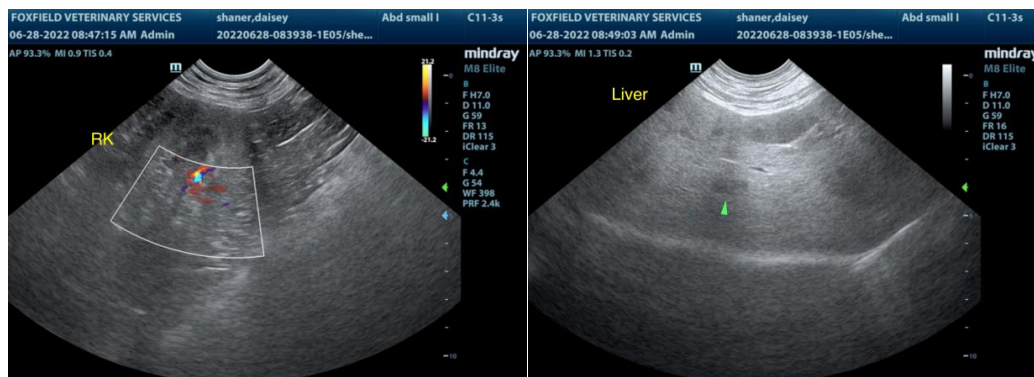
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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