



**PATIENT**

Ozzy D'Andrea

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

MN

**AGE**

11 years

**WEIGHT**

89 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

Dr. ElSafie

**INVOICE**

14161

**DATE**

6/30/22

**PRESENTING CLINICAL SIGNS**

Patient has been drinking a lot of water and urinating a lot. Owner says he found the patient laying in urine one morning.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL/CPL- abnormal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was subnormal in size owing to lack of urine distention. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention. No overt evidence of neoplastic criteria was noted. Minimal anechoic urine was present with no sediment or calculi. The urethra was normal to a depth of 4.0 cm.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.3 cm in diameter.

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 to 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 6.5 cm in length. The right kidney measured 5.7 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 3.0 cm length x 0.60 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 3.0 cm length x 0.58 cm width at the caudal pole.

**Spleen**

A solid, nonhomogeneous caudal splenic mass with pinpoint hyperechoic parenchyma foci was present measuring approximately 5.0-6.0 cm in diameter. The mass appeared to symmetrically distort the caudal splenic capsule. No evidence of parenchymal escape or mass rupture was evident. The splenic parenchyma not involved with the mass exhibited mild heterogeneity.

**Liver/ Gallbladder**

The liver exhibited generalized enlargement with nonhomogeneous parenchyma. A solid, mildly nonhomogeneous to mixed echogenic mass occupying the left liver lobes was present measuring approximately 8.0 cm in diameter. Concurrent mildly expansive nonhomogeneous macronodule to additional small masses were present in the subjective mid liver. An example of macronodule to small mass in the mid liver measured 4.7 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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**Gastrointestinal**

The stomach exhibited intact yet mildly thickened wall layering with an empty lumen with mild luminal gas. The gastric body wall width measured 0.86 cm.

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.

**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

No evidence of peritoneal free fluid was present. A solitary, mildly enlarged, nonhomogeneous to cystic-appearing gastric lymph node was present dorsal to the area of the pylorus measuring 1.0 cm in diameter.

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

**ULTRASONOGRAPHIC FINDINGS**

- Mildly expansive caudal splenic mass- hyperplasia, hematopoiesis, granuloma, splenitis, neoplasia possible
- Hepatomegaly exhibiting left to mid intraparenchymal macronodules to masses - nodular / regenerative hyperplasia, lipogranuloma, hematopoiesis, neoplasia possible
- Intact yet mildly thickened stomach walls
- Solitary mildly enlarged nonhomogeneous to cystic gastric lymph nodes
- Bilateral chronic renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Both the caudal splenic mass and hepatic intraparenchymal macronodules / masses were nonspecific with potential for both benign vs. neoplastic etiologies. Assuming normal clotting status and using a 25-gauge needle, FNA of the splenic and hepatic masses could be considered for screening cytology.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Potential for low-grade pancreatitis could be present yet sonographically normal. No overt evidence of significant pancreatic pathology was noted.

Gastroprotectant protocol is recommended if current or previous evidence of gastritis is noted.



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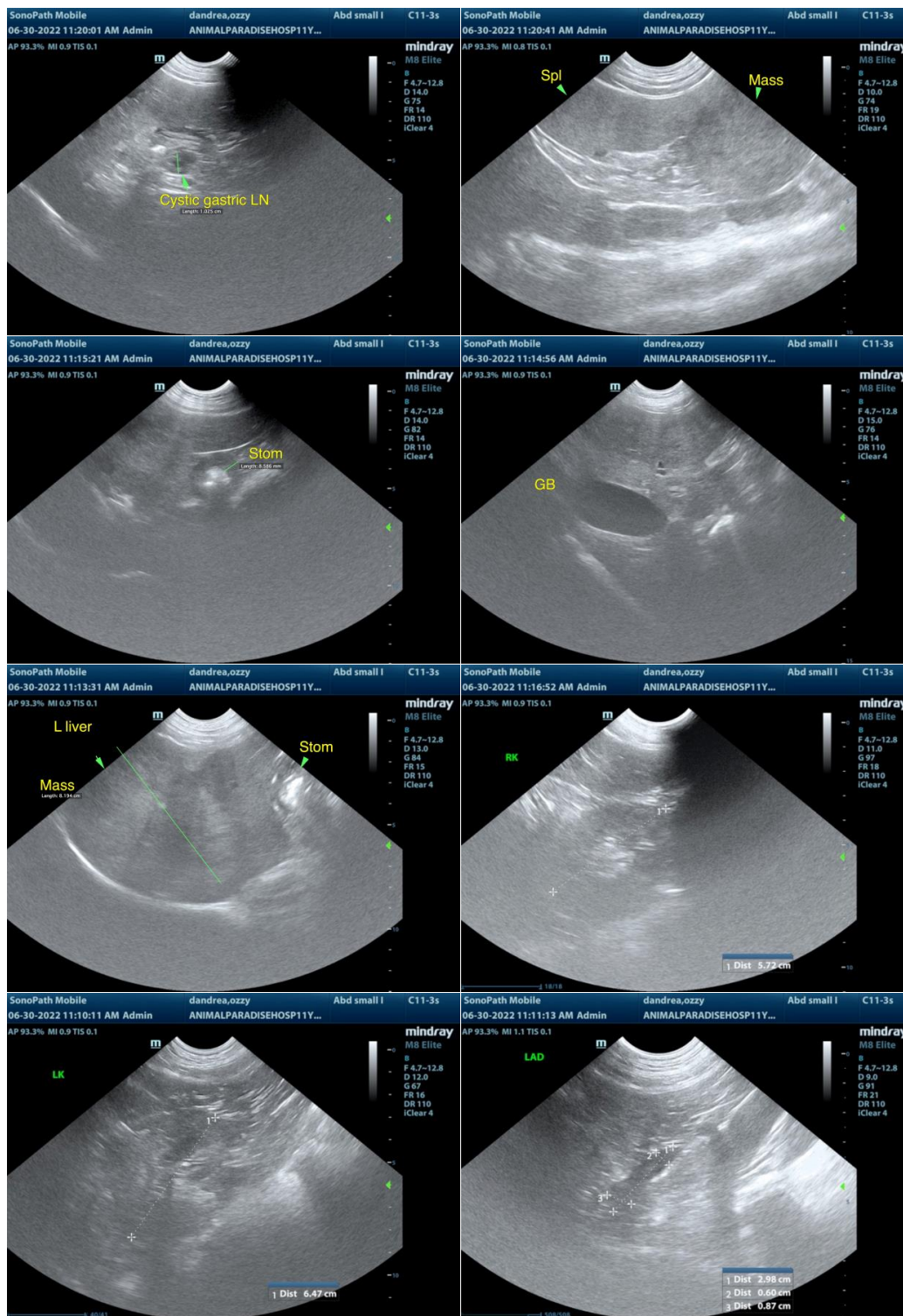
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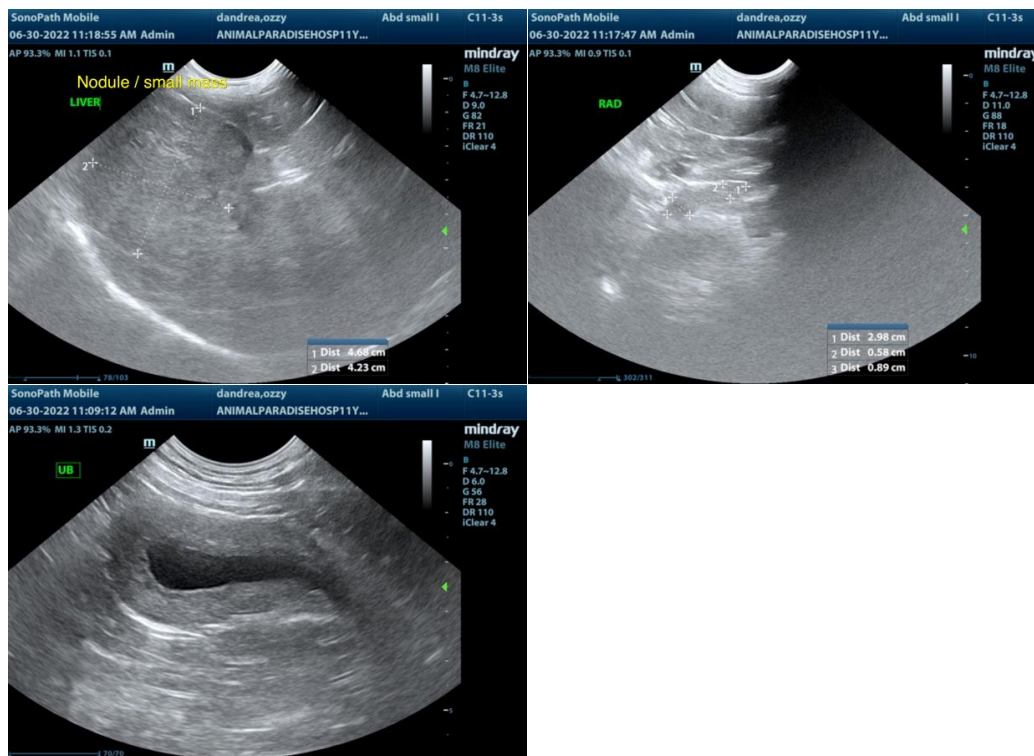
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
info@SonoPath.com