



**PATIENT**

Gracie Saltman

**PRESENTING CLINICAL SIGNS**

Follow up scan to scan done Nov 2021. Report attached. patient is doing well clinically.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Lab

**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.

**SEX**

FS

A solitary medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.6 cm x 0.47 cm. The lymph node was not consistent with Inflammatory or neoplastic criteria.

**AGE**

12

**WEIGHT**

39 kg

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 6.4 cm in length. The right kidney measured 7.4 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

A mild, nondisruptive, uniform nodule was present in the cranial left adrenal gland without evidence of capsular expansion or escape. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured approximately 0.58 cm in diameter. The overall left adrenal gland measured 0.58 cm width at the cranial pole and 0.45 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Dr. Belan

The right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.84 cm width in the cranial pole and 0.63 cm width in the caudal pole.

**HOSPITAL NAME**

Glamorgan AC

**Spleen**

The spleen exhibited overall normal size with potential for subtle cranial splenic enlargement, yet maintained symmetrical capsule contour with generalized mild splenic parenchyma heterogeneity. Areas of ill-defined hypoechoic parenchyma to possible nondisruptive nodule were noted in the cranial spleen measuring 1.5 cm in diameter.

**REFERRING VET**

Dr. MacAulay

**INVOICE**

14053

**Liver/ Gallbladder**

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 was normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild, primarily dependent, nonorganized, nonmineralized gallbladder debris. The gallbladder was otherwise normal. 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 was empty with no signs of ileus, obstruction, or foreign material.

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 omental masses, lymphadenopathy or peritoneal effusion were present. Potential for previously noted likely lipoma in the area of the ventral right abdominal wall is possible.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable urinary bladder
- Persistent mild heterogeneous spleen with indistinct to focal hypoechoic parenchyma vs. ill-defined nodule in the cranial spleen - multiple etiologies possible including lymphoid hyperplasia, hematopoiesis, small hematoma, infection, previous infarct, splenitis, neoplasia could still be considered yet given previously noted splenic changes without overt evidence of progression, may be considered less likely
- Cranial left adrenal nodule - suspect adenoma
- Hepato-pancreatic remodeling - subjectively benign
- Mild chronic renal changes
- Minor gallbladder debris (non-mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, splenic FNA in the area of parenchyma heterogeneity to potential hypoechoic nondisruptive nodule using a 25-gauge needle could be considered for screening cytology primarily to ensure only benign changes are present. Continued monitoring of the spleen for evidence of progressive parenchymal changes or enlargement would be a more conservative approach.

Likewise, sonographic monitoring of the bilateral adrenal glands for evidence of progressive enlargement or nodular changes is recommended. Continued monitoring of the left adrenal gland +/- periodic assessment for evidence of hypertension, which may allude to a pheochromocytoma, is suggested.



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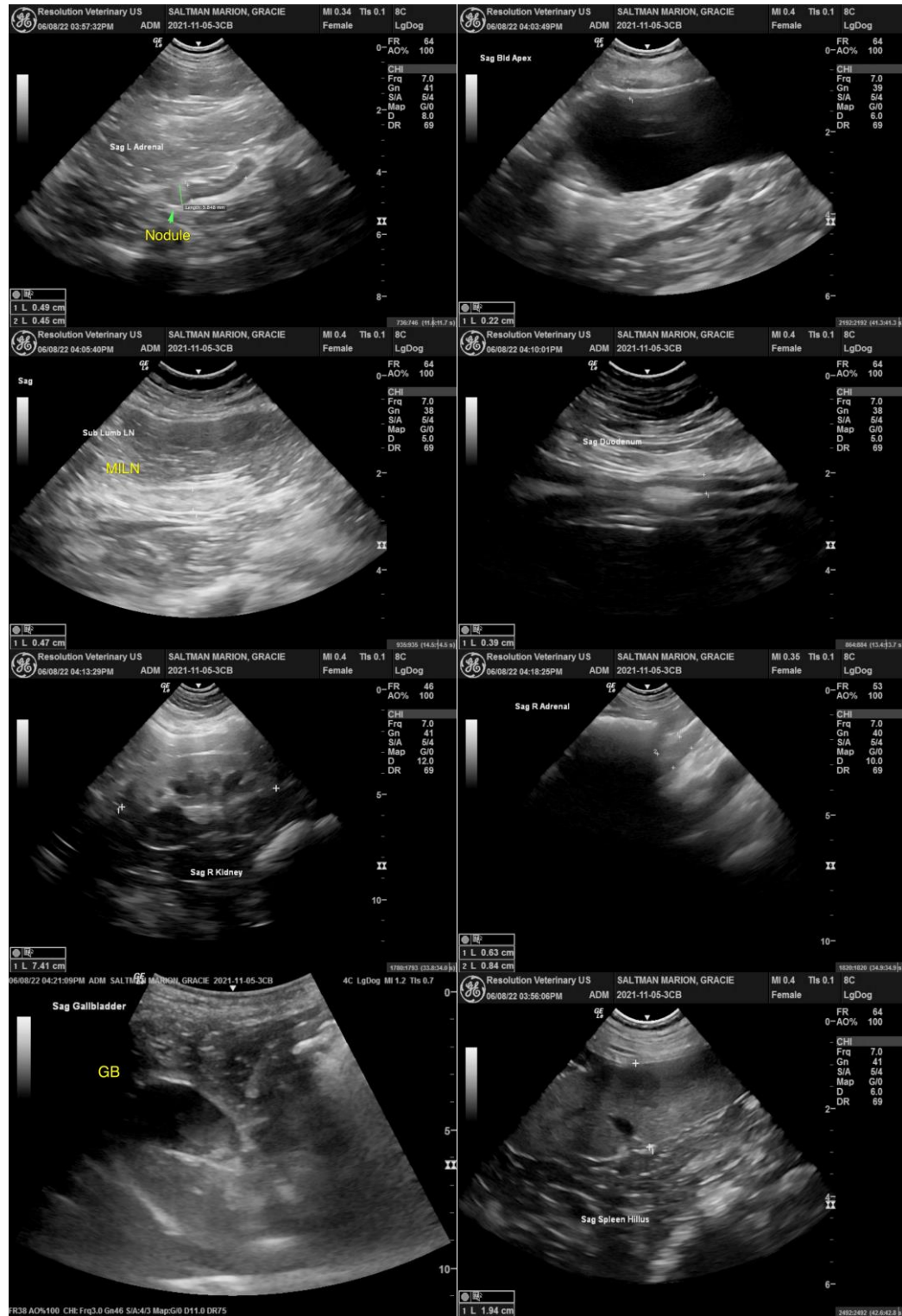
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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