



**PATIENT PRESENTING CLINICAL SIGNS**

**Buddy Hodgson**  
History: REcheck ultrasound from 2/2/22. Was fed this morning just before scan. Follow up to Splenic lesion. Has been on Robaxin, Tramadol, Metonia and Hepato Support. Cried out when lifted on and off the table.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: N/A

**ULTRASONOGRAPHIC RECHECK EXAMINATION OF THE ABDOMEN**

**BREED**

Doodle

**Urinary System**

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal asymmetrical margination consistent with a small cortical infarct was present in the caudal lateral left kidney. No evidence of pelvic dilation was present.

**SEX**

MN

**Spleen**

**AGE**

10yr

The spleen exhibited areas of medial capsule asymmetry with generalized mild parenchyma heterogeneity. The previously noted mildly expansive hypoechoic macronodule to small mass was present in the subjective mid to lateral spleen measuring 3.3 cm x 2.7 cm, comparable in size to previous sonogram with no overt evidence of progression. No evidence of parenchymal escape. A previously noted nonobstructive splenic vein thrombus was present within the hilus extending into the perihilar splenic vasculature. Power Doppler assessment of the spleen revealed adequate blood flow.

**WEIGHT**

81lb

**Liver**

**INTERPRETED BY**

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

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 were normal in appearance without signs of congestion.

**IMAGING PERFORMED BY**

Crystal Hill

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

**Gastrointestinal**

**HOSPITAL NAME**

The Maples AH

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic, nonshadowing ingesta without signs of 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.

**REFERRING VET**

Dr. Kazienko

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

**Free Abdomen**

**INVOICE**

11177ag

No overt lymphadenopathy or peritoneal effusion was present.

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

**ULTRASONOGRAPHIC FINDINGS**

**DATE**

07/25/2022

- Static previously noted splenic macronodule/small mass
- Static nonobstructive splenic vein thrombus



**PATIENT**

Buddy Hodgson

- Moderate chronic renal changes with focal left kidney cortical infarct
- Mild hepatic parenchymal remodeling-benign
- Mild gallbladder debris (non-mucocele)
- Gastric ingesta consistent with post prandial presentation

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left kidney cortical infarct is likely a new yet incidental finding with overall static renal presentation.

**BREED**

Doodle

Continued sonographic monitoring of the splenic mass as well as the splenic vein thrombus vs splenectomy assuming no evidence of pathology on three view chest radiographs could be considered.

**SEX**

MN

Continued hepatosupportive medications with addition of Ursodiol if evidence of cholestasis would be reasonable.

**AGE**

10yr

**WEIGHT**

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**HOSPITAL NAME**

The Maples AH

**REFERRING VET**

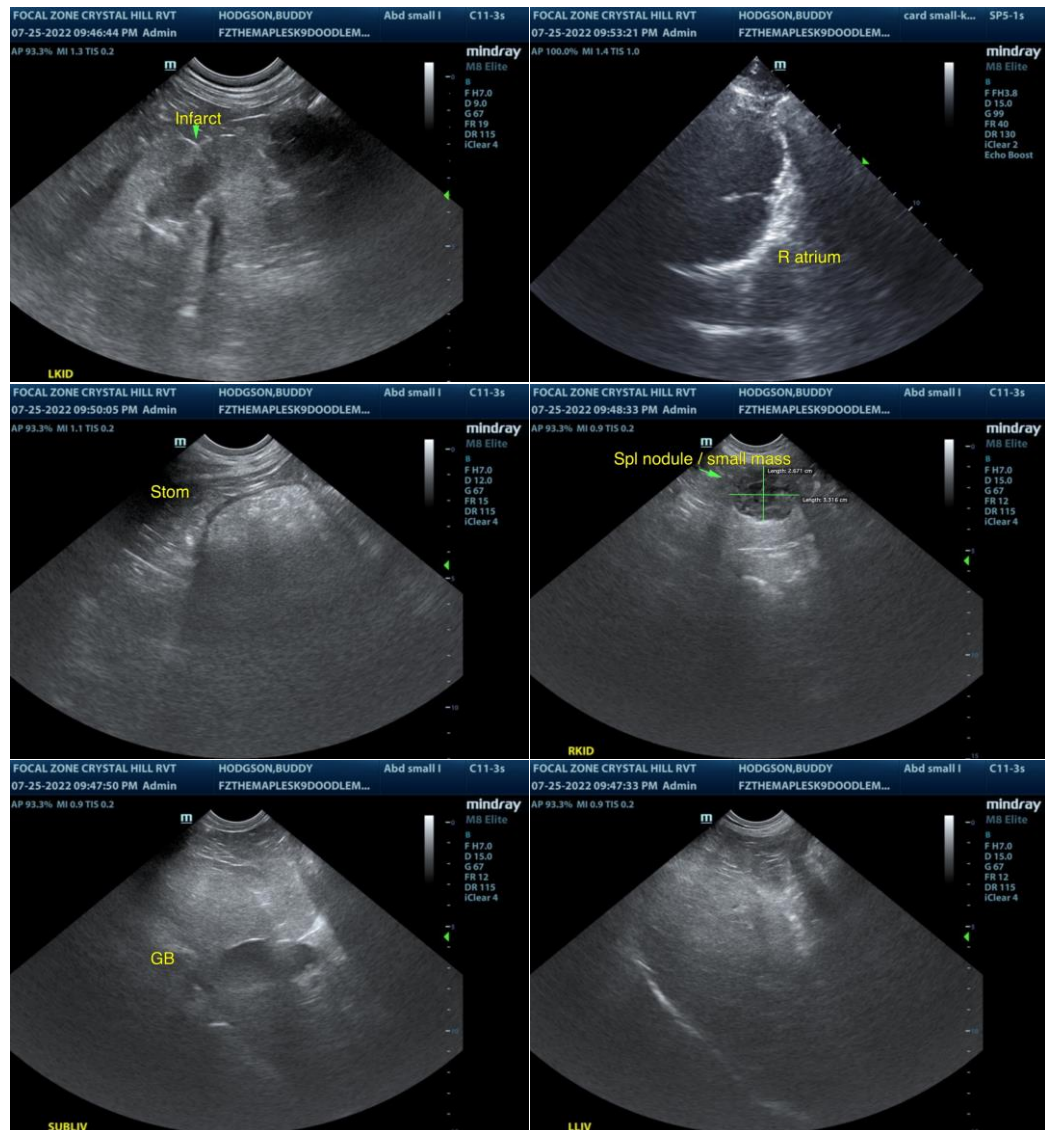
Dr. Kazienko

**INVOICE**

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**PATIENT**

Buddy Hodgson

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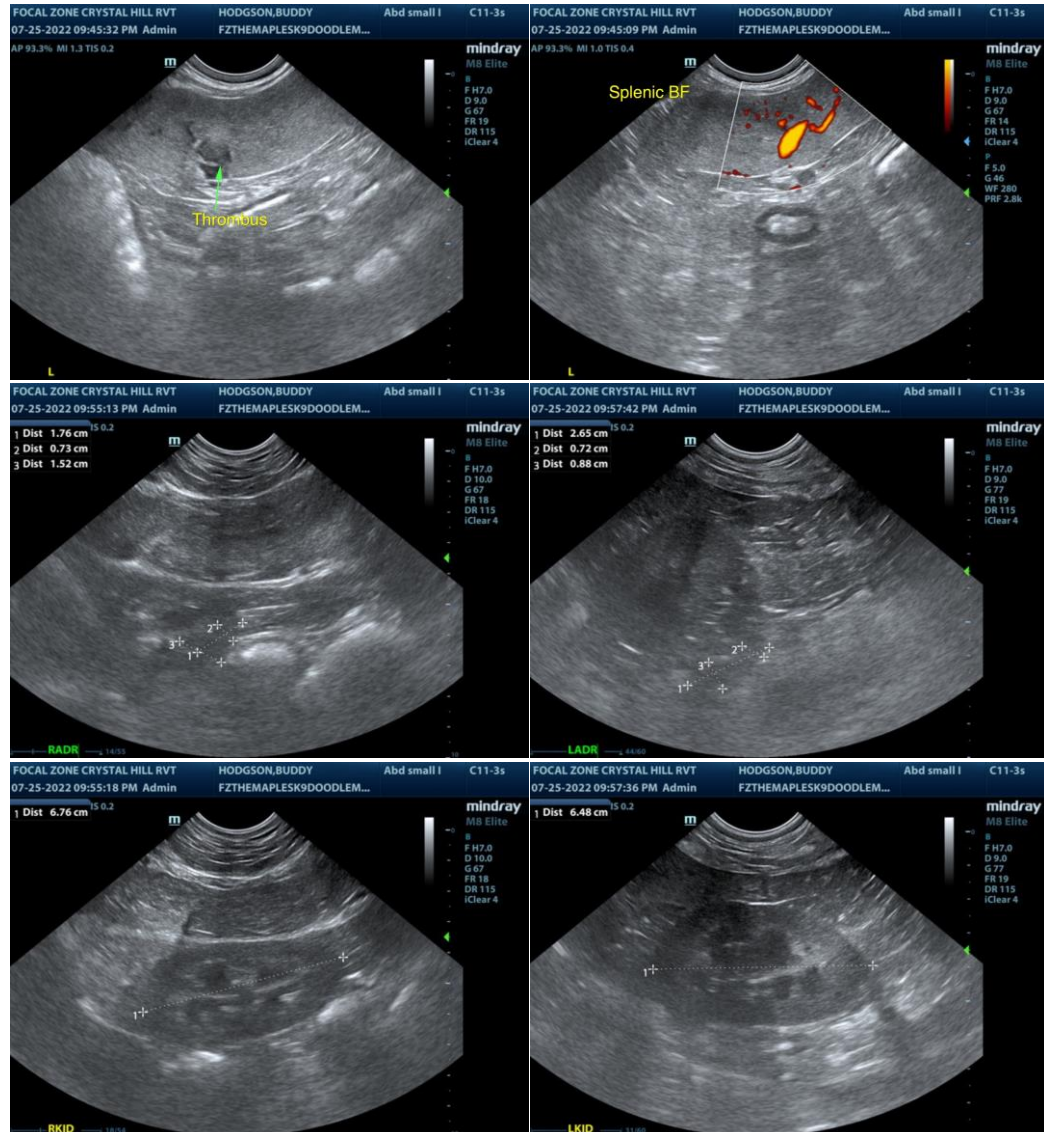
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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