



PATIENT	PRESENTING CLINICAL SIGNS
Willow Taylor	See echo sent over from Tuesday: newly diagnosed heart mass in right auricle; No symptoms; Looking for abdominal mass
SPECIES	Abnormal PE/Chem/CBC/UA Results: EKG came back with wide QRS margins; Echo revealed heart mass
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Golden Retriever	Urinary System
SEX	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.
SF	
AGE	No overt pathology was noted in the area of the uterine remnant.
7 Y	The area of the aortic trifurcation was free of pathology.
WEIGHT	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.9 cm in length.
101	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.6 cm width at the cranial pole. The right adrenal gland was not definitively visualized yet without overt pathology in the area of the right adrenal gland.
IMAGING PERFORMED BY	Spleen
Tasha	The spleen was normal in size and contour with primarily maintained finely textured homogeneous parenchyma. A solitary, nondisruptive hypoechoic nodule was present in the cranial spleen measuring 1.6 cm in diameter. No splenic masses were noted. Normal splenic vascularity was present.
HOSPITAL NAME	Liver/ Gallbladder
Dr. Jacobs	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Jacobs	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.
INVOICE	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.
14257	
DATE	
7/7/22	



PATIENT

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

Willow Taylor

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

Golden Retriever

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

SEX

ULTRASONOGRAPHIC FINDINGS

SF

- Solitary nonspecific nondisruptive splenic nodule

AGE

- Otherwise sonographically normal abdomen

7 Y

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

101

No evidence of splenic masses was noted. The solitary splenic nodule is nonspecific with multiple etiologies possible including focal lymphoid hyperplasia, hematopoiesis, splenitis, small hematoma, and infarction, with potential for primary vs. metastatic neoplasia, given the previously noted heart base mass lesion.

INTERPRETED BY

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

Assuming normal clotting status, using a 25-gauge needle, and if accessible, ultrasound-guided FNA of the splenic nodule is warranted for screening cytology. Sonographic monitoring for evidence of progression of the splenic nodule would be a more conservative approach.

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dr. Jacobs

REFERRING VET

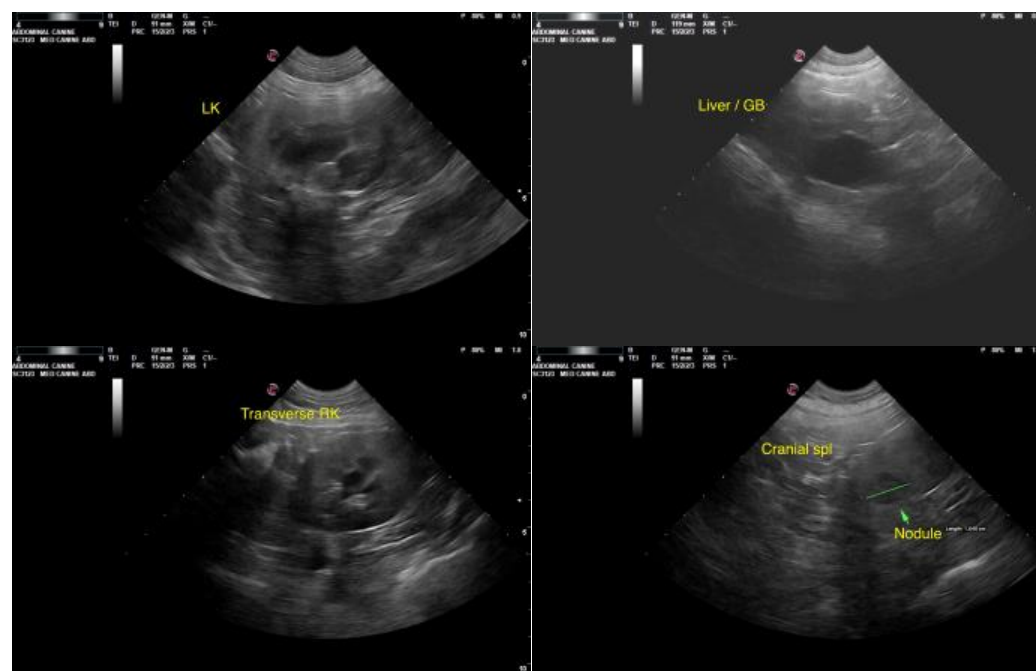
Dr. Jacobs

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PATIENT

Willow Taylor

SPECIES

Canine

BREED

Golden Retriever

SEX

SF

AGE

7 Y

WEIGHT

101

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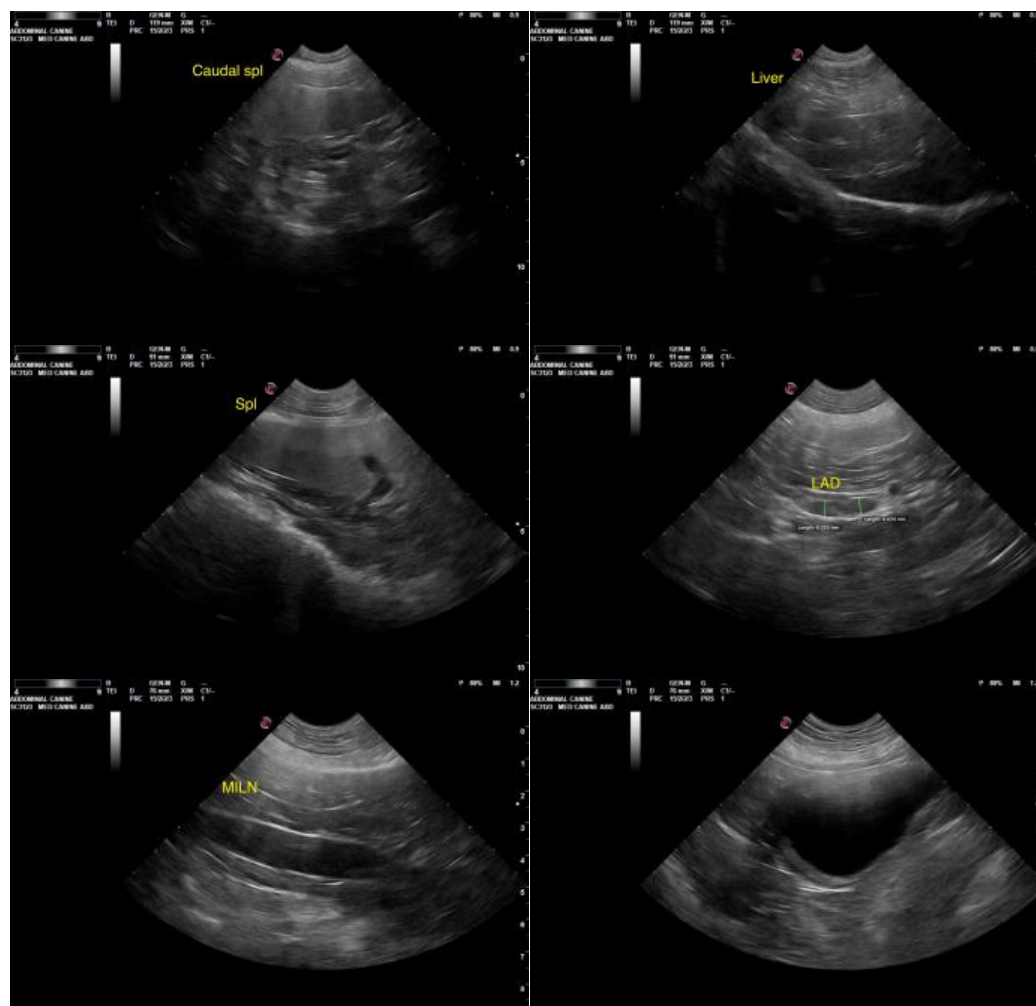
Dr. Jacobs

INVOICE

14257

DATE

7/7/22



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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