



**PATIENT PRESENTING CLINICAL SIGNS**

Daisy Uline Abnormal urination during sleep  
 Mild nonregenerative anemia, hyperglobulinemia

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** 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** The area of the aortic trifurcation was free of pathology.

FS 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 6.2 cm in length.

**AGE**

2010

**WEIGHT Adrenal Glands**

83 No overt pathology was noted in the area of the left or right adrenal glands.

**INTERPRETED BY**

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

**Spleen**

A large, primarily symmetrical to mildly irregular nonhomogeneous solid mass was present in the area of the spleen measuring at least 12.0 cm in diameter.

**Liver/ Gallbladder**

The liver was normal in size and contour with normal parenchyma echogenicity exhibiting mild to moderate coarse echotexture and mild parenchymal remodeling. Normal vascular volume was present with no visualized hepatic intraparenchymal masses or nodules. The gallbladder was non-distended in size containing primarily anechoic content with mild hyperechoic, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
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**HOSPITAL NAME**

Brodheads ville VC

**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.

**REFERRING VET**

Dr. Goldstein

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.

**INVOICE**

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

**DATE**

8/1/23



**PATIENT** *Pancreas*

Daisy Uline 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.

**SPECIES**

Canine

**Free Abdomen**

No evidence of peritoneal effusion or overtly omental lymphadenopathy was present.

**BREED**

Weimaraner

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

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

FS

- Large, nonhomogeneous to solid mass area of the spleen
- Mild hepatic parenchymal remodeling - benign
- Gallbladder sediment (non-mucocele)
- Mild chronic renal changes
- Sonographically unremarkable urinary bladder and visible proximal urethra

**AGE**

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**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass in the area of the spleen was consistent with splenic location, although nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, neoplasia i.e., sarcoma, round cell neoplasia such as lymphoma, myeloma, or other. Given the size of the mass, non-splenic origin with splenic impingement is thought less likely. There is no overt evidence of intrabdominal or cardiac metastasis.

**INTERPRETED BY**

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There is no evidence of lower urinary tract pathology, i.e., masses, calculi, etc., as an obvious cause of the patient's abnormal urination. Nocturnal enuresis with potential for neurological episodes is possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Assuming no evidence of pathology on three view chest radiographs, laparotomy with expectation towards splenectomy could be considered.

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**PATIENT**

Daisy Uline

**SPECIES**

Canine

**BREED**

Weimaraner

**SEX**

FS

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**REFERRING VET**

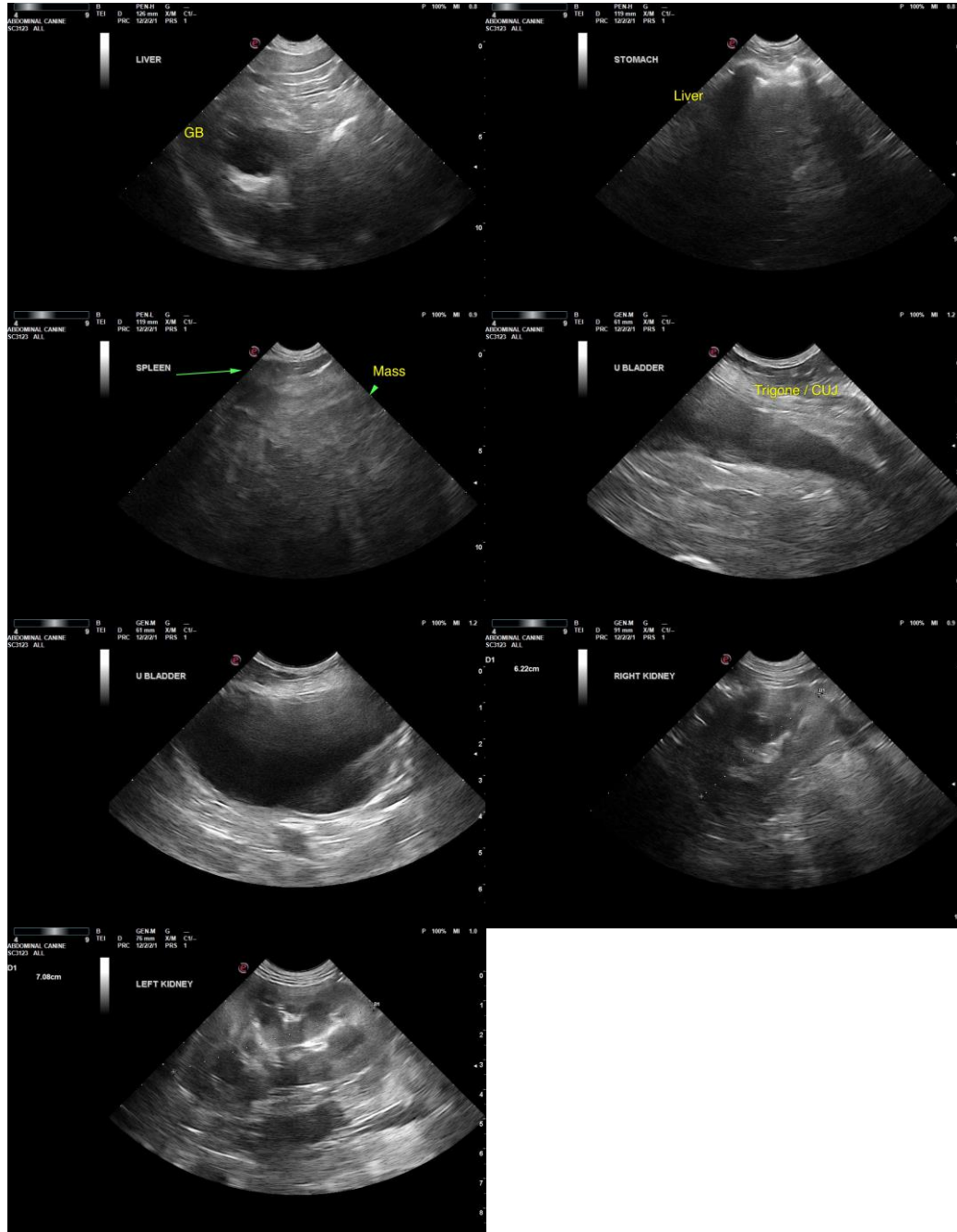
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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