



PATIENT PRESENTING CLINICAL SIGNS

Kona Johnson Per VCA Keizer, mass in bladder

SPECIES Abnormal PE/Chem/CBC/UA Results: Per VSC Keizer: ALP 298 UA- Leuks 1+, PH 8, Spec grav 1.010, blood in urine Current Medications Apoquel 16mg, 1 SID

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Bulldog The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

SEX

FS

AGE

9yr

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 6.4 cm in length. The right kidney measured 7.6 cm in length.

WEIGHT

24.2kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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 0.85 cm width at the caudal pole and 2.2 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.85 cm width at the caudal pole and 3.0 cm.

IMAGING PERFORMED BY

Sara Hansen

Spleen

The spleen exhibited mild enlargement with potential medial folding of the cranial aspect. A moderately expansive isoechoic regionally hyperechoic macronodule was present in the mid spleen measuring ~ 5.0 cm in diameter. The mass distorted the lateral and medial capsule with no evidence of parenchymal escape. No evidence of mass cavitation or perisplenic free fluid was noted. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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Liver

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

Dr. Tangeman

INVOICE

11464ag

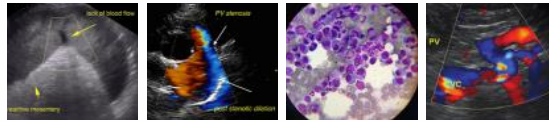
Gastrointestinal

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.

DATE

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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.



PATIENT

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Normal visible colon wall layers were present with apparent formed feces in lumen. The colon appeared to be impinging on the dorsal aspect of the urinary bladder.

Pancreas

SPECIES

Canine

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 was evident.

BREED

Bulldog

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

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

AGE

9yr

ULTRASONOGRAPHIC FINDINGS

- Isoechoic to regionally hyperechoic mildly expansive macronodule/small mass
- Unremarkable urinary bladder and visible proximal urethra-no evidence of masses
- Normal bilateral kidneys

WEIGHT

24.2kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A C/S on a sterile urine sample is recommended to rule out underlying UTI.

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The splenic nodule is consistent with benign criteria such as atypical myelolipoma, hematopoiesis, splenitis or other. Neoplastic criteria considered less likely. Assuming normal clotting status and using a 25g needle a splenic nodule FNA is recommended for screening cytology. Monitoring the nodule for enlargement or changes with initial sonographic recheck in 4 weeks would be a more conservative approach.

**IMAGING
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Continued monitoring of ALP levels would be appropriate.

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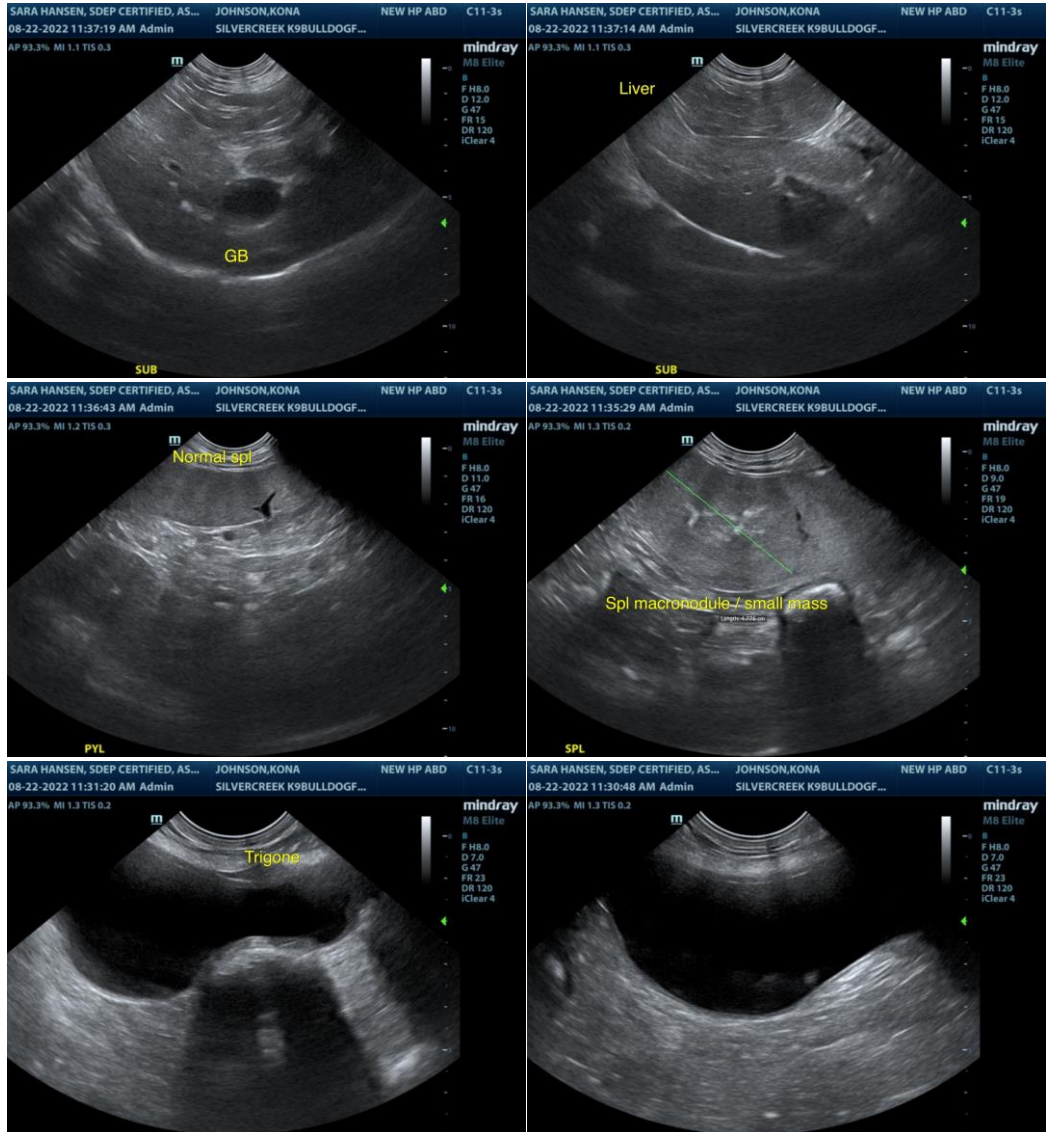
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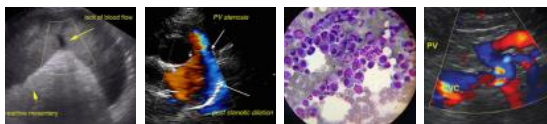
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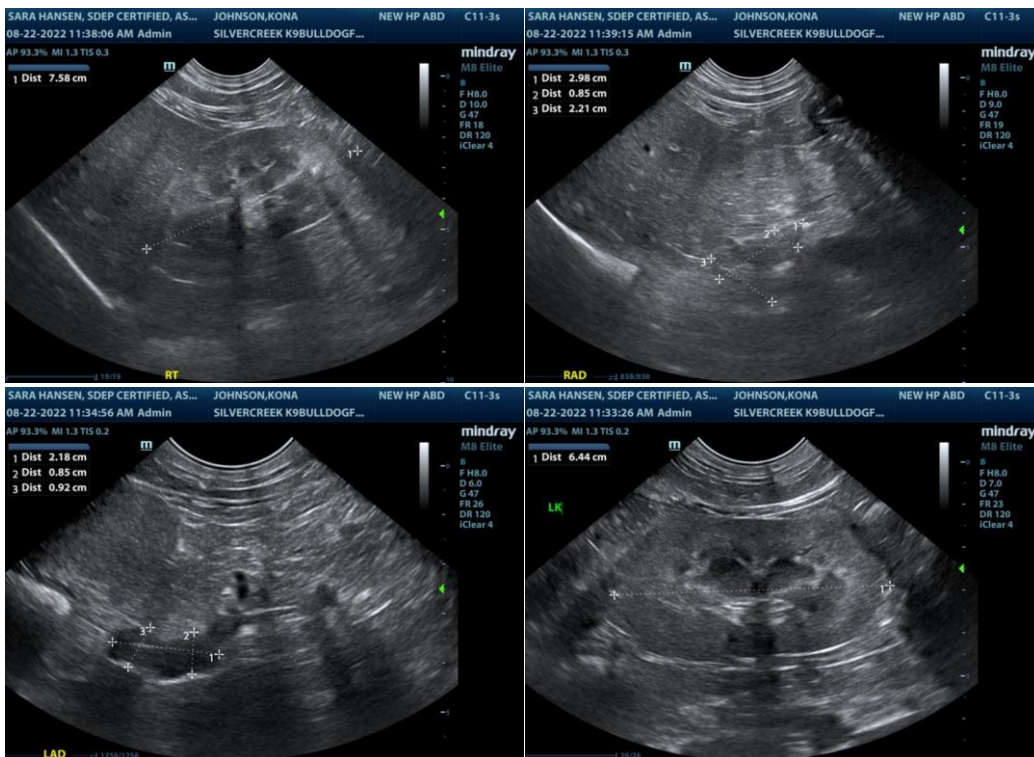
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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