



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Benny Gilbertson	Grade 3-4/6 heart murmur. Seems uncomfortable on palpation of cranial abdomen(repeatable). Unable to palpate intra-abdominal detail. Has been on Convenia, Cerenia and Pepcid. Suspect hepatomegaly on rads.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: Mildly elevated ALKP, BG and hyperglobulinemia.
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Pom X	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
MN	
<b>AGE</b>	The residual prostate was free of pathology.
10 years	No evidence of pathology in the area of the aortic trifurcation.
<b>WEIGHT</b>	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 4.9 cm in length. The right kidney measured 4.7 cm in length.
12.9 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP	The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.56 cm width at the caudal pole. The right adrenal gland measured 0.62 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Crystal Hill	A moderately sized, irregular, primarily hypoechoic to mixed echogenic, nodular-appearing cranial splenic mass was present measuring ~5.5-6.0 cm in diameter with associated splenic capsule distortion. There was no evidence of mass rupture or overt parenchymal escape.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Queensway AH	The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. There was no evidence of overt hepatic intraparenchymal nodules or masses.
<b>REFERRING VET</b>	
Fagervik	The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.
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<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Benny Gilbertson	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.
<b>SPECIES</b>	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
Pom X	The pancreas base and right pancreatic limb were normal in size and contour with heterogeneous mildly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Pancreatic age or patient variant, remodeling owing to previous inflammation, mild pancreatic fibrosis, or chronic pancreatitis are possible.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
MN	Subtle evidence of increased peri splenic omental echogenicity was noted. No evidence of overt or significant omental lymphadenopathy or evidence of peritoneal effusion was present.
<b>AGE</b>	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
10 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
12.9 kg	<ul style="list-style-type: none"> <li>• Cranial splenic mass</li> <li>• Mild hepatomegaly - subjectively benign</li> <li>• Gallbladder sediment (non-mucocele)</li> <li>• Heterogeneous mildly hyperechoic pancreas base / right pancreatic limb</li> <li>• Mild age-related renal changes</li> </ul>
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP	The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).
<b>IMAGING PERFORMED BY</b>	Suspect mild vacuolar hepatopathy pattern. There is no overt evidence of intrabdominal or cardiac metastasis. Assuming normal clotting status and no evidence of pathology on three-view chest radiographs, splenectomy +/- hepatic biopsies are warranted. If not recently done, echocardiogram is recommended prior to surgical considerations to assess any potential anesthetic risk.
Crystal Hill	
<b>HOSPITAL NAME</b>	
Queensway AH	
<b>REFERRING VET</b>	
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**PATIENT**

Benny Gilbertson

**SPECIES**

Canine

**BREED**

Pom X

**SEX**

MN

**AGE**

10 years

**WEIGHT**

12.9 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Queensway AH

**REFERRING VET**

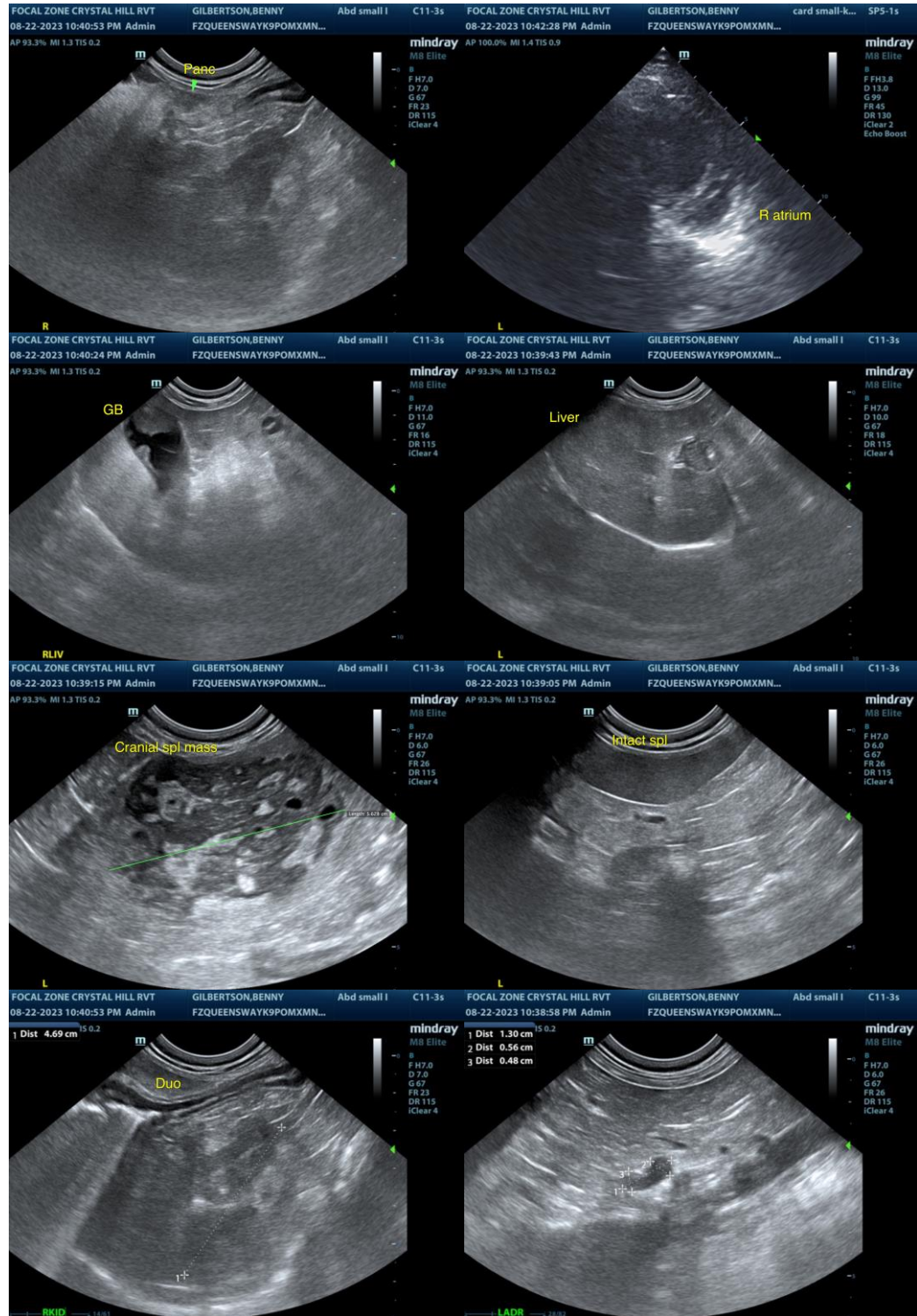
Fagervik

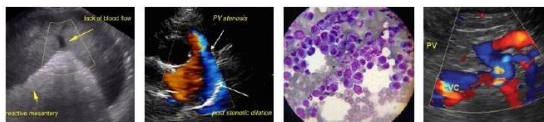
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Canine

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**SEX**

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**AGE**

10 years

**WEIGHT**

12.9 kg



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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