



PATIENT

Rocky Smith

SPECIES

Canine

BREED

Bernese Mountain
Dog

SEX

M/N

AGE

9 years

WEIGHT

52.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Signal Hill AC

REFERRING VET

Dr. Michael Sweet

INVOICE

14701

DATE

8/24/22

PRESENTING CLINICAL SIGNS

Stopped eating. Vomiting. Possible liver mass as seen on AXR.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No overt evidence of residual prostate pathology, although not definitively visualized.

The area of the aortic trifurcation was free of pathology.

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. A solitary small cortical cyst was present in the right kidney. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to patient size.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Probable intermittent, discrete, non-disruptive, hyperechoic nodules, likely consistent with benign myelolipomas, were present. No overt evidence of splenic neoplastic criteria was noted. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

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. The gallbladder was non-distended in size with mildly prominent to echogenic gallbladder walls. The gallbladder contained anechoic content with very mild, non-dependent, mildly hyperechoic debris. No evidence of peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The visualized stomach presented intact and sonographically unremarkable wall layering. The stomach was primarily empty with mild luminal gas and without evidence of retained ingesta, fluid, or foreign material. The ventral gastric body wall width measured 0.53 cm.

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. The small intestinal wall width measured 0.44 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No evidence omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract
- Bilateral chronic renal changes with small right kidney cortical cyst
- Hepatic parenchymal remodeling - benign
- Mildly prominent gallbladder walls with mild gallbladder debris - possible low-grade chronic cholecystitis
- Mild age-related spleen, potential for discrete yet benign nodules suggestive of benign myelolipomas, no evidence of splenic neoplastic criteria was noted

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of hepatic masses or structural gastrointestinal pathology was noted.

Potential for gastroenteritis or other inflammatory gastroenteropathy, low-grade to chronic pancreatitis which may present as sonographically normal, dietary intolerance / food allergy, occult parasitism, or occult Addison's disease are all potentials.

A resting cortisol level to rule out occult Addison's Disease could be considered. As-needed gastrointestinal support is recommended. Three-view chest radiographs are recommended to rule out occult thoracic or esophageal pathology as a contributing factor. If not done, full CBC/Chemistry panel and Urinalysis to assess for or rule out underlying metabolic disease as a contributing factor to the vomiting is recommended.



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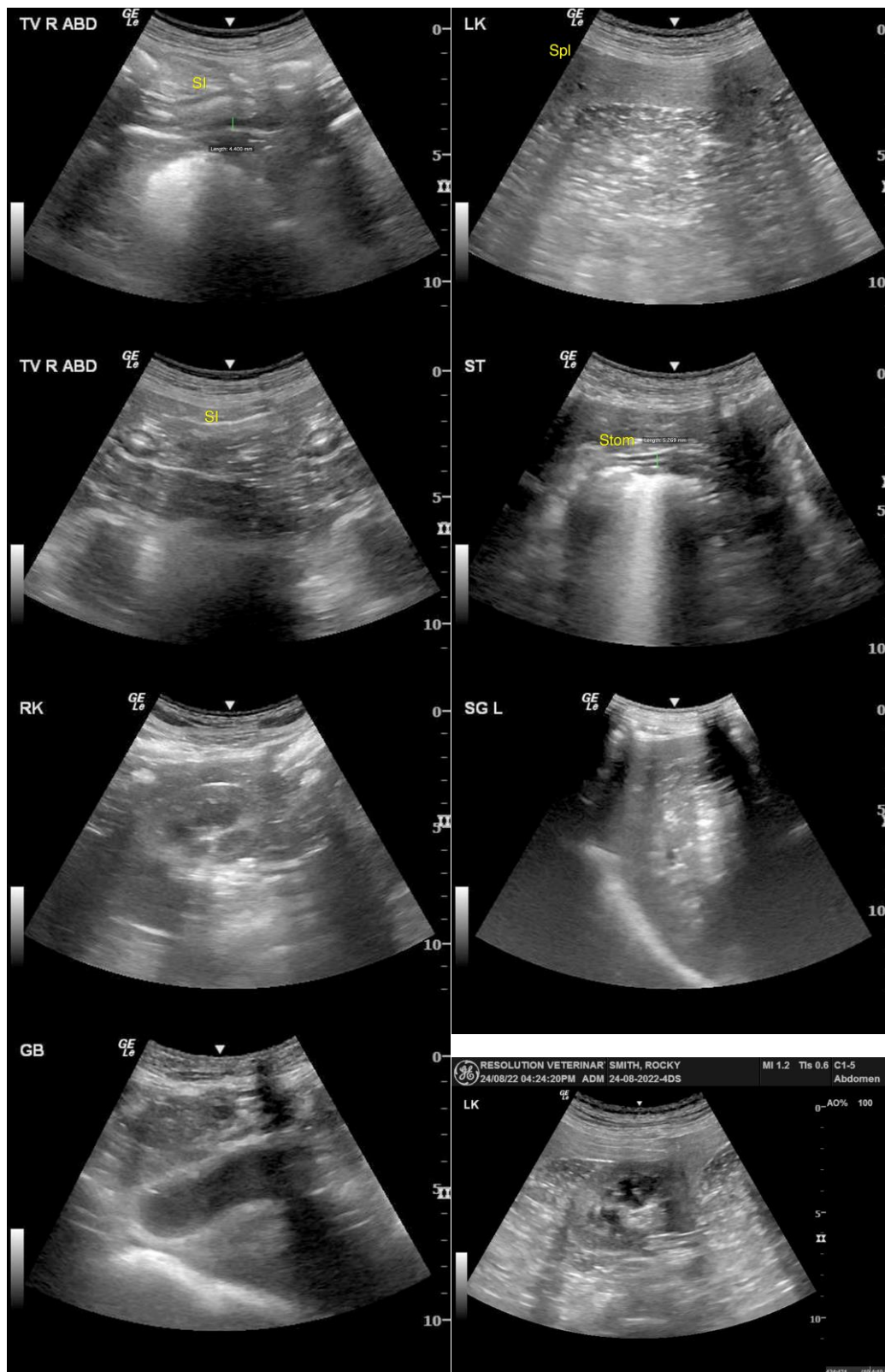
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com