



PATIENT

Trigger Hubbard

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

11

WEIGHT

30

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Dr. Hunt

INVOICE

DATE

8/24/22

PRESENTING CLINICAL SIGNS

Cramping after eating

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the residual prostate was free of overt pathology.

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. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

Spleen

A solid, primarily homogeneous to mild mixed echogenic mass in the caudal spleen with secondary capsule expansion and disruption was present and measured approximately 4.0 - 4.2 cm in diameter without areas of cavitation. The non-affected spleen exhibited maintained finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma with normal capsule symmetry. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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. A non-disruptive, well-demarcated mildly hyperechoic intraparenchymal nodule was present in the mid liver measuring 1.6 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic content with moderate, non-dependent, mildly hyperechoic, nonorganized luminal debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting progressive distal acoustic shadowing.

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.

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

Pancreas

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.

Free Abdomen

No evidence of peritoneal effusion or hemoabdomen. No overt lymphadenopathy was noted.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Solitary solid mildly nonhomogeneous caudal splenic mass
- Hepatic parenchymal remodeling with solitary nonspecific subjectively benign intraparenchymal nodule - suspect lipogranuloma or nodular hyperplasia
- Moderate gallbladder debris (non-mucocele)
- Mild chronic renal changes

Secondary Findings

- Gastric ingesta - suspect post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Sonographically, the splenic mass was not overtly consistent with neoplastic criteria.

Although nonspecific, the hepatic nodule is suggestive of benign criteria with primary consideration for lipogranuloma or nodular hyperplasia. The possibility of metastatic disease, if splenic neoplasia is confirmed, cannot be definitively excluded, yet is thought less likely.

Assuming no evidence of thoracic pathology on three view chest radiographs, splenectomy with gross inspection of the liver +/- biopsy, if the liver nodule is visualized, could be considered. Sonographic



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monitoring of the splenic mass and hepatic nodule for evidence of progression would be a more conservative approach.

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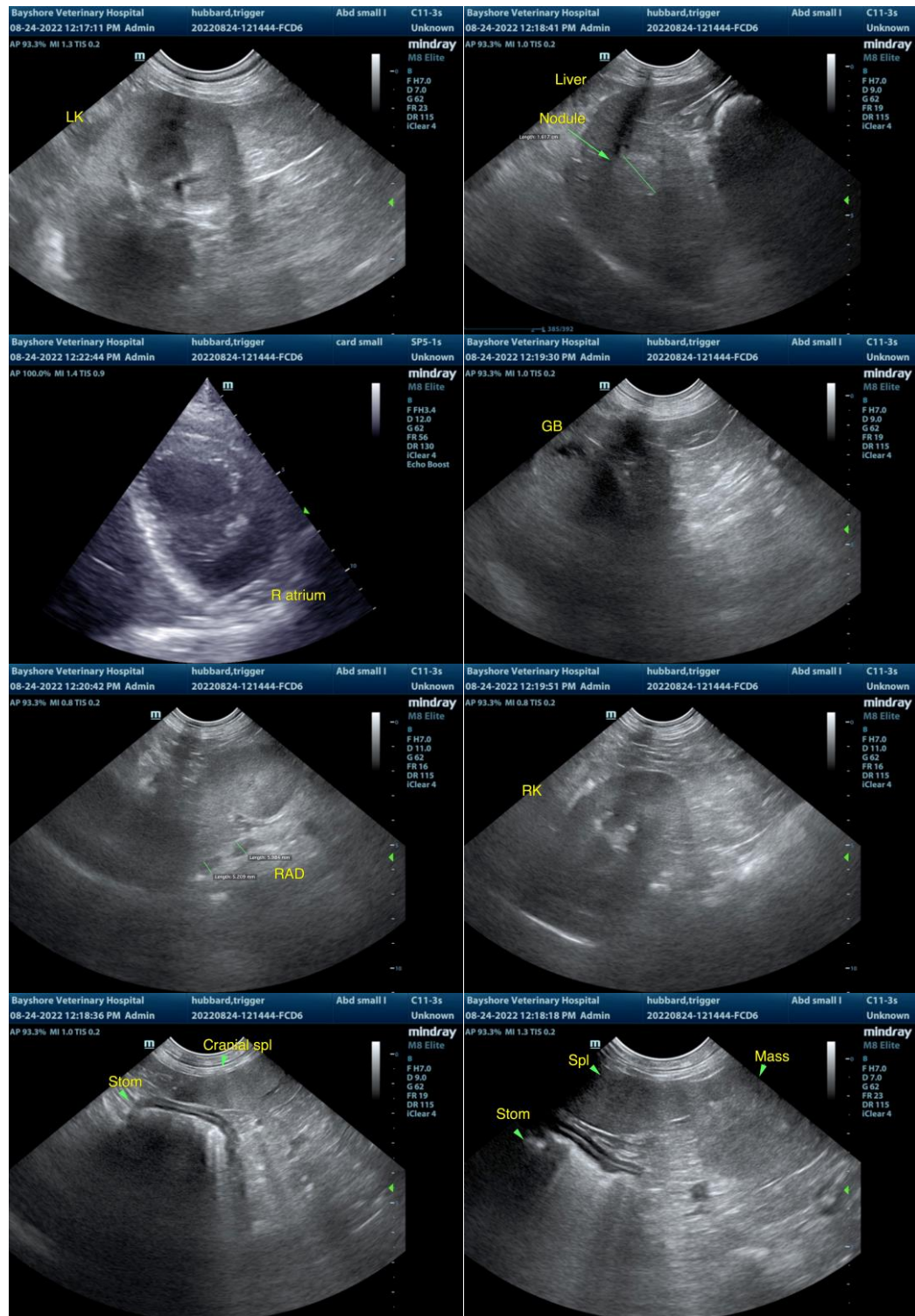
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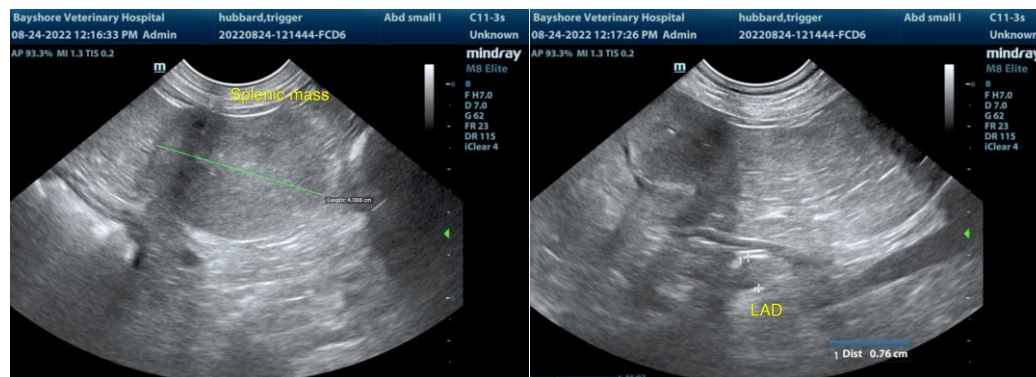
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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