



PATIENT

Jules Kong

PRESENTING CLINICAL SIGNS

recheck splenic mass, previous report attached.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Retr X

Urinary System

SEX

FS

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolypliod changes were present likely associated with age related mural changes. 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.

AGE

12 years

No overt pathology was noted in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

WEIGHT

37 lbs.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Static cortical cysts were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.1 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands exhibited mild parenchyma heterogeneity and mild capsule asymmetry without suspicion for overt neoplasia. The left adrenal gland exhibited previously noted discrete, non-disruptive, cranial nodule measuring 1.0 cm in diameter. The overall left adrenal gland measured 2.1 cm length x 0.76 cm width at the caudal pole. The right adrenal gland measured 2.0 cm length x 0.44 cm width at the caudal pole.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

HOSPITAL NAME

Maples AH

Previously noted, nonhomogeneous, mildly expansive splenic mass measuring approximately 6.0 cm in diameter was present. Focal hyperechoic nodule within the splenic mass, which may indicate focal area of fibrosis, chronic infarct, or emerging mineralization, was present. Generalized splenic capsule distortion associated with the mass was present yet without evidence of parenchymal escape or mass rupture. The spleen not involved with the mass appeared to exhibit finely textured and homogenous parenchyma and maintained symmetrical capsule contour.

REFERRING VET

Dr. Kazienko

INVOICE

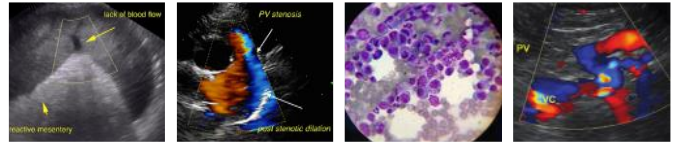
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Liver/ Gallbladder

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

8/9/22



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Gastrointestinal

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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.

SPECIES

Canine

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.

BREED

Retr X

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

SEX

FS

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.

AGE

12 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

37 lbs.

ULTRASONOGRAPHIC FINDINGS

- Static nonhomogeneous splenic mass - no obvious progression compared to previous study
- Hepatic parenchymal remodeling - benign
- Static discrete left adrenal nodule
- Bilateral chronic renal changes with static cortical cysts

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued sonographic monitoring of the splenic nodule vs. splenectomy could be considered. Three-view chest radiographs, if not recently done, to rule out occult thoracic pathology and assess cardiopulmonary status, are recommended if surgery is elected.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Maples AH

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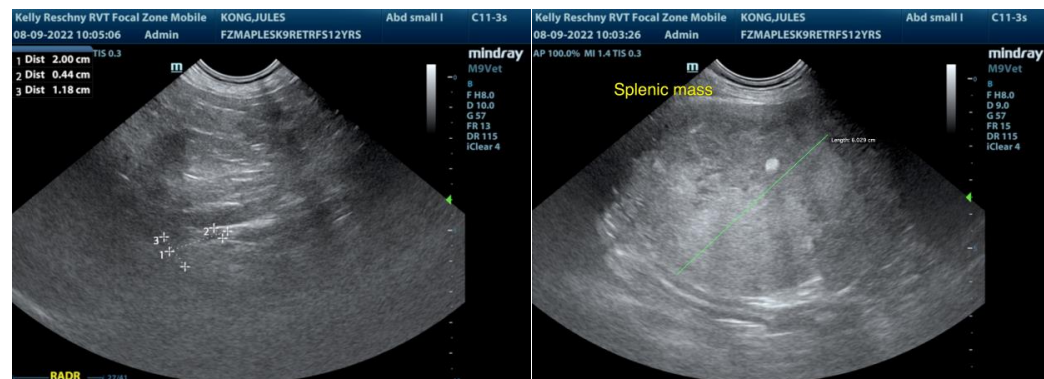
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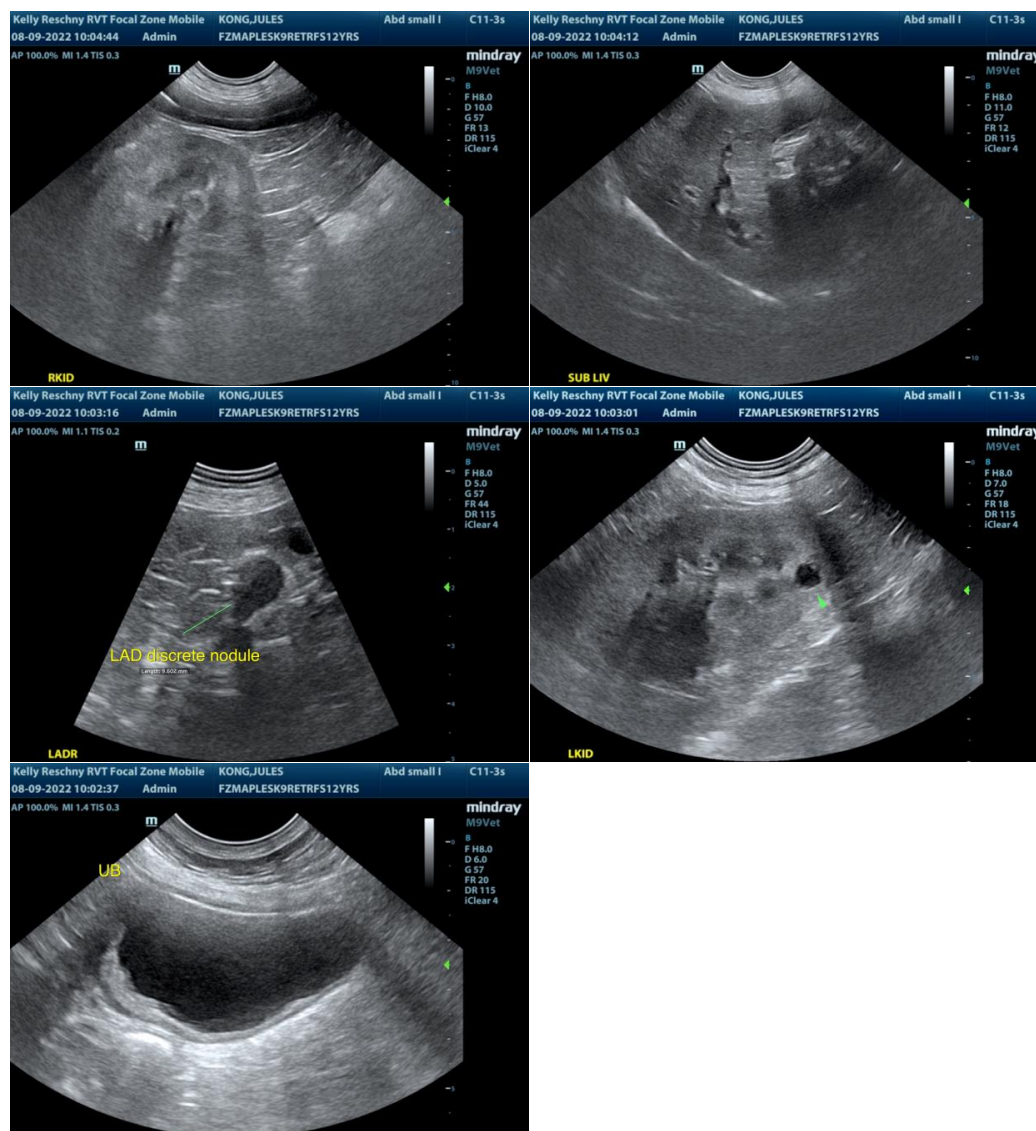
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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