



**PATIENT**

Goldie Centauro

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

FS

**AGE**

3 years

**WEIGHT**

55 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Norfolk County  
 Veterinary Service

**REFERRING VET**

Emily McCabe, DVM

**INVOICE**

14900

**DATE**

9-15-22

**PRESENTING CLINICAL SIGNS**

Abdominal pain on physical exam. No clinical signs. Current meds: Apoquel 8mg SID.  
 Abnormal PE/Chem/CBC/UA Results: SDMA 17, note USG 1.040.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 aortic trifurcation was free of pathology. No overt pathology was noted in the area of the uterine remnant.

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 6.1 cm in length. The right kidney measured 6.0 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 0.48 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole and 0.56 cm width at the cranial pole.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver/ Gallbladder**

The liver exhibited subjective generalized mild enlargement with maintained symmetrical capsule contour and a finely textured homogenous parenchyma. Normal splenic vascularity was noted at the level of the hilus on color doppler. No masses or nodules were noted. The gallbladder walls were sonographically normal without evidence of inflammatory criteria. Anechoic content was present primarily with mild, non-dependent, subtly congealed to hyperechoic luminal debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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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.

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

**BREED**

Lab Mix

***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.

**SEX**

FS

***Free Abdomen***

Focal to intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 3.1 cm x 0.52 cm. These lymph nodes were not consistent with inflammatory or neoplastic criteria and likely incidental. No omental masses or evidence of peritoneal free fluid was noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild splenomegaly exhibiting symmetrical capsule contour and homogeneous parenchyma
- Mild nondependent to congealed gallbladder debris
- Intermittent isoechoic incidental mesenteric lymphadenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of overt visceral pathology as a definitive cause of the reported abdominal pain.

The mild splenomegaly is nonspecific with considerations including splenomegaly secondary to sedation if clinically applicable, incidental hyperplasia, hematopoiesis, or splenitis. No overt evidence of splenic neoplastic criteria was noted.

Screening ultrasound-guided splenic FNA, assuming normal clotting status and using a 25-gauge needle, could be considered primarily to ensure only benign changes are present, yet no overt concern for splenic pathology is evident.

The gallbladder presentation was not consistent with cholecystitis or gallbladder mucocele and likely incidental. Monitoring for evidence of cholestasis or cranial abdominal / subxiphoid pain going forward +/- Ursodiol therapy would be reasonable. A thorough muscular/skeletal and/or neurological examination may be considered to assess for or rule out potential referred abdominal pain.

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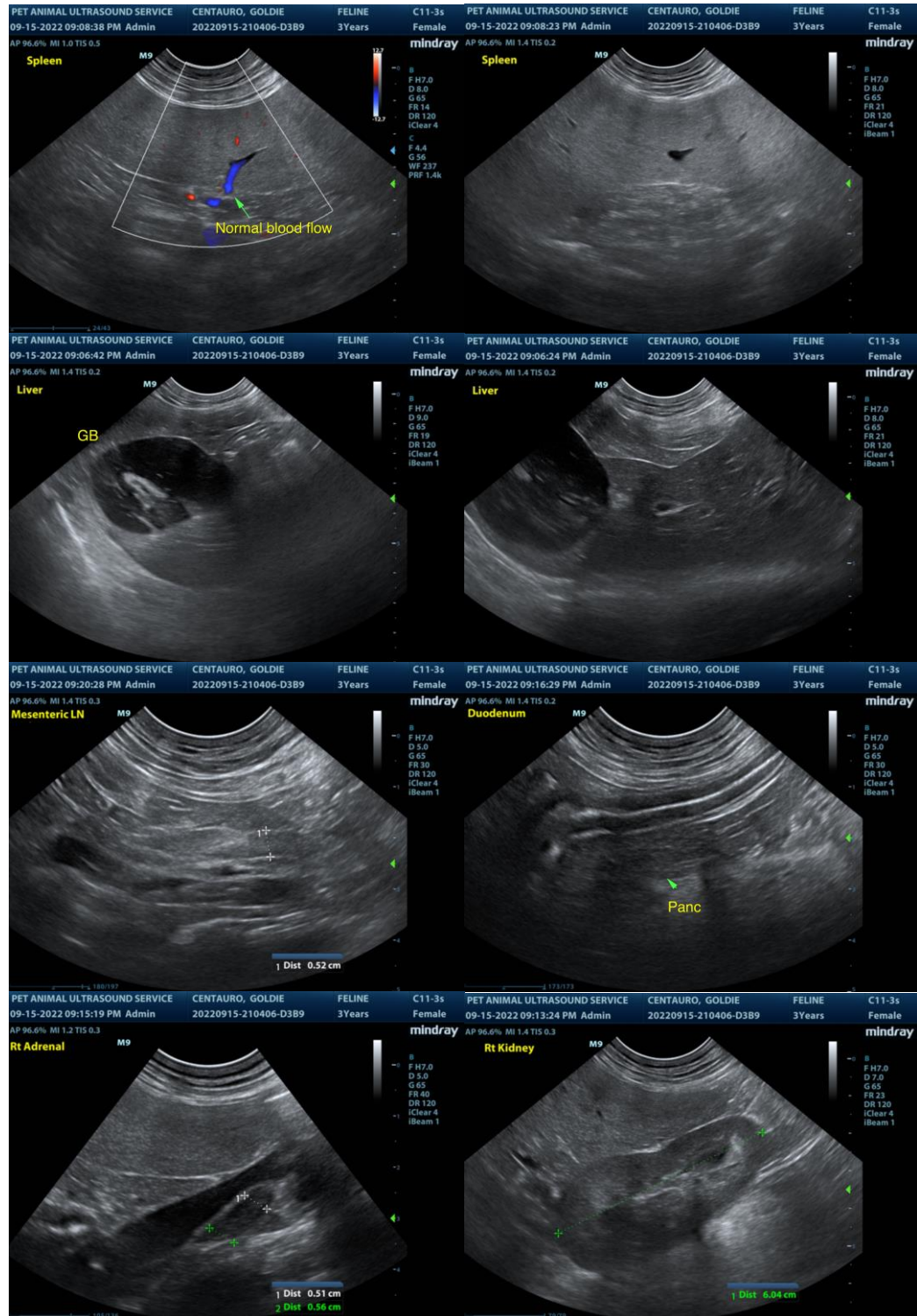
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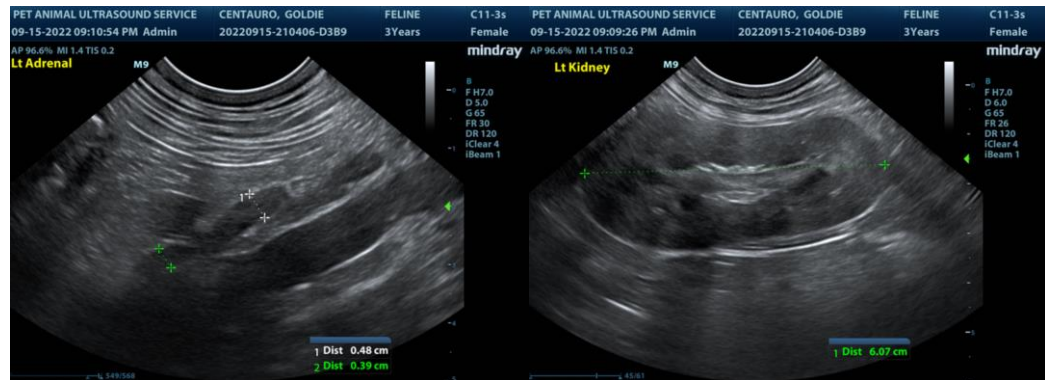
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
**info@SonoPath.com**