

**PATIENT**

Riley Mohr

**SPECIES**

Canine

**BREED**

Labrador Retriever Mix

**SEX**

SF

**AGE**

10 Years

**WEIGHT**

89 lbs

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Fred Mulch

**INVOICE**

47406

**DATE**

9-17-21

**PRESENTING CLINICAL SIGNS**

Patient was seen at Klein Animal Clinic in May of 2021. Klein told owner that Riley has a nodule on her spleen and adrenal gland. Owner brought Riley to Whitehaven on 07/02/2021 for a second opinion. SVS Imaging did original ultrasound at Klein in May 17th 2021.

Abnormal PE/Chem/CBC/UA Results: Owner requesting a recheck scan

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN***Urinary System*

The urinary bladder presented mild uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.66 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal 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 pathology in the area of the aortic trifurcation.

Normal size and margination was 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 7.7 cm in length. The right kidney measured 7.8 cm in length.

*Adrenal Glands*

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.6 cm length x 0.75 cm width in the caudal pole. The right adrenal gland measured 3.1 cm length x 1.8 cm width at the cranial pole and 0.87 cm width at the caudal pole. Previously noted static uniformly echogenic non-expansive nodule present in the cranial right adrenal gland measuring 1.2 x 0.94 cm. No evidence of vascular invasion or parenchymal escape associated with the right adrenal nodule.

*Spleen*

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Previously noted static subtle to nonhomogeneous non-expansive nodule noted in the caudal spleen measuring 2.0 cm in diameter. 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 mild echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

*Gastrointestinal*

**PATIENT**

Riley Mohr

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. The gastric body wall width measured - cm.

**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. The duodenum wall width measured - cm and the jejunum wall width measured - cm. The ileocolic wall width measured - cm.

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

**BREED**

Labrador Retriever Mix

***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.

**SEX**

SF

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS****AGE**

10 Years

**Primary**

- Persistent mild cystitis.
- Static subtle non-expansive splenic nodule - hematopoiesis, hyperplasia, granuloma, previous infarct, not consistent with neoplastic criteria.
- Static right adrenal nodule - consistent with adenoma given the lack of progression.

**WEIGHT**

89 lbs

**Secondary**

- Mild age related kidneys.
- Mild gallbladder debris - incidental.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****IMAGING PERFORMED BY**

Sarah Pender, CVT

The abdomen presented similar to previous ultrasound without evidence of splenic nodule or right adrenal nodule progression. No evidence of intraabdominal neoplasia. Periodic sonographic monitoring of the splenic nodule and right adrenal nodule i.e., every 3-6 months is recommended.

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Fred Mulch

**INVOICE**

47406

**DATE**

9-17-21

IMAGING PERFORMED BY

svsmedicalimaging.com 309-337-3070



Clinical Sonography & Telectyology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4288 info@sonopath.com Sonopath.com

**PATIENT**

Riley Mohr

**SPECIES**

Canine

**BREED**

Labrador Retriever Mix

**SEX**

SF

**AGE**

10 Years

**WEIGHT**

89 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

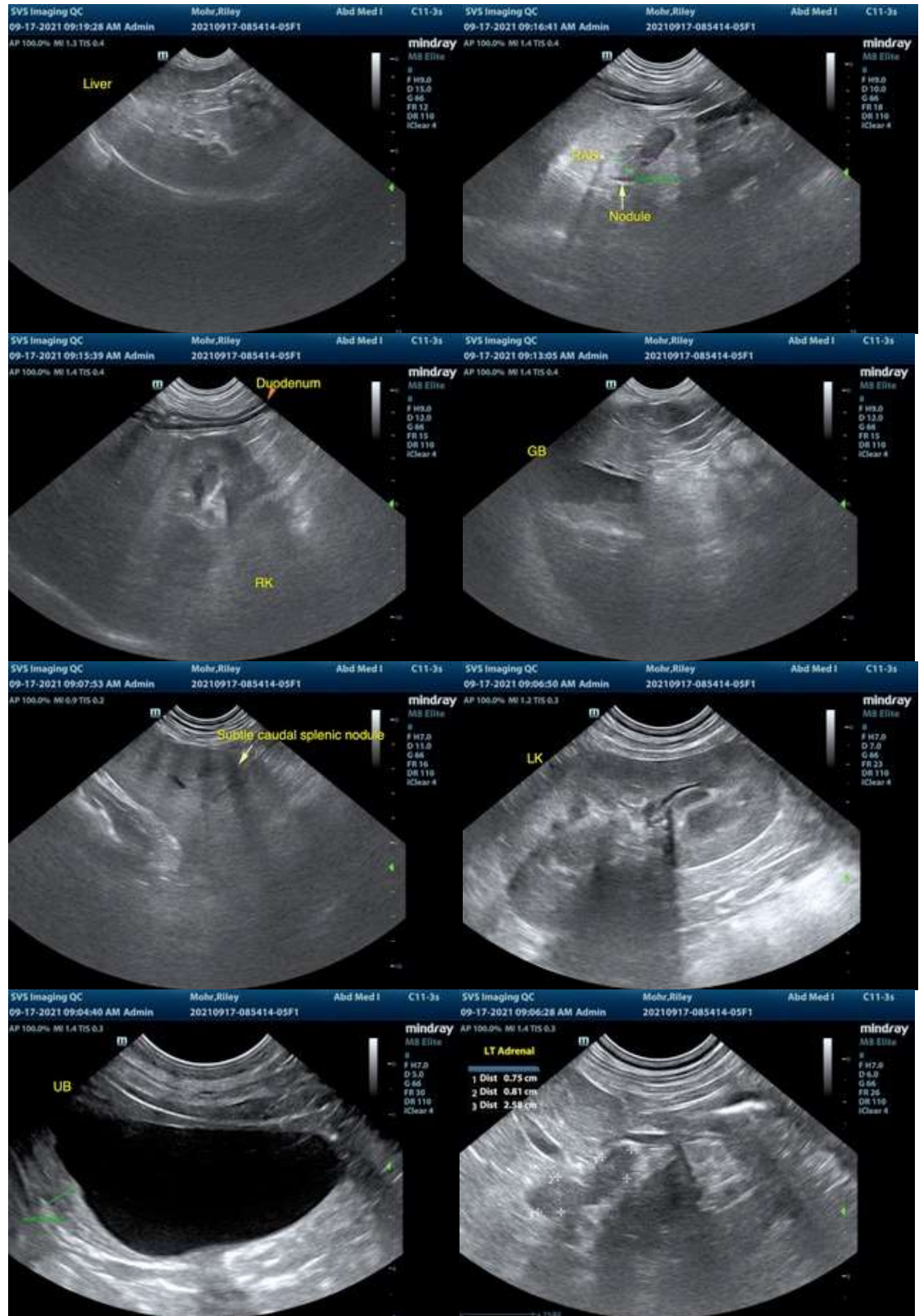
Dr. Fred Mulch

**INVOICE**

47406

**DATE**

9-17-21



IMAGING PERFORMED BY

[www.svsmobilityimaging.com](http://www.svsmobilityimaging.com) 309-333-3070



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4288 [info@sonopath.com](mailto:info@sonopath.com) [Sonopath.com](http://Sonopath.com)

**PATIENT**

Riley Mohr

**SPECIES**

Canine

**BREED**

Labrador Retriever Mix

**SEX**

SF

**AGE**

10 Years

**WEIGHT**

89 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Fred Mulch

**INVOICE**

47406

**DATE**

9-17-21

The information and recommendations provided are based on the images presented by the referring veterinarian. 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](mailto:info@Sonopath.com)