



PATIENT

Duncan Brassard

SPECIES

Canine

BREED

GSD X

SEX

MN

AGE

9 years

WEIGHT

40.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Bridgeland Vet Clinic

REFERRING VET

Dr. Elock

INVOICE

14931

DATE

9-21-22

PRESENTING CLINICAL SIGNS

Last week was lethargic but then this seemed to mostly resolve. Hct 28% on routine labs.
Abnormal PE/Chem/CBC/UA Results: Mild regen anemia.

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.

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

No evidence of medial Iliac or sublumbar lymphadenopathy/masses in the area of the iliac trifurcation and sublumbar space.

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 7.0 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.71 cm width at the caudal pole and 0.44 cm width at the cranial pole. No evidence of adrenomegaly or adrenal tumors was noted. The right adrenal gland was not definitively visualized.

Spleen

The spleen presented normal to possible mild generalized enlargement with areas of mild capsule asymmetry and generalized nonhomogeneous to heterogeneous parenchyma. Intermittent variably echogenic to mildly expansive macronodules to mid caudal mildly expansive hypoechoic small mass were noted. An example of a splenic nodule measured 2.4 cm in diameter. The small mass in the subjective mid to caudal spleen measured approximately 4.0 cm in diameter with subtle associated medial splenic capsule distortion. No evidence of parenchymal escape or macronodule / small mass rupture was noted.

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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric fluid was present.

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 overt lymphadenopathy or evidence of peritoneal free fluid / hemoabdomen was present.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous spleen exhibited variably echogenic nonhomogeneous to hypoechoic macronodule / small mass
- Hepatic parenchymal remodeling - subjective benign
- Overtly normal gastrointestinal tract with minor retained pyloric fluid
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized spleen including the macronodules to small mildly expansive mass was nonspecific with multiple etiologies including hyperplasia, hematopoiesis, hematomas, infarct, splenitis / infection with primary concern for neoplastic criteria i.e., sarcoma, round cell neoplasia, or other. No overt evidence of intraabdominal metastasis was noted.

Assuming no evidence of thoracic pathology, as well as normal cardiopulmonary status on three view chest radiographs, laparotomy with splenectomy, gross inspection of the liver, as well as perisplenic omentum is warranted.



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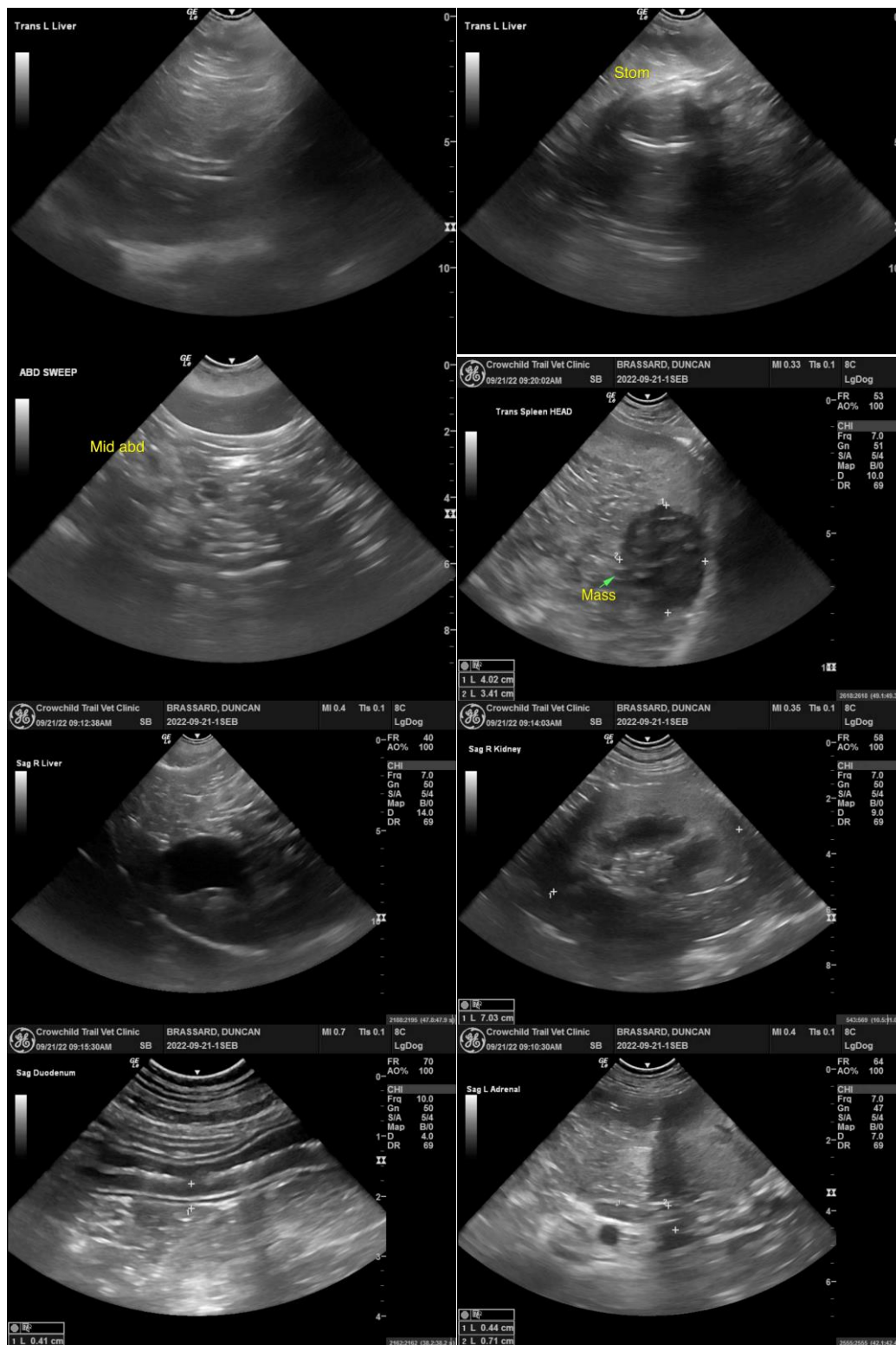
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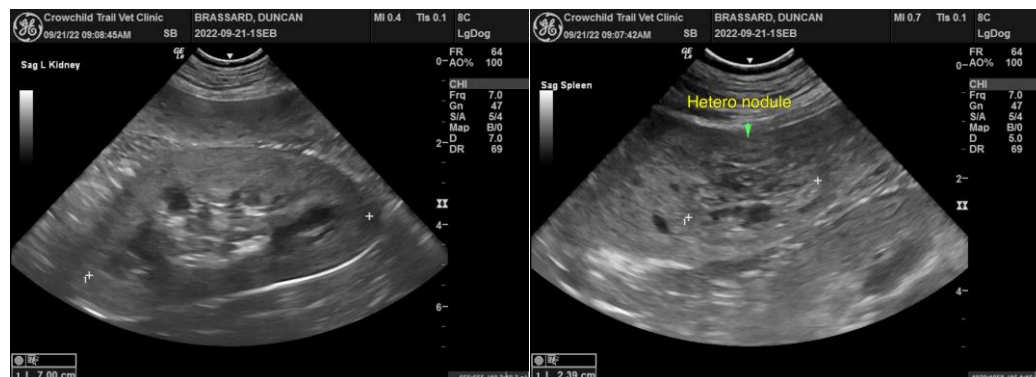
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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