



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bauer Galloway	Hyporexic and decreased energy levels, stools were an orange colour. Changes on bloodwork. Has been on Clavaseptin and Denamarin
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Mild monocytosis, elevated ALT(449) and ALP(460)
Canine	
<b>BREED</b>	
Doodle	
<b>SEX</b>	
MN	
<b>AGE</b>	
9yr	
<b>WEIGHT</b>	
18kg	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	
New Hamburg VC	
<b>REFERRING VET</b>	
Dr. Puckering	
<b>INVOICE</b>	
14946	
<b>DATE</b>	
9-22-22	

## 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 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 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 5.2 cm in length. The right kidney measured 5.9 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 0.52 cm width at the caudal pole and 0.52 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 0.50 cm width at the caudal pole.

### Spleen

The spleen was overall normal in size with primarily maintained symmetrical contour and finely textured homogeneous parenchyma. A solitary, mildly expansive, hypoechoic to subtly nonhomogeneous macronodule to small mass was present in the subjective mid to caudal spleen, measuring approximately 2.1 cm in diameter. The macronodule to small mass resulted in subtle distortion of the medial capsule without evidence of parenchymal escape. Normal splenic vascularity was present.

### Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

### Gastrointestinal

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.



<b>PATIENT</b>	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.
Bauer Galloway	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SPECIES</b>	<b>Pancreas</b>
Canine	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.
<b>BREED</b>	<b>Free Abdomen</b>
Doodle	No omental masses, lymphadenopathy, or peritoneal free fluid were noted.
<b>SEX</b>	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
MN	
<b>AGE</b>	
9yr	<ul style="list-style-type: none"><li>• Solitary mildly expansive splenic macronodule / small mass</li><li>• Nonspecific hepatopathy - subjectively benign</li><li>• Sonographically unremarkable gastrointestinal tract</li></ul>
<b>WEIGHT</b>	
18kg	
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP	The solitary splenic macronodule to small mass was nonspecific with potential considerations including lymphoid hyperplasia, hematopoiesis, hematoma, infection / splenitis, infarct, or emerging neoplasia, i.e., sarcoma, round cell neoplasia, or other. Some concern for emerging neoplastic criteria, given the mild expansive appearance of the macronodule to small mass resulting in subtle distortion of the medial splenic capsule contour, although not definitive. No evidence of intraabdominal metastasis was noted.
<b>IMAGING PERFORMED BY</b>	Vacuolar hepatopathy, inflammatory / immune mediated hepatic disease, toxic hepatopathy, i.e., copper, or other hepatopathy are all potentials without evidence of primary or metastatic hepatic neoplasia.
Crystal Hill	
<b>HOSPITAL NAME</b>	
New Hamburg VC	Initial screening FNA cytology of the splenic macronodule / small mass using a 25-gauge needle and with Benadryl pretreatment could be considered. Splenectomy with concurrent hepatic biopsy, assuming normal clotting status, would be a more aggressive approach, yet would be warranted assuming no evidence of pathology on three-view chest radiographs. As-needed continued gastrointestinal support is recommended.
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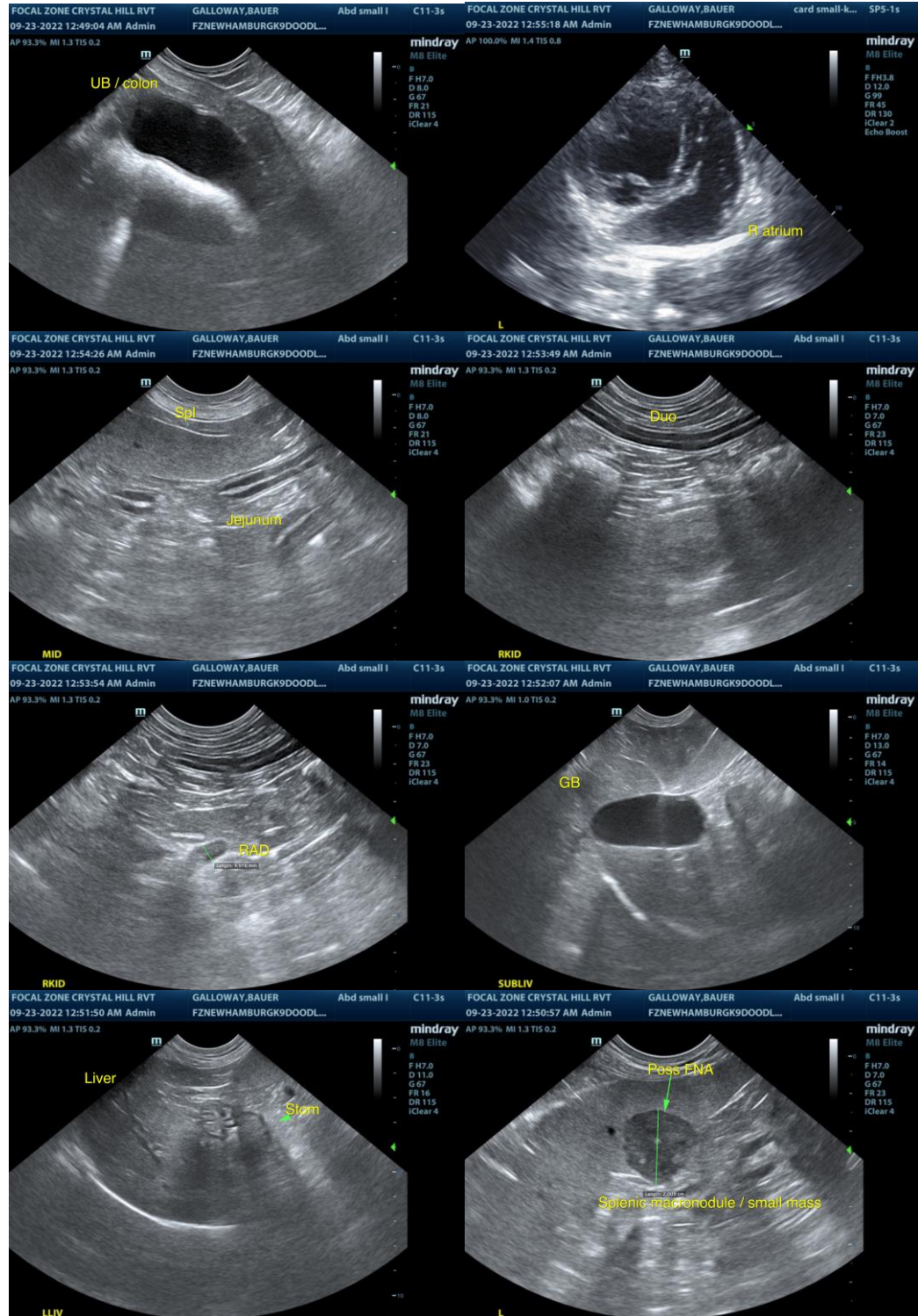
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**PATIENT**

Bauer Galloway

**SPECIES**

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**BREED**

Doodle

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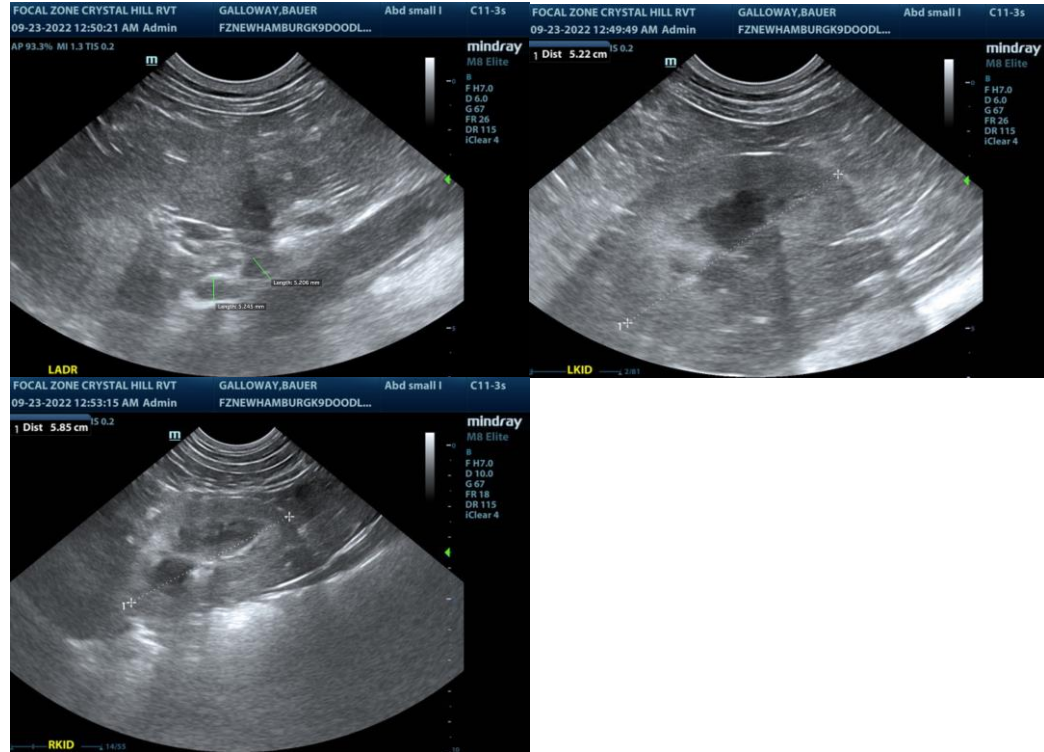
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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