



**PATIENT**

Bibble Weeks

**SPECIES**

Canine

**BREED**

English Setter

**SEX**

MN

**AGE**

9yrs

**WEIGHT**

51.6

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Amy

**HOSPITAL NAME**

Long Valley AH

**REFERRING VET**

Dr. Stephanie Welch

**INVOICE**

14955

**DATE**

9-22-22

**PRESENTING CLINICAL SIGNS**

Slightly lethargic per owners Recent Pancreatitis  
Abnormal PE/Chem/CBC/UA Results: Spec CPL 517 Lipase 853

**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.

No overt pathology was noted in the area of the residual prostate.

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 5.9 cm in length. The right kidney measured 5.8 cm in length.

**Adrenal Glands**

Both adrenal glands were indistinctly visualized yet overtly normal in size, position and shape. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal gland measured 0.53 cm width at the caudal pole.

**Spleen**

The spleen was normal in size and contour with a primarily maintained finely textured homogeneous parenchyma. A solitary, discrete, indistinctly visualized nondisruptive nodule was noted in the mid-lateral spleen without associated capsular distortion, measuring 0.47 cm in diameter. This nodule, although nonspecific, is likely incidental and suggestive of a focal area of discrete hyperplasia, hematopoiesis, or small hematoma potentially, with neoplastic criteria considered unlikely.

**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.

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.



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

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**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

English Setter

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

MN

- Solitary discrete nondisruptive splenic nodule - likely incidental

**AGE**

- Sonographically unremarkable gastrointestinal tract

9yrs

- Overtly normal pancreas

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

51.6

Overall, no evidence of significant visceral pathology was noted. Sonographic monitoring of the discrete splenic nodule for evidence of progression would be reasonable.

**INTERPRETED BY**

Resting cortisol level to rule out occult Addison's Disease could be considered if clinically indicated.

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(Canine and Feline)

Potential for low-grade to chronic possibly resolving pancreatitis may at times present as sonographically normal. As-needed gastrointestinal supportive care, if evidence of inappetence or low-grade pancreatitis would be reasonable.

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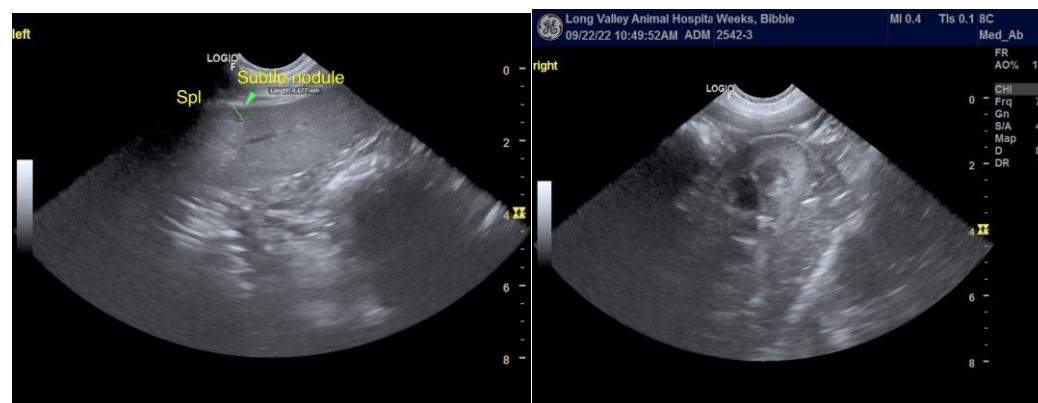
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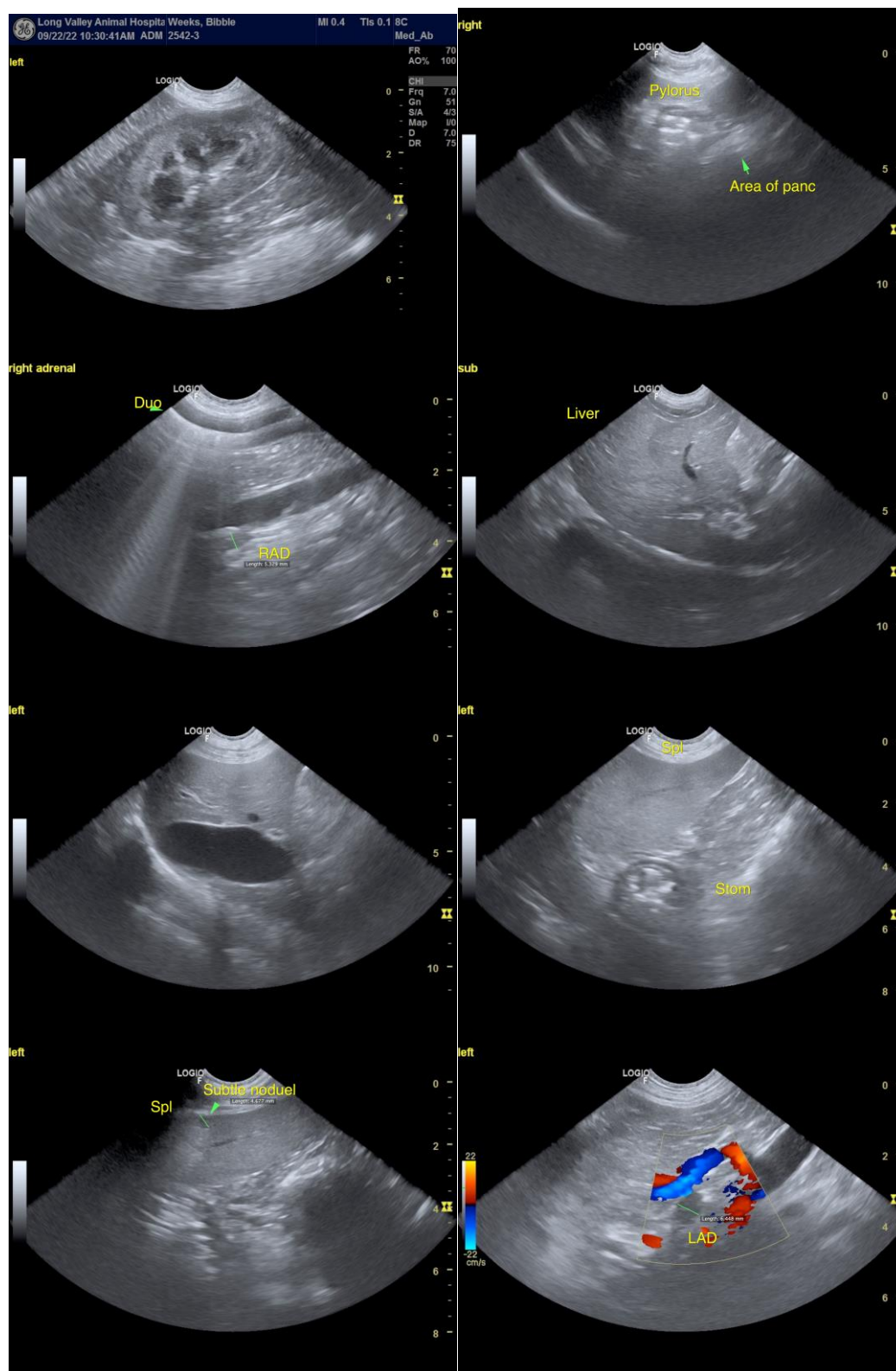
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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English Setter

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**info@SonoPath.com**

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