



**PATIENT**

Goose Walker

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

FS

**AGE**

2003

**WEIGHT**

24.4lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Lacey Crook

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

Dr. Williams

**INVOICE**

11572ag

**DATE**

09/08/2022

**PRESENTING CLINICAL SIGNS**

Presented for dental cleaning Clinically doing great aside from dental disease Current Medications: Galliprant, Dasuquin

Abnormal PE/Chem/CBC/UA Results: See attached - ALT 320, Sodium 163

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of pinpoint medullary mineral were noted. The left kidney measured 5.2 cm in length. The right kidney measured 5.4 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland exhibited mild prominent size. The left adrenal gland measured 2.3 cm length and 0.60 cm width in the caudal pole. The right adrenal gland measured 2.2 cm length and 1.0 cm width in the caudal pole.

**Spleen**

The spleen exhibited overall size and contour with generalized parenchymal heterogeneity. A solitary non-disruptive non-homogeneous cystic appearing nodule was present in the lateral spleen measuring 2.1 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver**

The liver exhibited borderline mild enlargement, symmetrical capsule contour and normal hepatic parenchyma echogenicity with a moderate coarse echotexture and evidence of minor 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.

**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 duodenum contained mild luminal fluid. No signs of ileus, obstruction or foreign material.

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

**Pancreas**



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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum likely consistent with age related remodeling and considered incidental. No signs of active inflammation or neoplasia.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Terrier Mix

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Subjective potential for borderline prominent left and right cardiac chambers was present.

**SEX**

FS

**Primary**

- Bilateral chronic renal changes with pinpoint medullary mineral
- Mildly prominent to non-homogeneous right adrenal gland-non-specific
- Non-disruptive cystic splenic nodule
- Hepatopathy-subjectively benign

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

24.4lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include reactive primary or secondary inflammatory hepatic disease in light of the elevated ALT.

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Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection/splenitis with neoplasia considered less likely.

Ultrasound guided FNA of the splenic nodule and liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology, primarily to assess for evidence of inflammatory cells and to rule out unlikely neoplasia.

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The prominent right adrenal gland is of unclear clinical significance given lack of reported clinical signs. Benign hyperplasia, granuloma suspected without evidence of neoplastic criteria. Sonographic monitoring of the nodule for evidence of progression with initial recheck in 4-6 weeks would be ideal.

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No overt anesthetic contraindications within the abdominal cavity. Reassessment of ALT levels with hepatosupportive medications including Denamarin and Ursodiol may prove beneficial following dental cleaning.

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Three view chest radiographs suggested if not done to assess for thoracic pathology prior to anesthesia.

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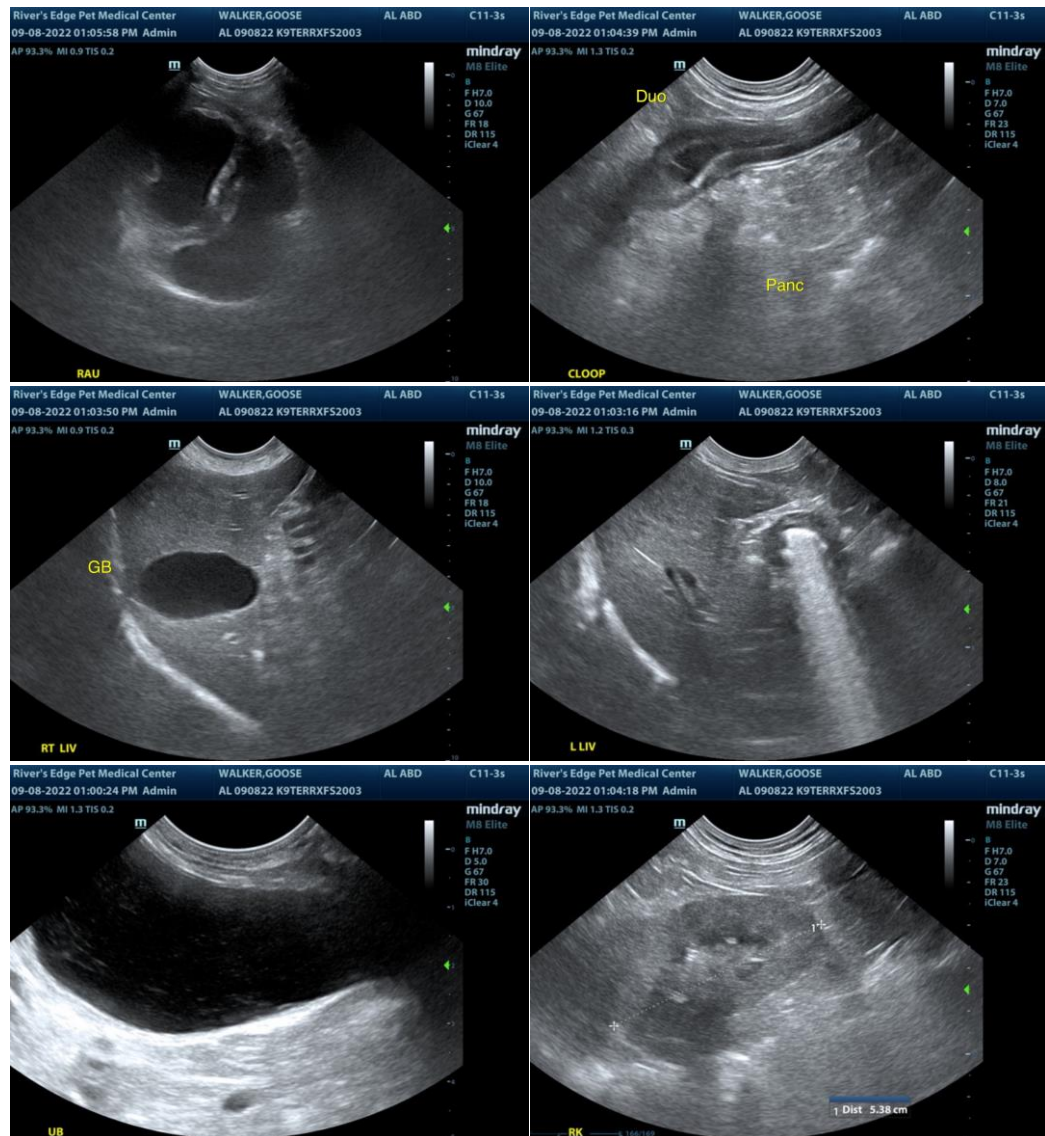
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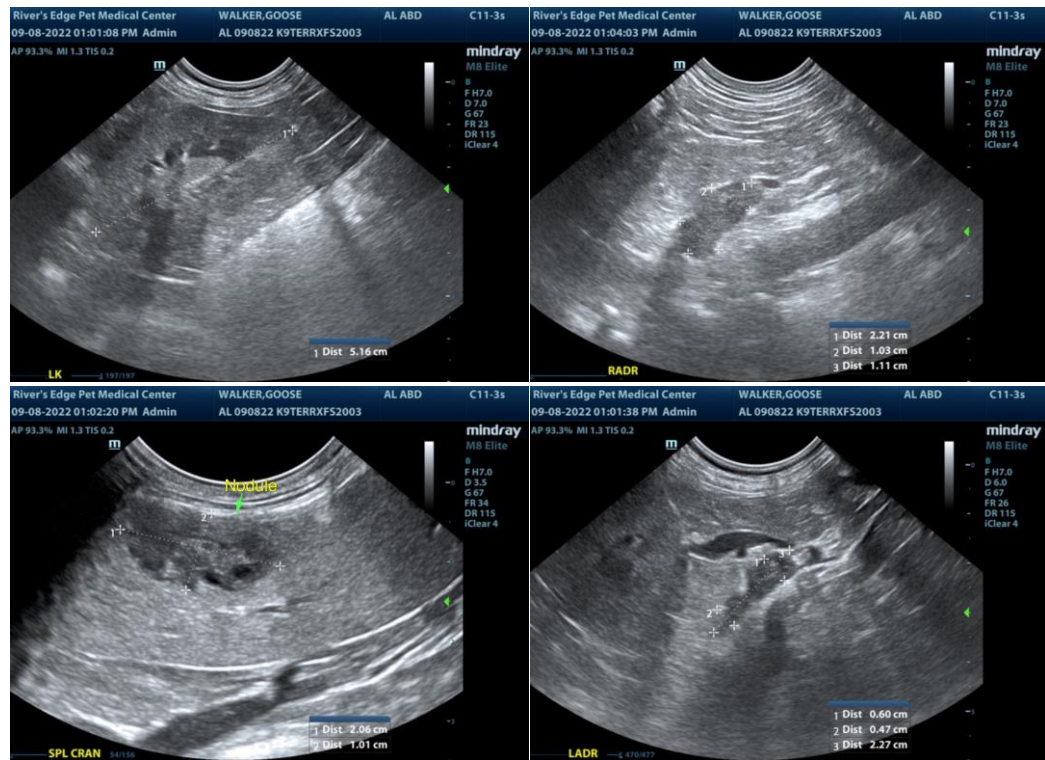
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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