

PATIENT PRESENTING CLINICAL SIGNS

Coco Goeree lethargic, vomiting, mass suspected.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

Canine

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.84 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

BREED

Golden Retriever

The prostate is unable to be visualized in these images.

SEX

Intact Male

The right kidney is normal in size (8.57 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

AGE

10 Years

The left kidney is normal in size (7.48 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

WEIGHT

90 Pounds

Adrenal Glands

The right adrenal gland is normal in size (2.3 cm long x 1.6 cm at the cranial pole and 0.63 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (2.89 cm long x 0.47 cm at the cranial pole and 0.60 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal. (See other)

HOSPITAL NAME

Millen Road AH

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. The left lateral caudal liver lobe is more pronounced heterogeneous than the remaining parenchyma with an almost mixed mass-like appearance to that lobe. Visible vasculature and biliary tree appear normal without distension or congestion. (See other)

REFERRING VET

Dr. Sandhu

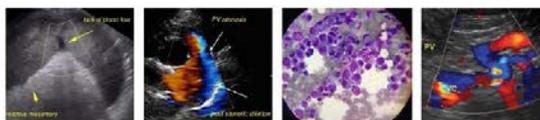
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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

DATE

8/29/22



PATIENT *Gastrointestinal*

Coco Goeree The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

BREED

Golden Retriever The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SEX

Pancreas

Intact Male The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE

Other

10 Years There is a very large amount of echogenic appearing free fluid noted in these images as well as clumped hyperechoic mesentery. There is no apparent pericardial or pleural effusion appreciated in these images.

WEIGHT

90 Pounds There is no apparent lymphadenopathy noted in these images.

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In the mid cranial abdomen, there is a large, approximately 12 cm x 13 cm, heterogeneous, cavitated mass that appears to possibly be attached to the caudal right liver. However, definitive organ origination cannot be definitively determined in these images, and splenic mass versus liver mass cannot be ruled out.

PRIMARY FINDINGS

IMAGING PERFORMED BY

Kelly Reschny

- Mid cranial heterogeneous abdominal mass of definitively undetermined tissue organ origin. However, it appears to possibly be attached to the caudal right liver. Splenic origin cannot be ruled out. Regardless, primary differentials include infiltrative neoplasia with sarcoma being highest on the list, carcinoma and/or infiltrative round cell neoplasia are also possible, as is less likely metastatic disease. A benign lesion such as a hematoma, extramedullary hematopoiesis, etc. is possible, but considered less likely.

HOSPITAL NAME

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- A similar appearing mass is present definitively attached to the left caudal lateral liver lobe – Differentials include the same as above.

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- Large amount of echogenic free fluid – concerning for possible hemoabdomen, given the possible splenic and/or hepatic origin of the mass.

SECONDARY FINDINGS

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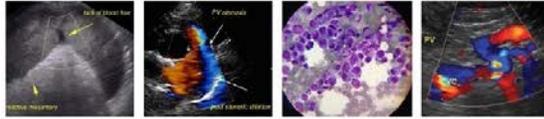
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- **Chronic Cystitis** - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

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- Non-obstructive dystrophic mineralization bilaterally in the kidneys



PATIENT

Coco Goeree

SPECIES

Canine

BREED

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AGE

10 Years

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REFERRING VET

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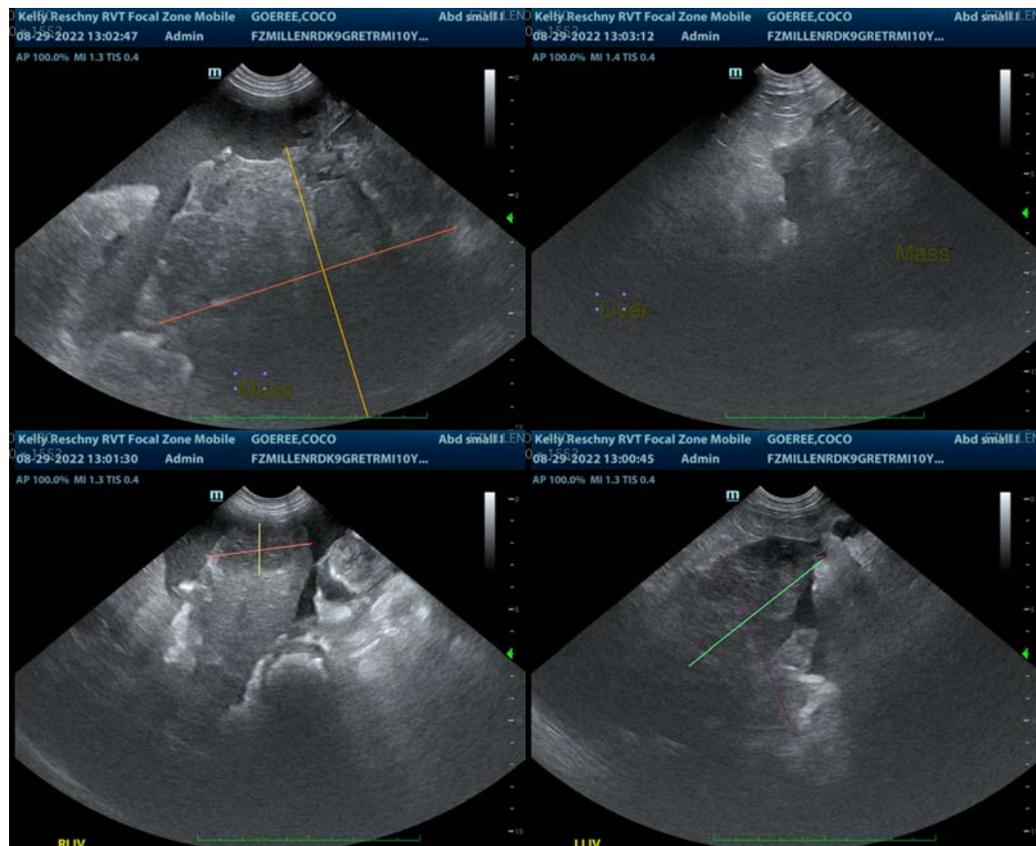
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Sampling of the free abdominal fluid is recommended to determine whether this patient has a hemoabdomen and active ongoing hemorrhage that could dictate the timing of intervention. If this is a hemoabdomen, recommendations are exploratory laparotomy for planned either splenectomy or liver lobectomy based on definitive origin of the mass.

Unfortunately, it is difficult to comment on resectability based on these images. Therefore, a pre-surgical planning abdominal CT scan could be considered if definitive origin/resectability would change the plan.

Alternatively, a fine needle aspirate of the mass could be considered. However, this approach should be taken with caution, given the risk of hemorrhage.

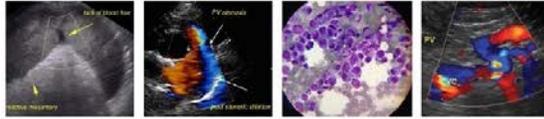


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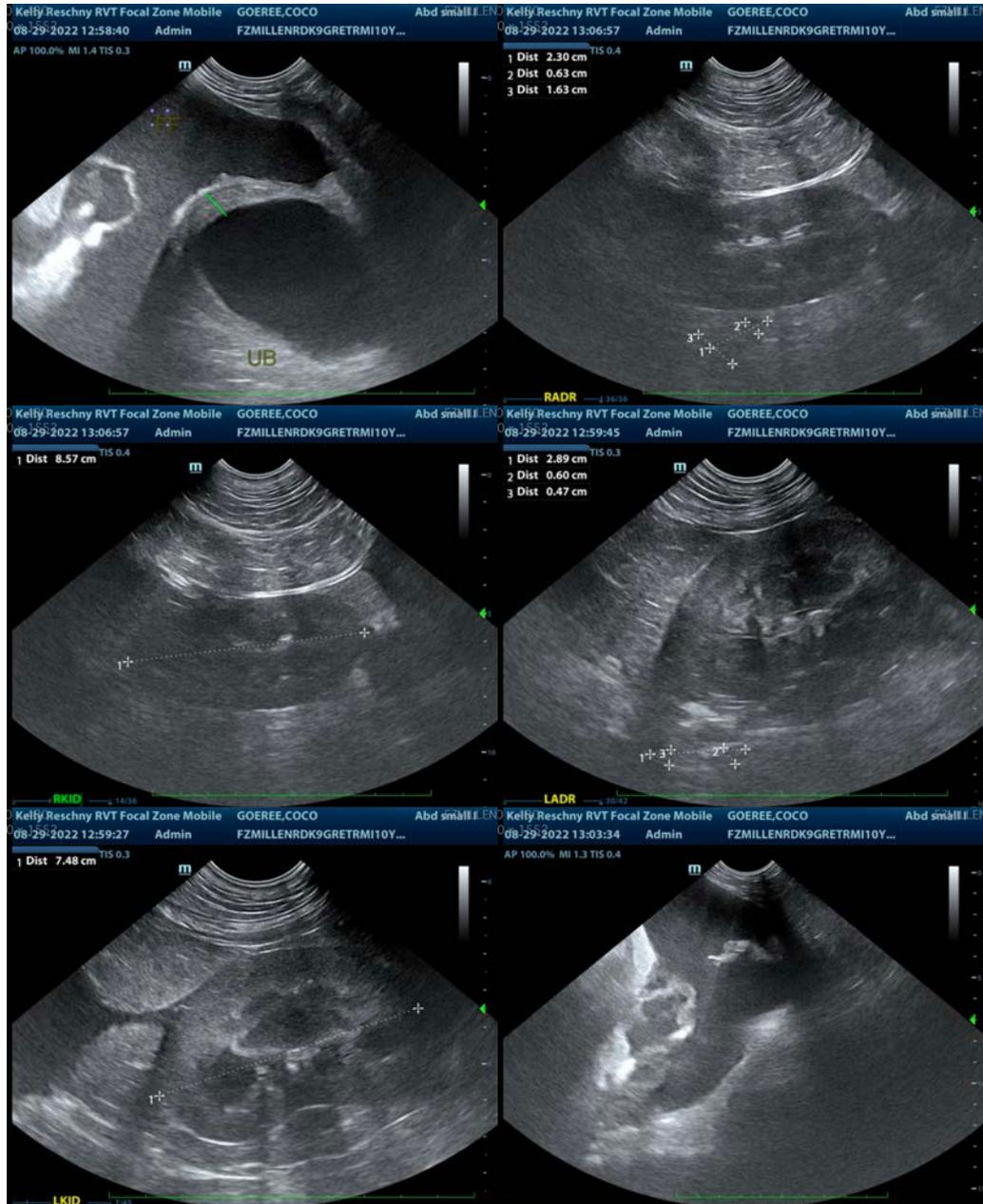
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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