



**PATIENT**

Rocky Dalton

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

97 lbs

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

A Murphy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Dr. Binor

**INVOICE**

42737

**DATE**

2/10/23

**PRESENTING CLINICAL SIGNS**

History: Hx of weight loss (BCS 4/9), PD, hyporexia for about 1 month. No C/S/V/D. Concern for prominent kidneys bilateral. Can palpate a caudal abdominal mass at physical examination 2/6/23. Imaging today to check for neoplasia affecting abdominal organs. also has a Hx of pancreatitis. CBC/CPL performed today.

Abnormal PE/Chem/CBC/UA Results: Chemistry: amylase 1542 (500-1500)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.8 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is large in size at 8.1 cm. There is hydronephrosis with the renal pelvis measuring 1.36 cm. There is also significant dilation of the proximal ureter that measured 1.0 cm. These changes together are consistent with ureteral obstruction. However, the ureter cannot be followed distally. The renal parenchyma itself appeared normal. The renal contours were normal and no stones are visualized.

**Adrenal Glands**

The left adrenal gland is normal in size at XXX (cranial pole XXX, caudal pole XXX). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is not seen; however, the area of the right adrenal gland appeared normal.

**Spleen**

The splenic parenchyma is generally normal. However, in the cranial spleen there is a nodule that measures 1.0 x 0.84 cm with a hypoechoic rim and a slightly more hyperechoic center. While this is a nodule it does have similar echotexture to the other abdominal masses so concern for an emerging mass similar to the others is suspected.

**Liver**

The liver has multiple, complex masses in the left liver and at least two in the right liver that can be seen. Within the left liver the mass measures 8.7 x 4.3 cm and is extending from the left back towards the spleen. The right liver masses measured 5.6 x 5.1 cm and another measures 5.5 x 5.9 cm. These masses are very similar in appearance and echotexture to the other masses found in the spleen and caudal abdomen. The liver parenchyma between the masses appears normal.

The gallbladder has a moderate volume of mostly anechoic bile; however, there was evidence of a mildly irregular mucosal surface with some scant, non-dependent echogenic debris that is consistent with cystic mucinous hyperplasia.



**PATIENT**

Rocky Dalton

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

97 lbs

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

A Murphy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Dr. Binor

**INVOICE**

42737

**DATE**

2/10/23

**Gastrointestinal Tract**

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. . No focal lesions observed.

The section of colon are visualized with formed fecal material and gas shadowing distally.

**Pancreas**

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

**Peritoneum**

Within the caudal abdomen there is an enormous mass that is complex with hyperechoic and hypoechoic areas. There was surrounding hyperechoic fat. This mass extends caudally until it abuts the enormous medial iliac lymph nodes, which are also infiltrated. Cranially this mass almost abuts the right kidney. This mass measures at least 9.5 cm x 10.5 cm, but the borders are difficult to measure given its size. The medial iliac lymph nodes are severely enlarged and heterogenous with hyperechoic fat surrounding it. These lymph nodes are very similar in echotexture to the large mass cranial to these lymph nodes. These lymph nodes are indistinct from the mass and represent metastatic infiltration. These lymph nodes also bulge the contour of the medial iliac vasculature.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

1. Multiple, large to enormous abdominal and liver masses with a splenic nodule, histiocytic sarcoma with surrounding steatitis is considered most likely.
2. Right renal hydronephrosis with ureteral obstruction, considered likely secondary to the caudal abdominal masses and medial iliac lymphadenopathy.

**Secondary Findings**

1. Cystic mucinous hyperplasia of the gallbladder.



**PATIENT**

Rocky Dalton

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

97 lbs

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

A Murphy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Dr. Binor

**INVOICE**

42737

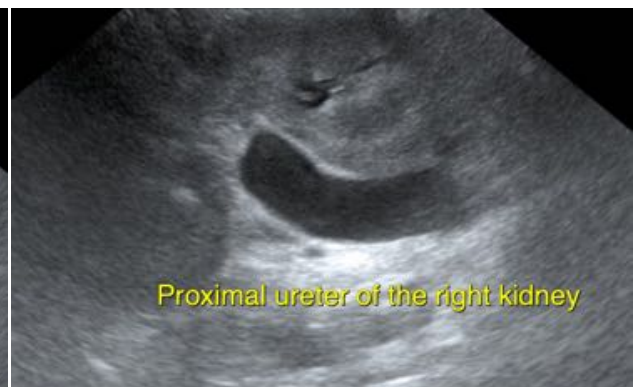
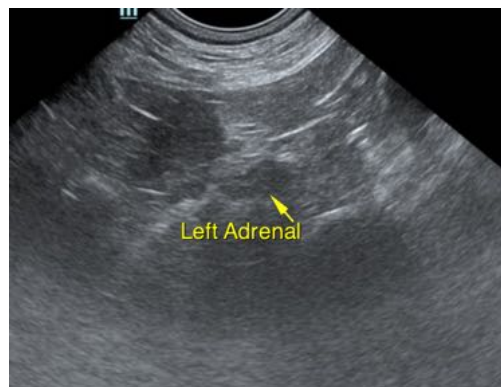
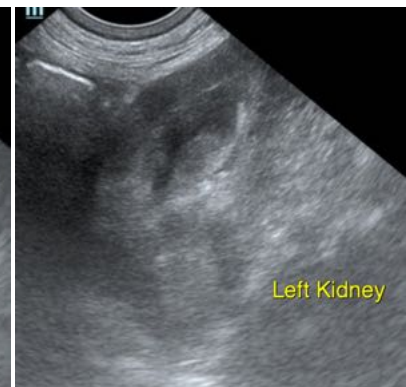
**DATE**

2/10/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There are multiple enormous masses throughout the abdomen that are complex. They likely all represent histiocytic sarcoma given their appearance and signalment of the patient. Given the size of the caudal abdominal mass, involvement of the medial iliac lymph nodes and the presence of similar masses in the liver and likely spleen these are not considered surgically resectable. FNA or tru cut biopsy can be considered to confirm if desired.

The right kidney is obstructed, which is likely secondary to the mass causing ureteral obstruction at the trigone of the bladder either by the mass or medial iliac lymph nodes that are both enormous. Consultation with an oncologist is recommended if treatment is desired.





**PATIENT**

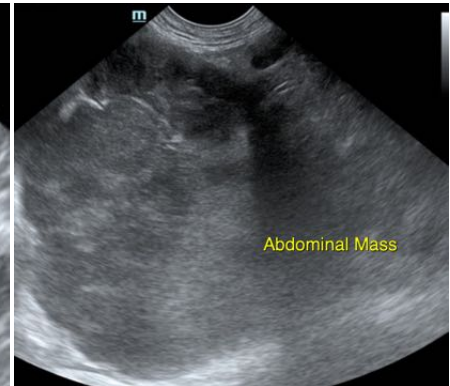
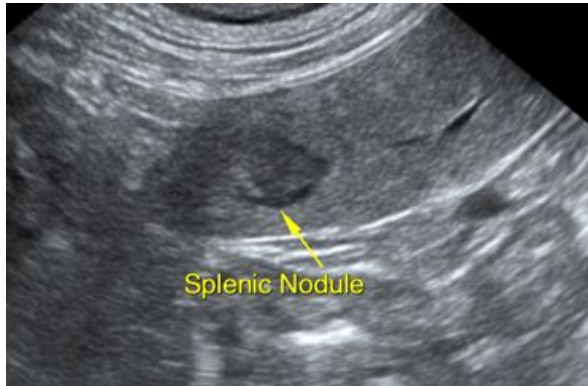
Rocky Dalton

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog



**SEX**

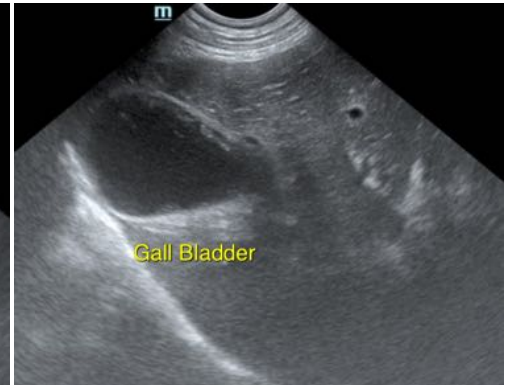
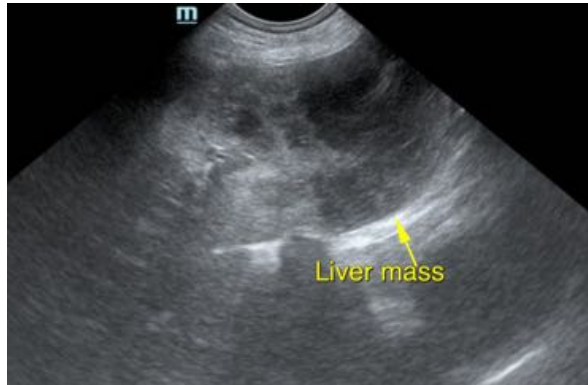
Neutered male

**AGE**

8 years

**WEIGHT**

97 lbs



**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

A Murphy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

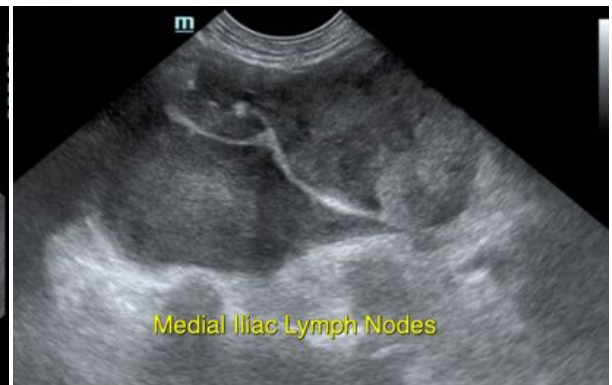
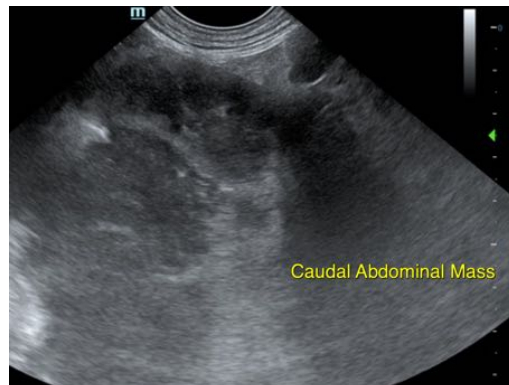
Dr. Binor

**INVOICE**

42737

**DATE**

2/10/23



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.

Jessica Midence, DVM, DACVIM (SAIM)  
info@SonoPath.com