

PATIENT

Ozzy Dickey

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 years

WEIGHT

68.9 lbs

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Karen Reabe

INVOICE

12705

DATE

4.7.23

PRESENTING CLINICAL SIGNS

History: Painful Cranial abdomen especially in position 11. Tachypneic. MM PK. ER saw yesterday, Thoracic radiographs -unremarkable Abdominal Radiographs - decreased detail in cranial abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa appears thickened at the apex (up to 1.24 cm in thickness) with a mildly irregular mucosal surface. The trigone and visible urethra are normal in thickness and there is no evidence of mucosal irregularities in those portions of the bladder. The bladder seems excessive despite the very low volume of urine.

The prostate measures appropriate (1.00 cm) for the neutered status of the dog. The parenchyma appears homogenous.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.12 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.88 cm. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.85 cm / caudal pole 0.62 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (cranial pole 0.77 cm / caudal pole 0.75 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis. The spleen measures slightly thick at the hilus (2.50 cm).

Liver

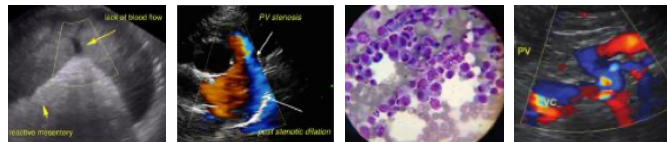
The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears hypoechoic with increased portal markings, though the fat within the portahepatis is hyperechoic (so this may be artifact). There is an ill-defined mass that measures at least 6.14 cm x 5.19 cm that is hyperechoic, irregular, and has a cystic area of anechoic fluid (2.20 cm x 1.90 cm). This mass abuts the gall bladder in one portion.

The gallbladder lumen is significantly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

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



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layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

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

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Pancreas

The area of the pancreas is diffusely hyperechoic and almost nodular in appearance. At the tip of the left pancreas, there is hypoechoic edema surrounding the pancreas. The pancreas measures thick at 1.70 cm and is difficult to discern from surrounding mesentery. Although the edema outlines the caudal border, there are several small, enlarged peripancreatic lymph nodes.

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Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pancreatitis with fiber fatty changes and edema
- Hepatic mass with cystic area

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Secondary Findings

- Possible cystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

The changes to the pancreas would be consistent with prior pancreatitis, causing fiber fatty changes, as well as acute pancreatitis. Given the edema and bright inflamed fat within the portahepatis. There are also mildly enlarged peripancreatic lymph nodes that are considered likely to be reactive. Treat supportively with antiemetics, gastric protectants, and pain medications as needed.

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There is a large mass in the liver that is ill-defined but very hyperechoic. There is a cystic area with anechoic fluid within the mass. This mass could represent a hepatic abscess, a biliary cystadenoma or a cystic hepatoma, hepatocellular carcinoma, or other neoplastic tumor. If coagulation times are normal, fine-needle aspirate could be considered under sedation as the mass is accessible in certain views.

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Cytology and culture are recommended of both the hyperechoic area and of the cystic areas. Consider splenic aspirates as well if performing liver aspirates. Given that the spleen measures slightly thick, though this could be consistent with reactive lymphoid hyperplasia versus extramedullary hematopoiesis.

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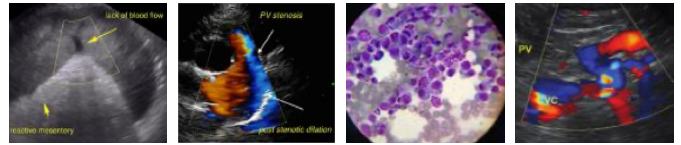
The bladder wall measures thick with some mild mucosal irregularity. There is a very low volume of urine in the bladder, which is contributing to the thickness at the apex. Urinalysis should be considered to evaluate for urinary tract infection.

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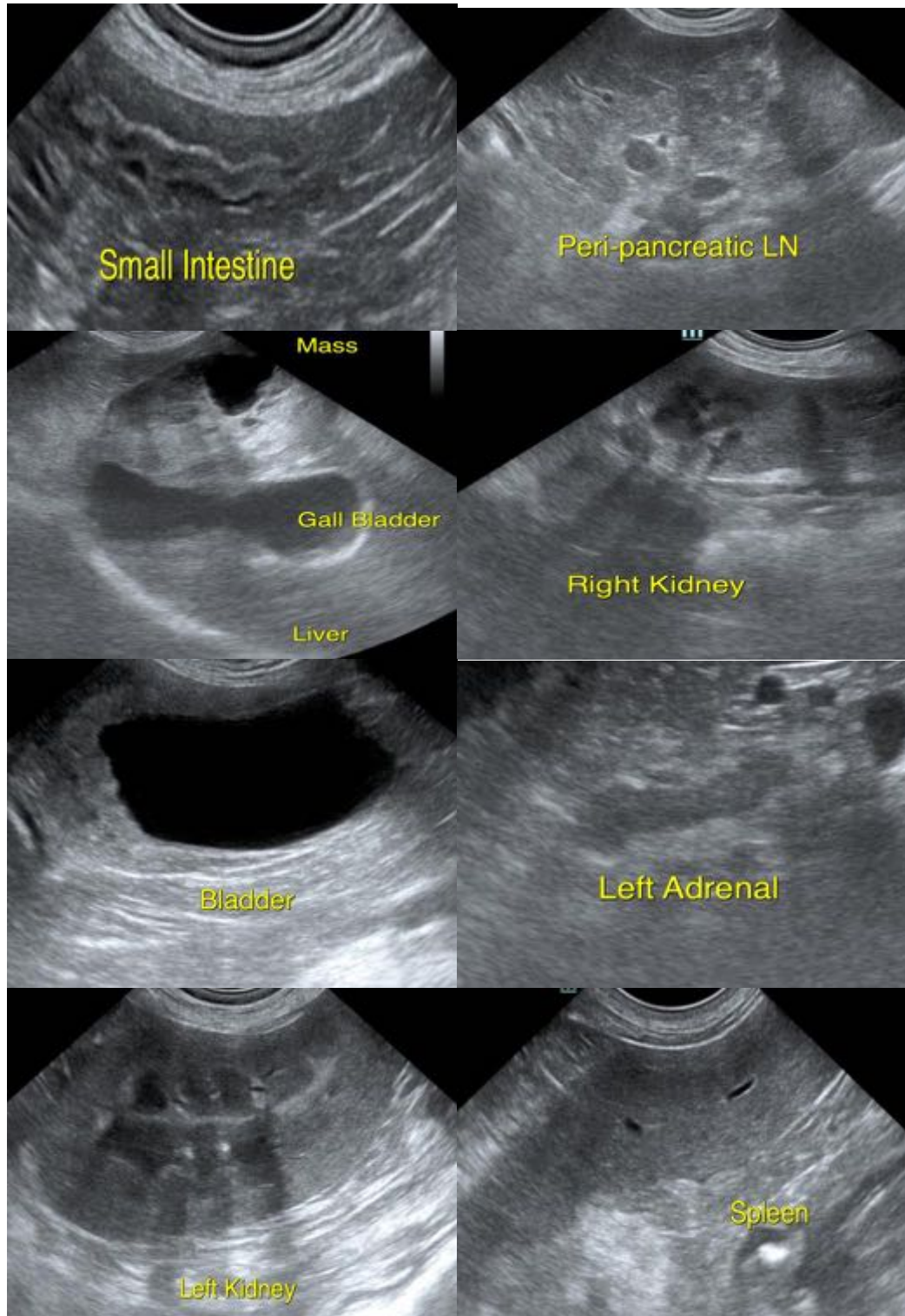
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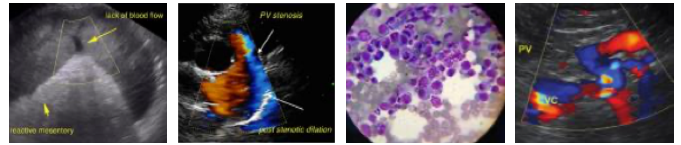
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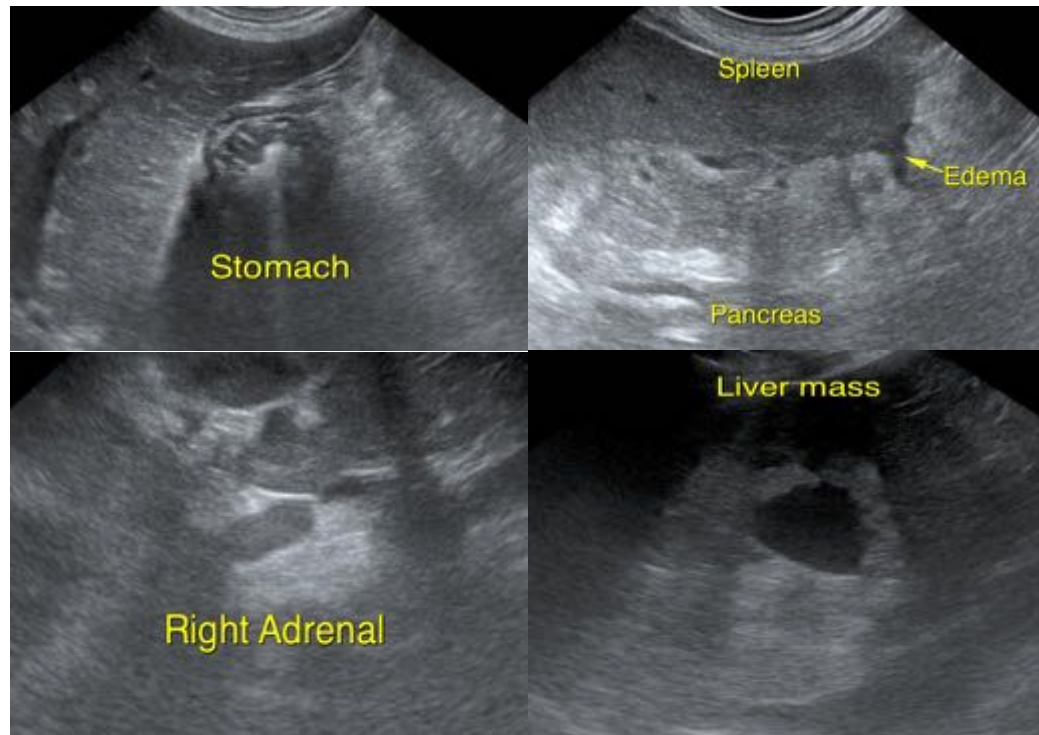
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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