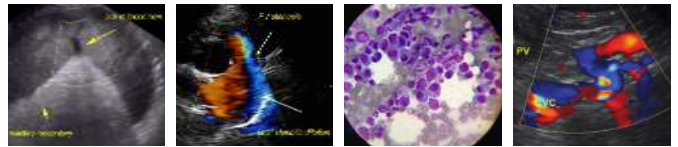
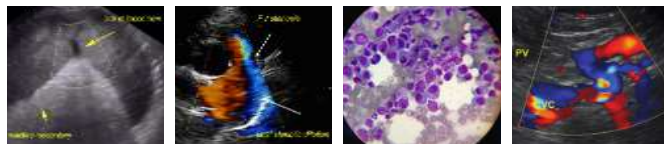




PATIENT	PRESENTING CLINICAL SIGNS
Zoey Therrien	**Over the weekend presented with hemoabdomen. Declined referral, started on Yunnan Biao and Gabapentin. ** Presented las month with weight loss, cough, increased respiratory rate and effort. Pre-existing bilateral elbow dysplasia. Bronchointerstitial pattern on radiographs. No improvement on Doxycycline. Changed to Clavamox and Enrofloxacin with a single Dexamethasone injection (0.2 mg/kg). Clinical and radiographic improvement quickly. Has since deteriorated. Decreased activity, energy and appetite. Continued weight loss.
SPECIES	Abnormal PE/Chem/CBC/UA Results: PE: QAR, increased RR and effort walking from parking lot.
Canine	RADS (atttached, most recent chest rad): liver extending beyond the costal margins. BW: ALP increased from 250 to 370, GGT 25, Chol 377.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
English Springer Spaniel	<i>Urinary System</i>
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.
FS	No evidence of pathology in the area of the aortic trifurcation.
AGE	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 6.9 cm in length.
12 Years	<i>Adrenal Glands</i>
WEIGHT	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.80 cm width at the caudal pole and 0.99 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole and 0.67 cm width at the cranial pole.
50 lbs	<i>Spleen</i>
INTERPRETED BY	The spleen exhibited overall normal size. Generalized splenic parenchyma heterogeneity with nonspecific areas of isoechoic parenchymal expansion present in the cranial and caudal medial parenchyma with associated capsule distortion. Potential for isoechoic nodular to small nodular mass possible without evidence of cystic or cavitary changes. An example of area of medial splenic parenchymal expansion isoechoic nodule to small mass measured approximately 4.0 cm in diameter.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Liver / Gallbladder</i>
IMAGING PERFORMED BY	The liver exhibited mild to potentially moderate generalized enlargement. An Ill-defined nonhomogeneous to mixed echogenic mass was noted in the deep mid to right liver dorsal to the gallbladder and directly effacing the caudal diaphragm. The mass measured approximately 9.0 cm in diameter likely extending into the area of the porta hepatis. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
Dr. Ebersole	
HOSPITAL NAME	
Scanvet	
REFERRING VET	
Dr. Perkins	
INVOICE	
49422	
DATE	
1-10-22	



PATIENT	The gallbladder was non-distended in size with nondependent nonorganized mildly echogenic mucus filling the majority of the gallbladder lumen. The cystic and common bile ducts were normal. No evidence of peripheral gallbladder inflammation.
Zoey Therrien	
SPECIES	<i>Gastrointestinal</i>
Canine	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.
BREED	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.
English Springer Spaniel	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
FS	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 was evident.
AGE	<i>Free Abdomen</i>
12 Years	Mild to moderate peritoneal free fluid exhibiting minor cellular component was present.
WEIGHT	Generalized reactive mesentery was noted most prominent in the cranial abdomen around the liver.
50 lbs	A focal medial iliac lymph node was present. The lymph node was homogenous, mildly hypoechoic, and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The lymph node size was 0.89 cm width.
INTERPRETED BY	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Focal nonspecific medial iliac lymphadenopathy - benign hyperplasia, reactive lymphadenitis, or early neoplastic lymphadenopathy possible. • Hepatomegaly exhibiting generalized parenchymal remodeling and nonhomogeneous mass in deep mid to right liver. • Mild gallbladder debris (nonmucocele). • Nonspecific areas of parenchymal expansion to isoechoic nodule - small mass lesions - hyperplasia, hematopoiesis, splenitis, primary versus metastatic neoplasia possible. • Peritoneal free fluid and primarily perihepatic reactive mesentery.
Dr. Ebersole	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME	Although sampling is required for further clarification, the hepatic mass is suggestive of neoplastic criteria such as adenocarcinoma, biliary cystic adenocarcinoma, or other. Potential for benign etiologies for the hepatic mass such as hyperplasia, granuloma, or similar possible yet thought less likely.
Scanvet	
REFERRING VET	The effusion in this case may potentially be owing to portal hypertension given the location of the mass adjacent to the porta hepatis.
Dr. Perkins	Potential for multicentric neoplasia given the splenic changes cannot be excluded.
INVOICE	Further clarification may include, if accessible, FNA of the hepatic mass as well as hepatic parenchyma,
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DATE	
1-10-22	



PATIENT

Zoey Therrien

splenic FNA using 25 gauge needle, and effusion analysis for cytology +/- culture and sensitivity if clinically indicated.

SPECIES

Canine

BREED

English Springer Spaniel

SEX

FS

AGE

12 Years

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Perkins

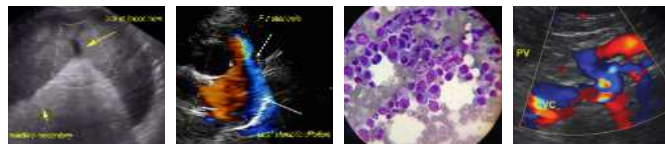
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PATIENT

Zoey Therrien

SPECIES

Canine

BREED

English Springer Spaniel

SEX

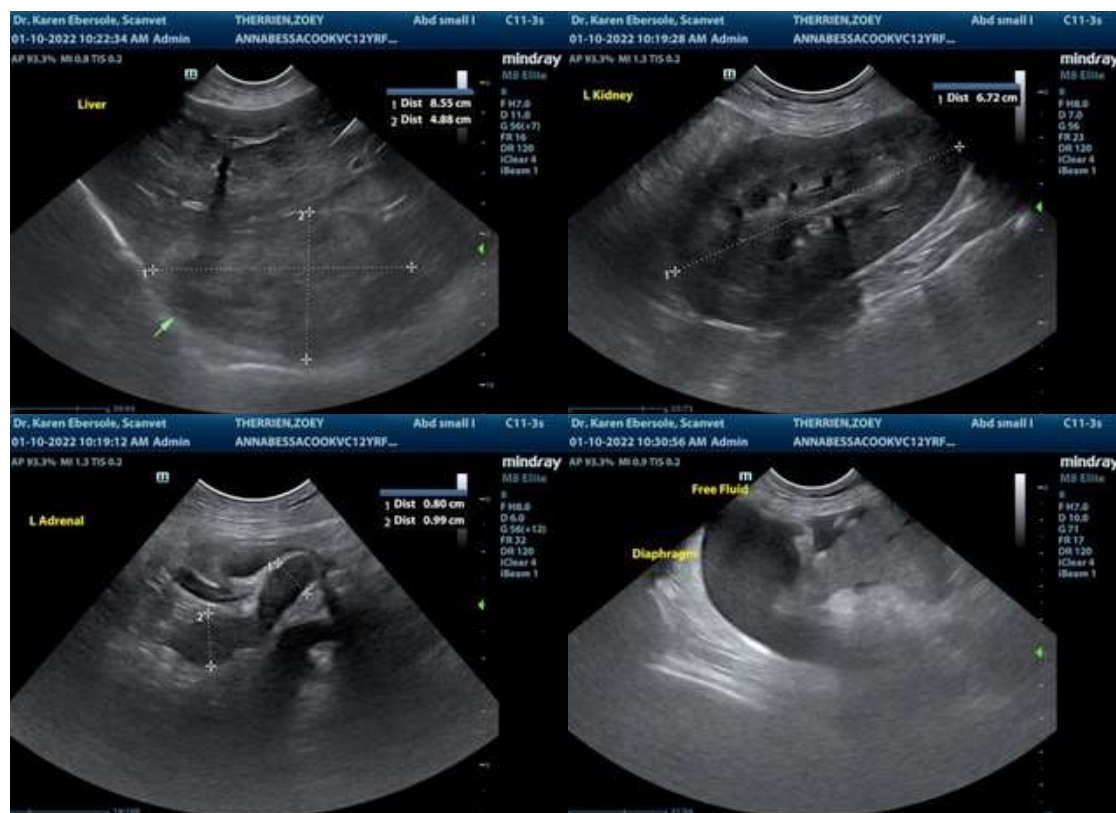
FS

AGE

12 Years

WEIGHT

50 lbs



INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Perkins

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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