



PATIENT PRESENTING CLINICAL SIGNS

Gryphyn Buczek ADR, distended abdomen, diarrhea, 2/6 murmur, lyme +.
 Medication: Cerenia, Metronidazole, Fortiflora

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Cocker Spaniel

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 was noted.

SEX

MN

The residual prostate was free of pathology.

AGE

2011

The area of the aortic trifurcation was free of pathology.

WEIGHT

25.4

Normal size and margination were 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Discrete hyperechoic cortical foci to striations suggestive of cortical microinfarction were noted. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 5.8 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.53 cm width at the caudal pole. The right adrenal gland was mildly prominent to irregular in appearance exhibiting mild nonhomogeneous parenchyma measuring 2.8 cm length x 0.87 cm width at the caudal pole.

IMAGING

PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

The spleen exhibited borderline to mild enlargement with areas of mild lateral and medial capsule asymmetry. Generalized mild parenchyma heterogeneity was present with subjective decreased parenchyma echogenicity. Normal splenic vascularity was noted with no masses or nodules.

HOSPITAL NAME

Lehigh Valley AH
 (Bath)

Liver/ Gallbladder

The liver exhibited generalized enlargement with areas of minor ventral and caudal capsule asymmetry. Decreased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture and minor increased yet indistinct prominence of the portal vascular borders was present. A solitary discrete, mildly expansive, nonhomogeneous intraparenchymal hepatic mass was present in the ventral liver measuring 3.6 cm in diameter. The gallbladder was non-distended in size with anechoic content. The gallbladder wall was moderately thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. The gallbladder wall width measured 0.52 cm. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Tan

INVOICE

15785

DATE

1/10/23



PATIENT

Gastrointestinal

Gryphyn Buczek

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

SPECIES

Canine

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mildly decreased echogenicity with occasional mucosal speckling. A segmental to diffuse mild ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

BREED

Cocker Spaniel

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

SEX

Pancreas

MN

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

Free Abdomen

2011

Moderate volume mild echogenic peritoneal free fluid and generalized mild nonuniform hyperechoic omentum was present. No evidence of omental masses. Potential for hepatic lymphadenopathy is possible, although not definitive.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Hypoechoic hepatomegaly with nonhomogeneous mildly expansive intraparenchymal mass lesion
- Gallbladder wall edema
- Mild splenomegaly exhibiting mildly nonhomogeneous hypoechoic parenchyma
- Bilateral chronic renal changes
- Gastroenterocolitis pattern
- Subjective nonspecific prominent to irregular right adrenal gland
- Moderate volume mildly echogenic peritoneal free fluid and nonuniform hyperechoic mesentery

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver pending echocardiographic assessment and lab work may include acute hepatitis i.e., viral, bacterial, Leptospirosis, toxin, etc., with concurrent gallbladder wall edema. However, primary concern for occult infiltrative hepatic or possibly multicentric neoplasia is warranted with effusion potentially secondary to portal hypertension or nonobvious lymphatic obstruction owing to carcinomatosis, lymphomatosis, or similar. Subjectively, no overt evidence of hepatic congestive criteria secondary to cardiac disease, yet correlation with echocardiographic assessment is recommended.

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Further assessment may include, assuming normal clotting status, screening hepatosplenic FNA cytology, as well as effusion analysis, cytology, +/- C/S if evidence of inflammatory cells. A very guarded prognosis pending additional sampling. Empirically, as-needed gastrointestinal support would be reasonable.

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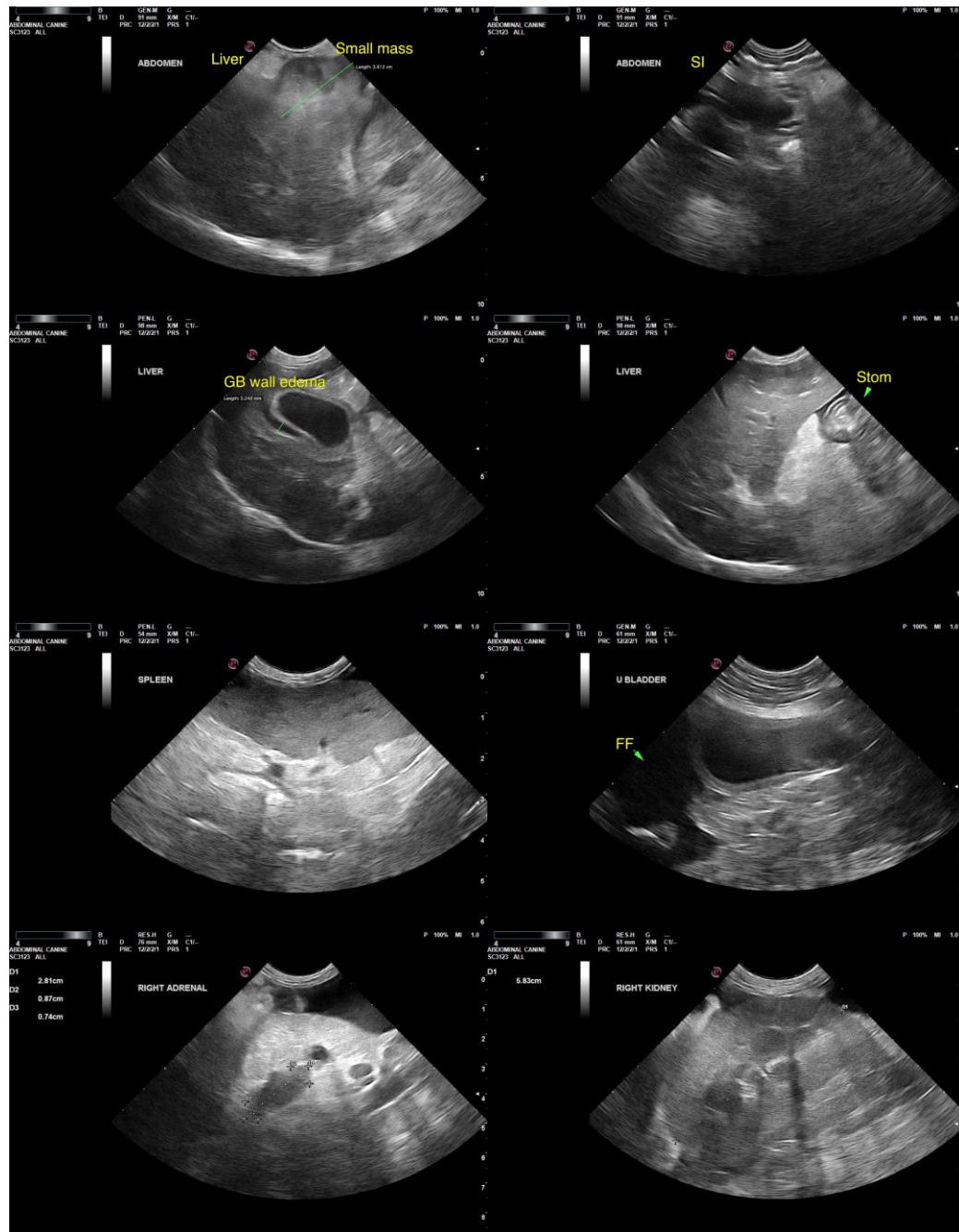
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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