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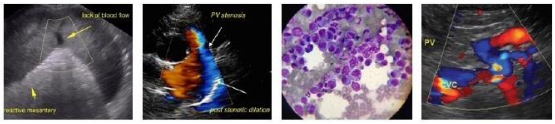

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Misha Williams

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

9yr

WEIGHT

38kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

New Hamburg Vet Clinic

REFERRING VET

Findlater

INVOICE

12697ag

DATE

01/16/2023

PRESENTING CLINICAL SIGNS

Abdominal distension, 2 kg weight gain and further distension since Friday. Free fluid in abdomen, suspect neoplasia. No meds currently.

Abnormal PE/Chem/CBC/UA Results: CBC WNL, Mild elevation in ALT 173.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.0 cm in length. The right kidney measured 8.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left and right adrenal glands were not definitively visualized due to patient/confirmation, periadrenal artifact and peritoneal effusion. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited overall normal size with minor areas of capsule asymmetry with subtle genderized parenchyma heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No overt splenic masses/nodules noted.

Liver/Gallbladder

The liver exhibited potential for mild enlargement with overall normal parenchyma echogenicity and moderate coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was indistinctly visualized owing to mid to cranial abdominal mass.

The visualized segments of 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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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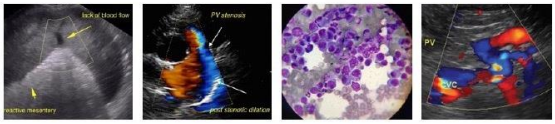

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The pancreas was not definitively visualized owing to mid to cranial abdominal mass.

Free Abdomen

Moderate to significant peritoneal effusion was present exhibiting mild echogenic changes.

Concurrent generalized mild non-uniform hyperechoic mesentery was noted.

Large non-homogenous mildly irregular mid to cranial abdominal mass measuring at least 18 cm in diameter was present. The mass appeared to directly efface portions of the caudal liver and was adjacent to the spleen within the area of the cranial omentum and pancreas.

Rapid view of the heart revealed overtly normal left/right chamber size with no overt cardiac or pericardial masses. Possible scant pleural vs. pericardial free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Large non-homogenous mildly irregular mid to cranial abdominal mass
- Concurrent moderate to significant volume peritoneal effusion exhibiting mild echogenic changes, generalized mild non-uniform hyperechoic mesentery
- Subjective non-congestive mild hepatomegaly
- Subjective intact spleen
- Mild chronic renal changes
- Possible although not definitive scant pleural vs pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size of the mid to cranial abdominal mass in conjunction with significant volume peritoneal effusion definitive organ of origin was difficult to ascertain. Hepatic or mid to cranial omental origin is suspected with less likely potential for splenic origin. Pancreatic or lymphatic origin thought less likely.

Assuming normal clotting status and using a 25g needle, an abdominal mass FNA for screening cytology is warranted for further assessment. Abdominal effusion cytology +/- C/S is recommended for definitive diagnosis.

Concern for possible carcinomatosis, lymphomatosis or similar may be indicated with early pericardial or thoracic involvement.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Thoracoabdominal CT is likely ideal for further assessment.

An unfavorable prognosis is likely indicated.

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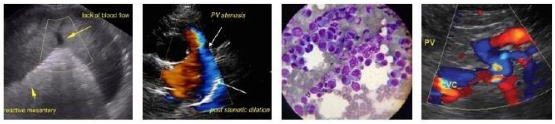

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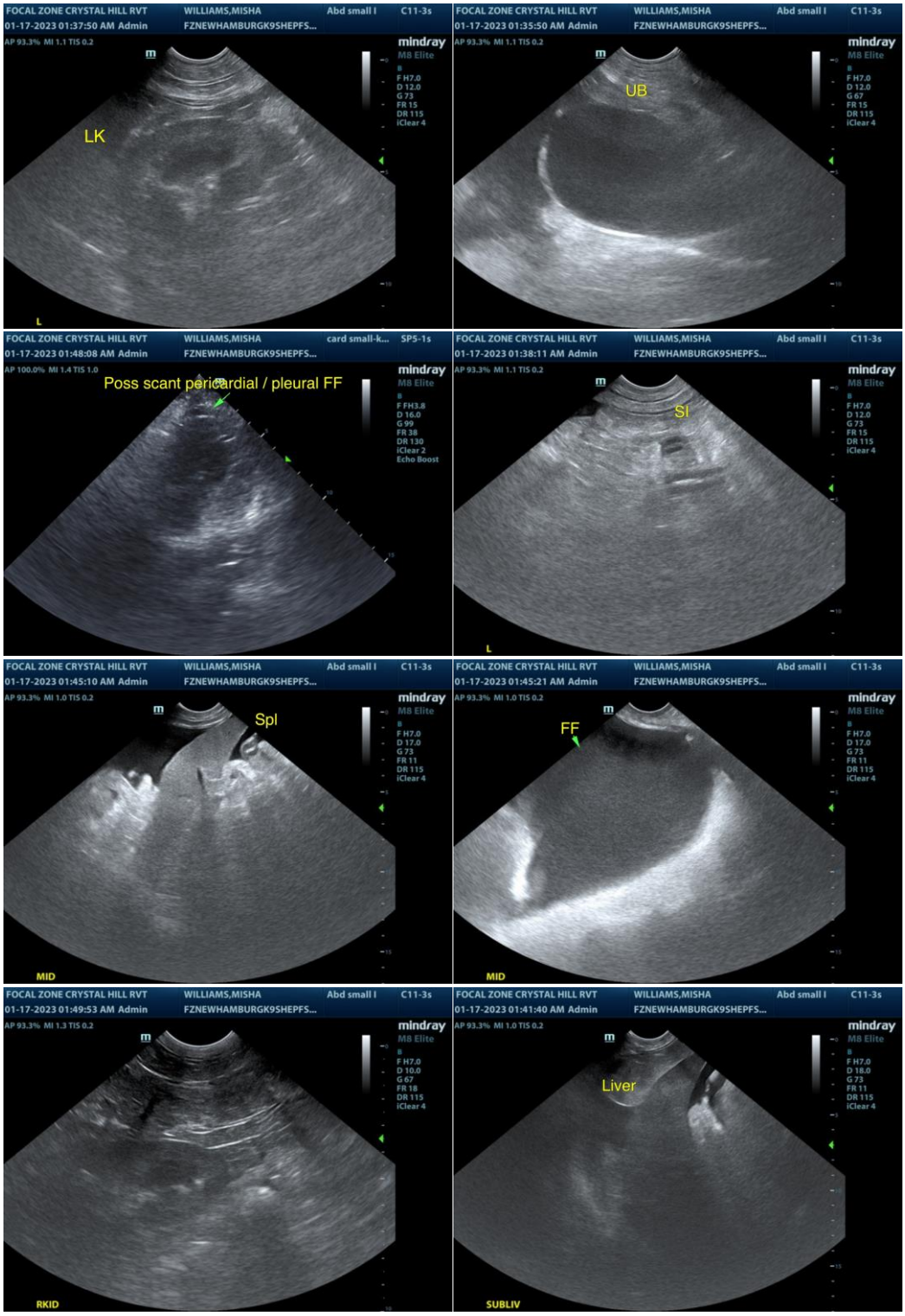

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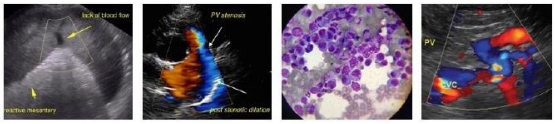

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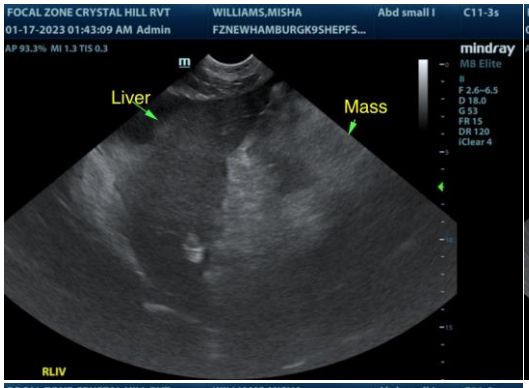

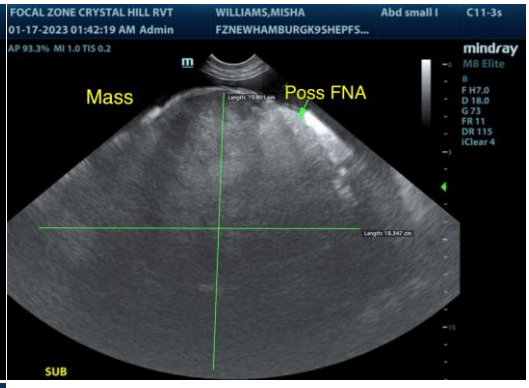

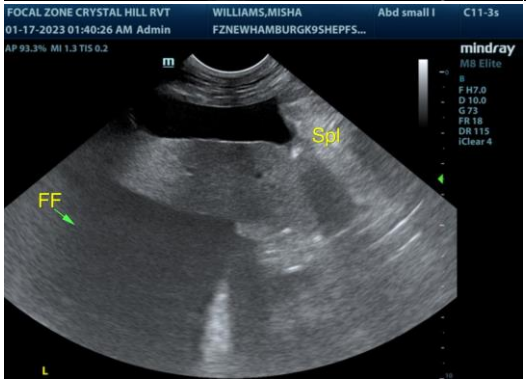

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com