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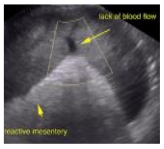
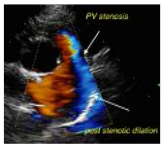
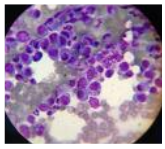
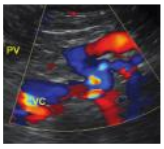

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Koda Dhasi

**SPECIES**

Canine

**BREED**

Husky

**SEX**

M/N

**AGE**

11

**WEIGHT**

40 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Glamorgan AC

**REFERRING VET**

Dr. Tan

**INVOICE**

15859

**DATE**

1/17/23

## PRESENTING CLINICAL SIGNS

Large mass present on outside of left thorax 15 cm diameter and 5 cm in thickness starting on the 13th rib and extending cranial to the 5 th rib Persistent hematuria.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was normal in size and tone containing anechoic urine. Moderate, irregular, mildly nonhomogeneous, soft tissue echo was noted occupying an estimated 50% of the urinary bladder lumen. Color Doppler assessment of the soft tissue echo did not reveal obvious blood flow within the soft tissue echo and without overt evidence of echo mineralization. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.5 cm in diameter.

No evidence of medial Iliac or sublumbar lymphadenopathy.

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. No evidence of pelvic dilation was present. Nonobstructive areas of medullary mineralization were noted. Both kidneys exhibited focal to possible intermittent mildly expansive nonhomogeneous nodules. An example of a nodule in the caudal lateral left kidney measured 2.2 cm in diameter. An example of a nodule in the right kidney measured 1.7 cm in diameter. The nodules appeared to mildly distort the renal capsule without evidence of parenchymal escape. The overall left kidney measured 6.8 cm in length. The overall right kidney measured 6.7 cm in length.

### *Adrenal Glands*

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.64 cm width in the cranial pole and 0.87 cm width in the caudal pole. The right adrenal gland measured 0.83 cm width in the cranial pole and 0.73 cm width in the caudal pole.

### *Spleen*

The spleen exhibited multiple variably sized to expansive, irregular, nonhomogeneous to cavitated masses. The largest of which appears to occupy the mid to caudal spleen measuring 5.0 cm in diameter. Separate, mildly expansive, similar-appearing masses were noted in the mid to cranial spleen.

### *Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour. 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.

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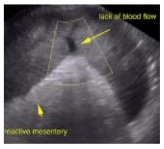

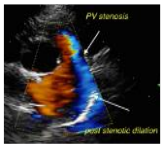

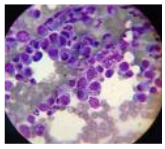
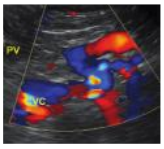


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The gallbladder was non-distended in size containing primarily anechoic content with mild, nondependent, nonorganized, gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed a focal comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

### *Gastrointestinal*

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.

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.

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

### *Pancreas*

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 were evident.

### *Free Abdomen*

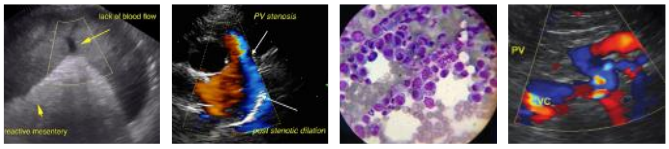
Intermittent, mesenteric lymphadenopathy was present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.3 cm diameter. No peritoneal free fluid was noted. No omental masses were noted.

### *Heart*

Sonographic assessment of the thoracic cavity revealed a large external mass left thorax measuring at least 10.0-11.0 cm in diameter but likely larger. The mass exhibited potential encapsulation with nonhomogeneous parenchyma along with concurrent moderate intra-mass echogenic fluid. Subjective normal cardiac structure and function was noted with no overt pericardial effusion or cardiac tumors.

## ULTRASONOGRAPHIC FINDINGS

- Large potentially encapsulated external thoracic mass exhibiting nonhomogeneous parenchyma and significant intra-mass echogenic fluid - neoplastic criteria suspected with potential for intra-mass necrosis, abscess, or hemorrhage
- Extensive urinary bladder lumen soft tissue echo - significant sediment (protein, crystalline debris, mucus), blood clot, potential for extensive tumor
- Multiple splenic masses

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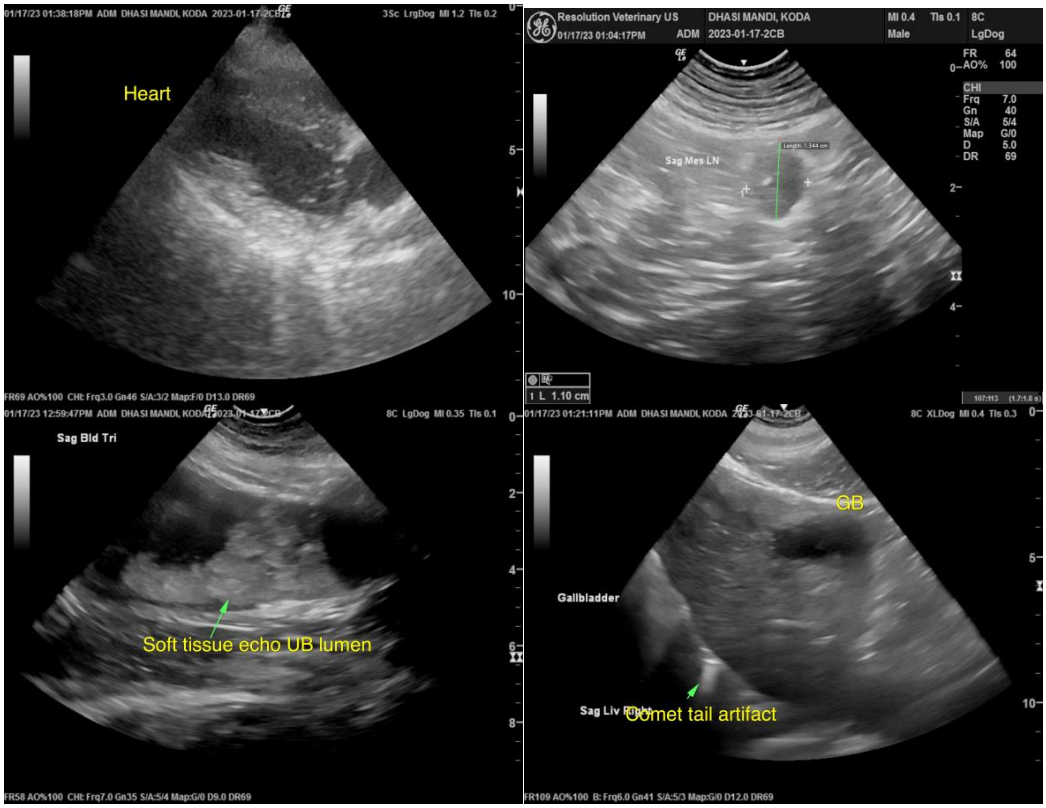
- Hepatic parenchymal remodeling with focal transdiaphragmatic comet tail artifact
- Bilateral chronic renal changes with nonobstructive medullary mineral and nonspecific yet highly suspicious nonhomogeneous renal nodules

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, multicentric neoplasia involving the extrathoracic space, spleen, bilateral kidneys, and potentially urinary bladder and intraabdominal lymph nodes is probable. FNA cytology +/- fluid analysis or C/S of the extrathoracic mass +/- splenic FNA cytology could be considered with potential for an oncology consult. However, a probable unfavorable long-term prognosis is likely indicated.



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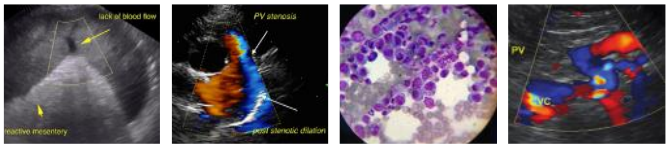


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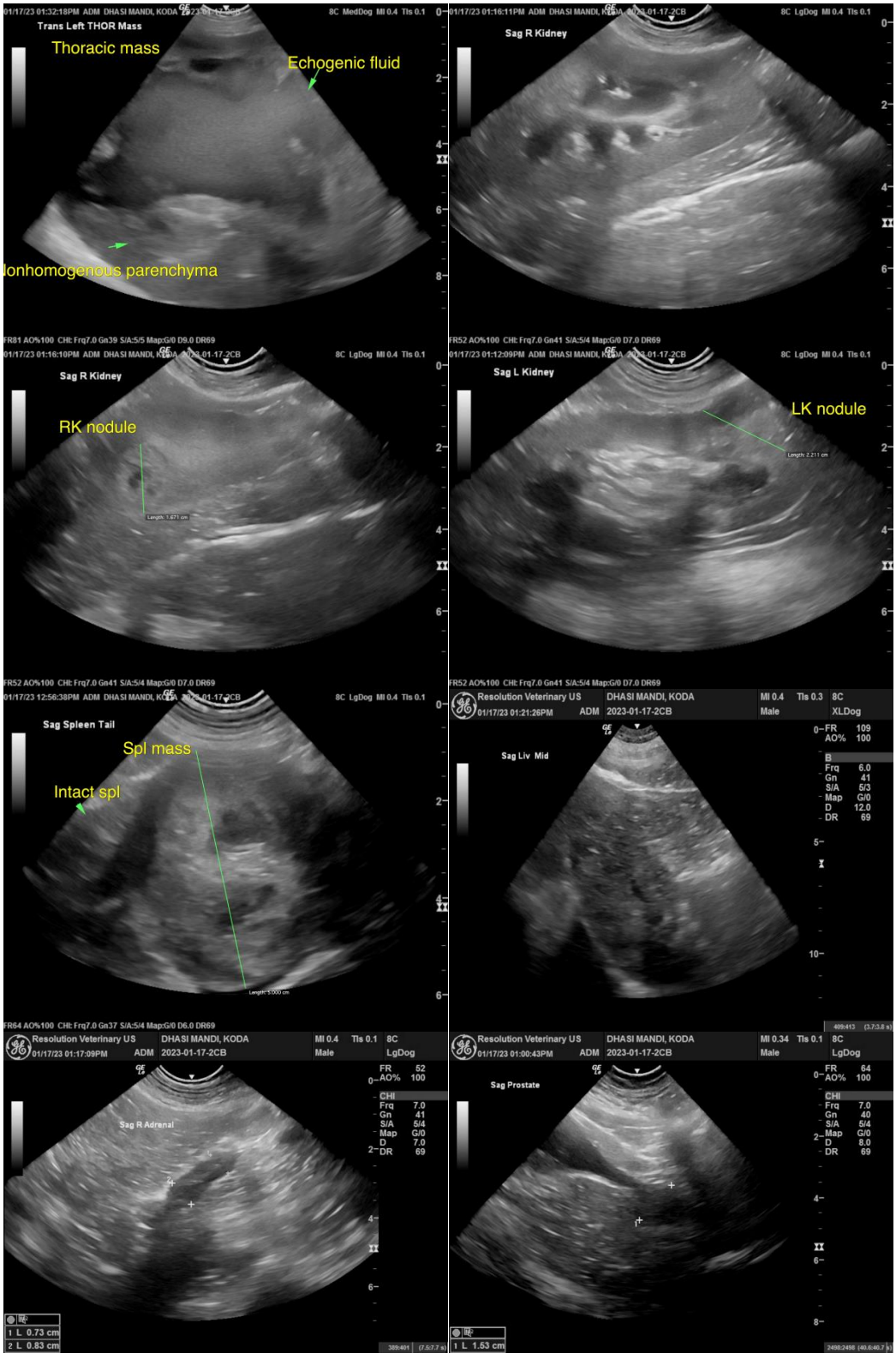

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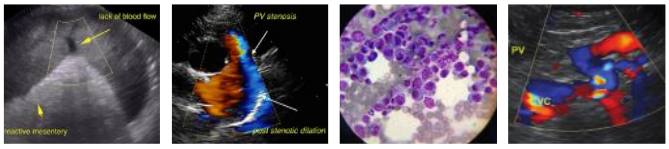


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**