



PATIENT

Zola Barile

SPECIES

Canine

BREED

Pointer

SEX

Neutered Male

AGE

6 Years

WEIGHT

18 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk

HOSPITAL NAME

Resolution Vet
Ultrasound

REFERRING VET

Dr. Tom LeBoldus

INVOICE

34366

DATE

1/18/22

PRESENTING CLINICAL SIGNS

Fever (now under control). Increased liver enzymes. Inappetence. Painful cranial abdomen. Increased liver size on AFAST. Organ displacement.

The submitted study contained 42 still images and 2 videos for review. Please submit primarily videos.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No overt pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.8 cm. The right kidney measured 7.3 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.7 cm at the cranial pole and 0.64 cm at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited potential for mild generalized enlargement with maintained symmetrical capsule contour. Generalized mild parenchyma heterogeneity was noted with a solitary, non-expansive, hypoechoic parenchymal nodule in the caudomedial parenchyma.

Liver

The liver exhibited generalized hepatomegaly. The hepatic parenchyma was non-uniform to mixed echogenic, exhibiting multifocal variably sized to marginated hypoechoic intraparenchymal mass lesions. Example of hepatic mass measured 4.0 cm diameter. The gallbladder was normal in size. The gallbladder wall was uniformly thickened and echogenic in appearance. Minimal particulate sediment was present. This is suggestive of chronic gallbladder wall inflammation and possible fibrosis. Primarily anechoic luminal content was present.

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. Gastric body wall measured 0.54 cm.

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. Duodenum wall measured 0.45 cm.

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



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Pancreas

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The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

SPECIES

Free Abdomen

Canine

Enlarged, hypoechoic suspected multifocal cranial abdominal lymph nodes were present. Example measured 4.8 cm x 2.8 cm. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery.

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No overt evidence of peritoneal free fluid.

SEX

Generalized mid to cranial abdominal reactive mesentery noted.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatomegaly exhibiting generalized non-uniform parenchyma including multifocal variably sized to expansive hypoechoic intraparenchymal mass lesions – neoplasia, hematopoiesis, nodular to regenerative hyperplasia, necrosis/abscess, cysts, or other possible.
- Mild chronic cholecystitis pattern
- Generalized splenic parenchyma heterogeneity with focal non-specific, non-expansive nodule – hyperplasia, hematopoiesis, focal infarct, lymphoid hyperplasia, primary versus metastatic neoplasia possible.
- Suspect multifocal mid to cranial abdominal hypoechoic to swollen lymphadenopathy
- Possible low-grade to chronic active pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

Although not definitive, concern for potential multicentric round cell neoplastic process involving the liver, suspected multiple mid to cranial abdominal lymph nodes and potential spleen warranted. Ultrasound guided FNA of the hepatic parenchyma including mass lesion as well as suspected lymph node recommended for screening cytology with potential for oncology consult is neoplastic process is confirmed.

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Non-specific multicentric inflammatory/infectious disease also possible and cannot be definitively excluded. Tissue culture and sensitivity pending cytology may be clinically indicated. Empirically, as needed gastrointestinal support, broad-spectrum antibiotics recommended with assessment of clinical response and/or sonographic monitoring.

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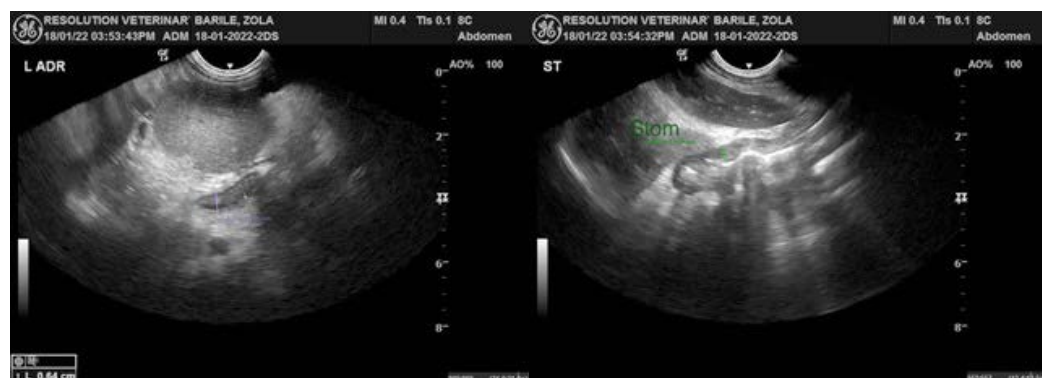
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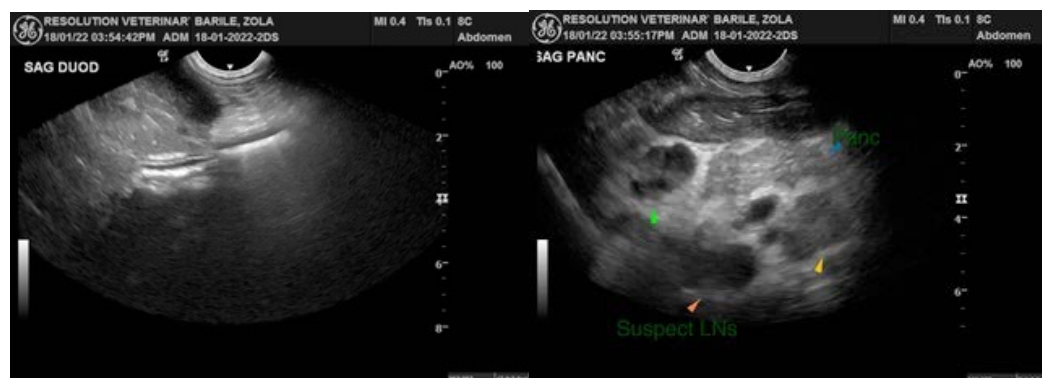
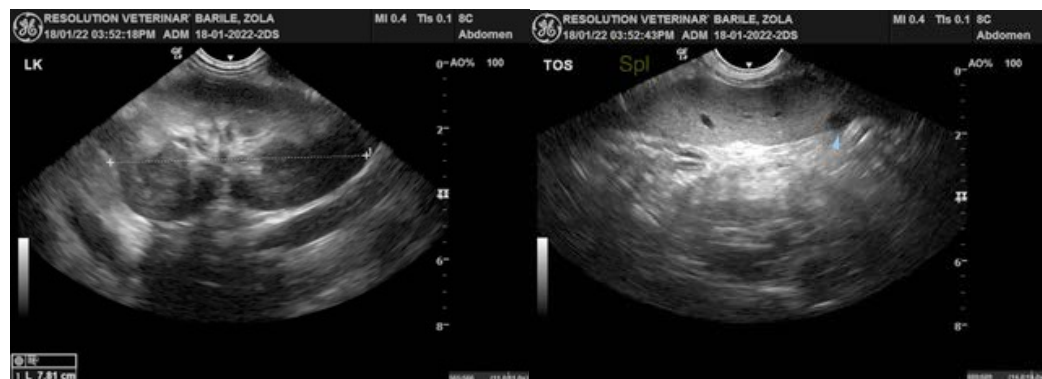
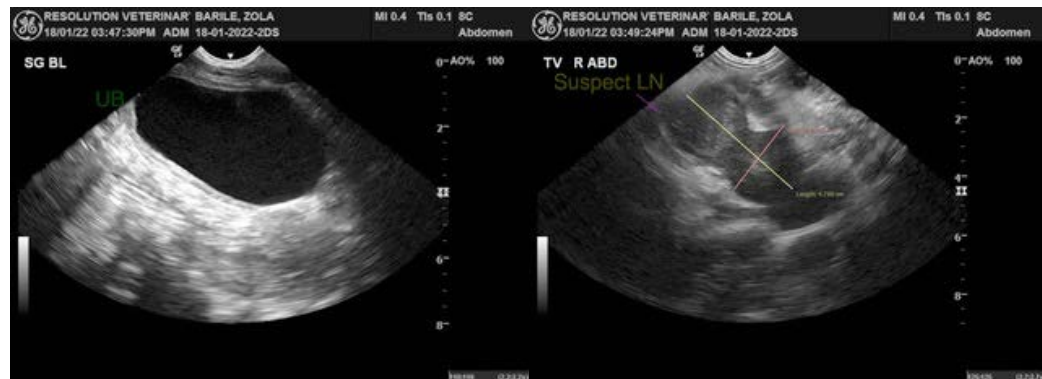
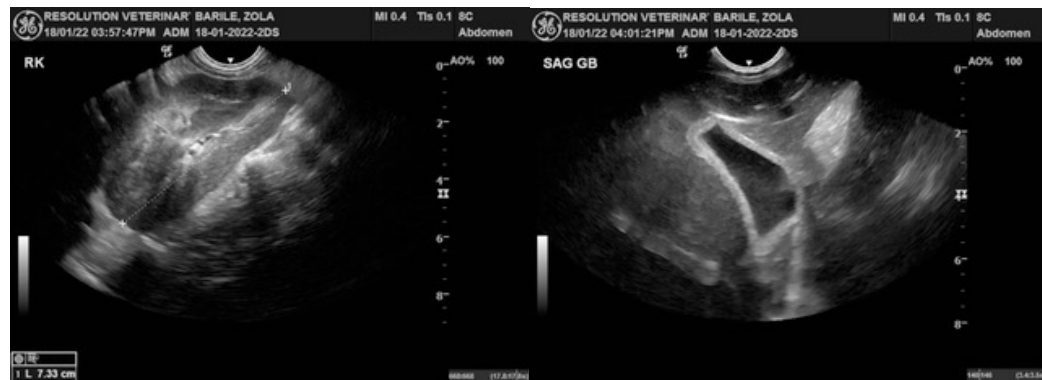
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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