**PATIENT**Admiral Ackbar  
Wilson**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

MN

**AGE**

10 years

**WEIGHT**

112 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. John Lyle

**INVOICE**

20638

**DATE**

1/19/23

**PRESENTING CLINICAL SIGNS**

Very lethargic, vomiting, weight loss, muscle wasting.

Abnormal PE/Chem/CBC/UA Results: ALT and SDMA slightly elevated, T4 &lt;0.5 (0.8-3.5). WBC 18.6 (4-15.5), Neut 15810 (2060-10600), Mono 1116 (0-840). Rest WNL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder was subnormal in size, which prohibited full evaluation of the urinary bladder walls. No evidence of urinary bladder tumors. Mild anechoic urine was present with no sediment or calculi.

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 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 8.7 cm in length. The right kidney measured 9.2 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 4.1 cm length x 0.79 cm width in the caudal pole. The right adrenal gland measured 4.0 cm length x 0.77 cm width in the caudal pole.

**Spleen**

The spleen was normal in size with mild capsule asymmetry with generalized parenchyma heterogeneity. Multiple discrete splenic nodules were noted without associated splenic capsule distortion. Splenic vascularity was normal. Some of the nodules exhibited potential for central echogenicity with mild peripheral hypoechogenicity, potentially indicative of target lesions. An example of splenic nodule measured 1.0 cm in diameter.

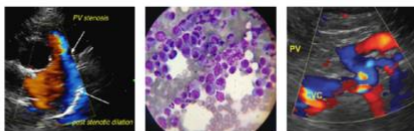
**Liver/ Gallbladder**

The liver was moderate to markedly enlarged with asymmetrical contour and generalized nonhomogenous to irregular to nodular hepatic parenchyma. A solitary to possible multiple coalescing nonhomogenous ventral to ventrocaudal liver mass to masses. An example of liver mass measured 6.3 cm in diameter.

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 presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric anechoic fluid was present.

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The small intestine presented intact segmentally prominent wall layering. No overt evidence of loss of intestinal wall layering, mechanical/metabolic ileus or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

**SPECIES**

Canine

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

***Pancreas***

The pancreas exhibited prominent to variable enlargement with heterogenous parenchyma.

**BREED**

Lab Mix

***Free Abdomen***

Generalized nonuniform mesentery was present. Mild volume peritoneal free fluid was noted. Intermittent prominent to swollen nonhomogenous to cystic mesenteric lymph nodes were present. An example of lymph node size measured 3.2 cm x 1.7 cm, exhibiting borderline abnormal width to length ratio (approximately 0.5).

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS****AGE**

10 years

***Primary Findings***

- Nonhomogenous to nodular spleen- potential splenic target lesions
- Enlarged nonhomogenous irregular to nodular liver with ventral to ventrocaudal, possibly coalescing masses
- Prominent to heterogenous pancreas- patient/age-related variant, remodeling owing to previous inflammation, chronic to chronic active pancreatitis, or less likely yet possible pancreatic neoplastic criteria.
- Segmental intact mildly thickened gastrointestinal walls
- Intermittent prominent to swollen nonhomogenous to cystic mesenteric lymphadenopathy
- Mild volume peritoneal free fluid and generalized nonuniform mesentery

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***Secondary Findings***

- 

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further assessment, primary concern for multicentric neoplasia, involving the liver, spleen, potential mesenteric lymph nodes, segmental gastrointestinal tract and less likely pancreas, is warranted.

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Assuming normal clotting status, hepatosplenic FNA cytology +/- FNA of accessible lymph node and fluid analysis cytology +/- culture and sensitivity is recommended. Extremely guarded prognosis with nonneoplastic etiologies for the sonographic findings possible yet thought less likely.

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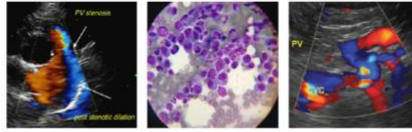
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svsimagingkc@gmail.com



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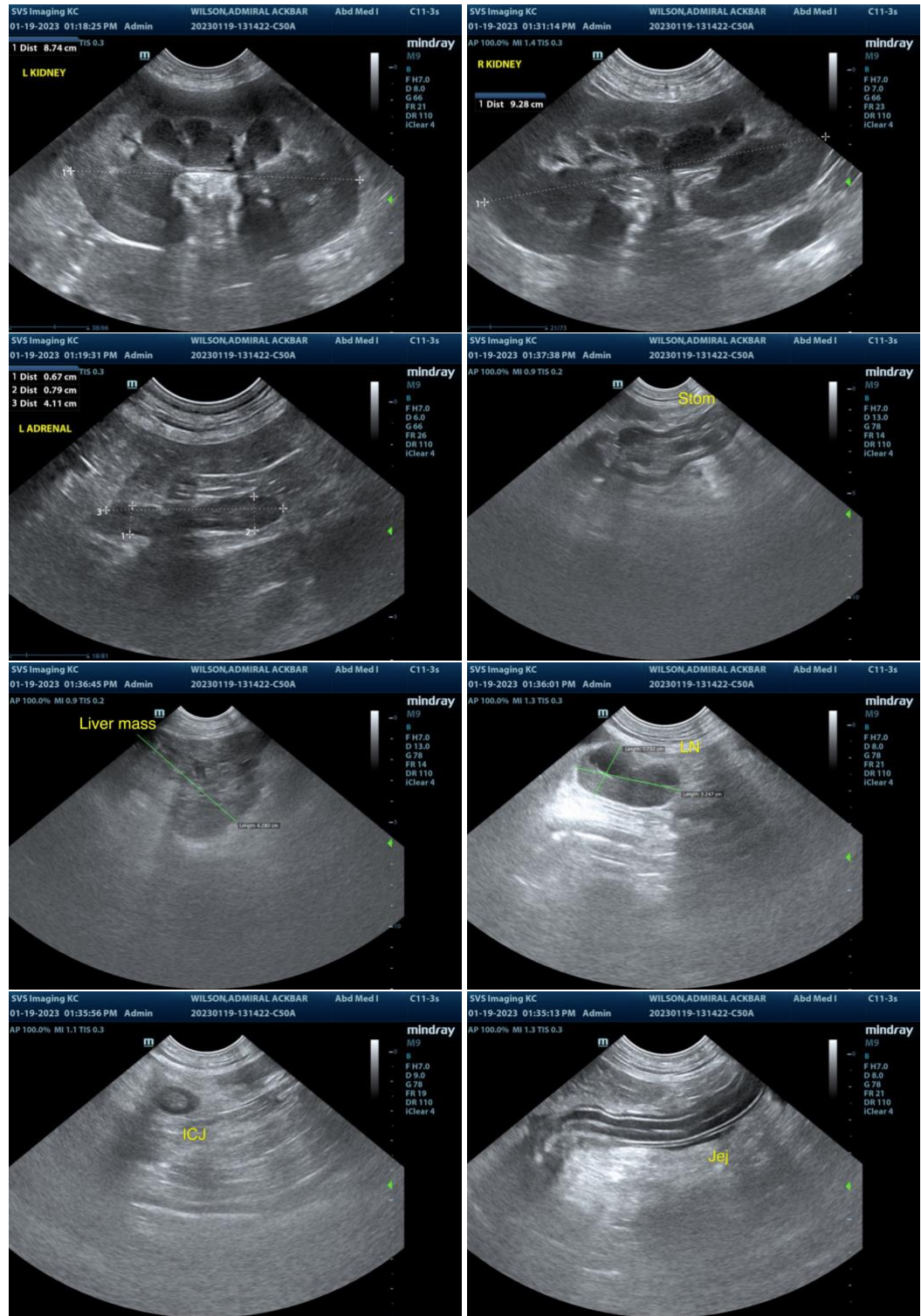
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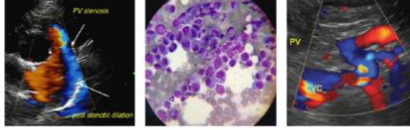
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**Clinical Sonography & Telectology**

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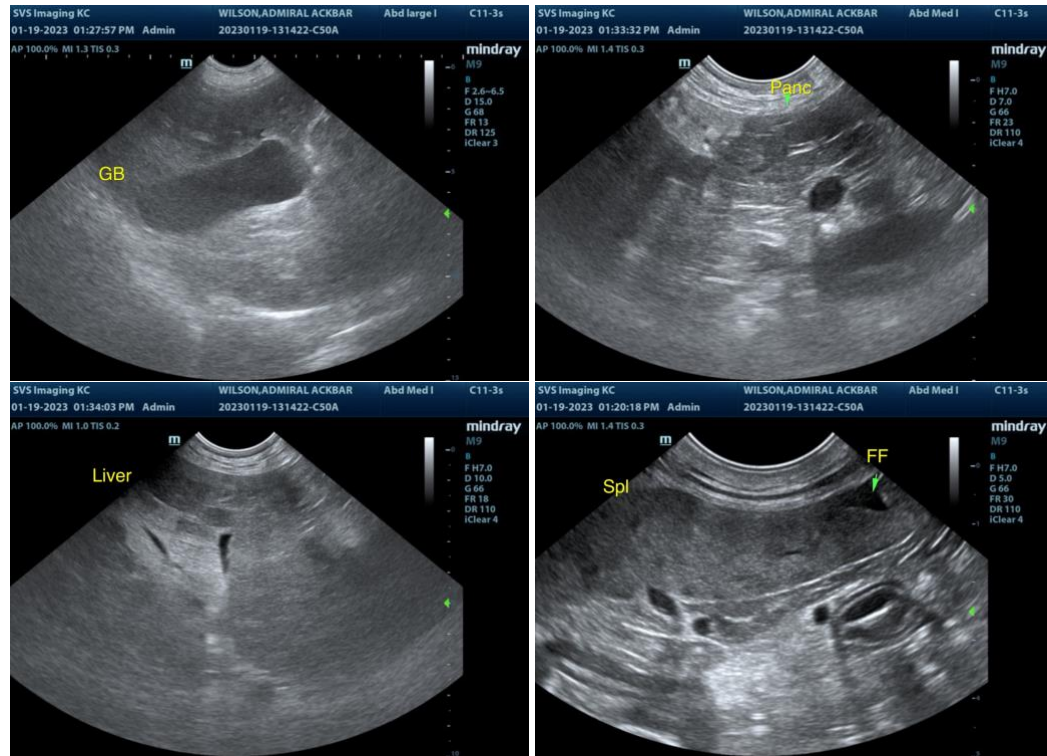
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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