



PATIENT	PRESENTING CLINICAL SIGNS
Giorgio Gammero	History: Patient presents for lethargy, inappetance, abnormal abdominal rads and AFAST scan. Current treatments: IVF, Dexamethasone 2 mgs; Unasyn 30 mgs/kg TID. Abnormal PE/Chem/CBC/UA Results: Anemia, neutrophilia, monocytosis, mildly elevated ALP.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Mixed Breed	
SEX	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.8 cm in diameter.
Neutered Male	The area of the aortic trifurcation was free of pathology.
AGE	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 4.6 cm in length. The right kidney measured 4.2 cm in length.
9 Years	
WEIGHT	Adrenal Glands
Not Provided	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm in length x 0.49 cm width at the caudal pole.
INTERPRETED BY	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm in length x 0.68 cm width at the caudal pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Spleen
Kelly Vazquez	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
HOSPITAL NAME	Liver
Westwood RVH	The liver exhibited generalized enlargement. Moderate coarse parenchyma echotexture along with multiple variably sized non-homogeneous intraparenchymal nodules to nodular mass lesions. An example if a liver nodular mass measured 3.7 cm in diameter.
REFERRING VET	The gallbladder was normal in size containing anechoic content yet subjectively displaced caudally owing to adjacent intraparenchymal hepatic nodule.
Dr. Giammanco	
INVOICE	Gastrointestinal
13612	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.
DATE	
1/25/22	



PATIENT	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.
Giorgio Gammero	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	
BREED	Pancreas
Mixed Breed	Unspecified, asymmetrically marginated mass lesion, exhibiting non-homogeneous to hypoechoic parenchyma noted in the area of the proximal to mid left pancreatic limb, caudal to the stomach, measuring 3.8 cm in diameter. Mid to distal left pancreatic limb appeared to extend caudally from the area of the mass.
SEX	Free Abdomen
Neutered Male	Regional hyperechoic omentum with small volume free fluid present, primarily in the cranial abdomen and around the mass associated with the area of the left pancreatic limb.
AGE	ULTRASONOGRAPHIC FINDINGS
9 Years	<ul style="list-style-type: none"> Unspecified mass in the area of the left pancreas with associated regional peritonitis Concurrent multiple hepatic intraparenchymal nodules to nodular mass lesions
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Not Provided	Although sampling is required for further clarification, the mass in the area of the left pancreas, which is highly suspected to be of pancreatic origin or less likely omental/lymphatic origin as well as the multiple hepatic nodules to nodular masses, strongly suggestive of multicentric neoplastic disease. Potential for non-neoplastic or inflammatory etiologies (i.e., pancreatitis, abscess, necrosis, hepatic granulomas, areas of nodular hyperplasia, hematopoiesis or similar) possible yet thought less likely.
INTERPRETED BY	Assuming normal clotting status, ultrasound guided FNA of the mass in the area of the left pancreatic limb as well as hepatic nodular mass lesion (if accessible) warranted for screening cytology. Effusion analysis, cytology +/- culture and sensitivity could also be considered. If further clarification is desired, abdominal CT recommended, if possible.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	SonoPath CT Services are offered at the Blairstown Animal Hospital . Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at: https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services
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Kelly Vazquez	
HOSPITAL NAME	
Westwood RVH	
REFERRING VET	
Dr. Giammanco	

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Giorgio Gammero

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

9 Years

WEIGHT

Not Provided

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(Canine and Feline)

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HOSPITAL NAME

Westwood RVH

REFERRING VET

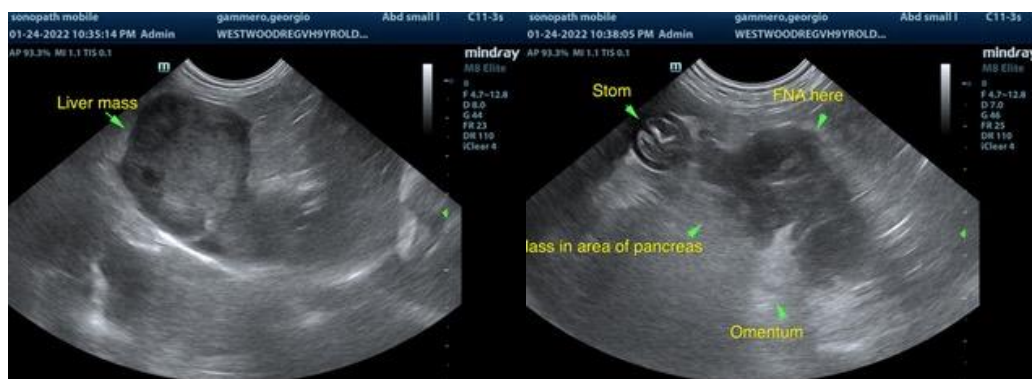
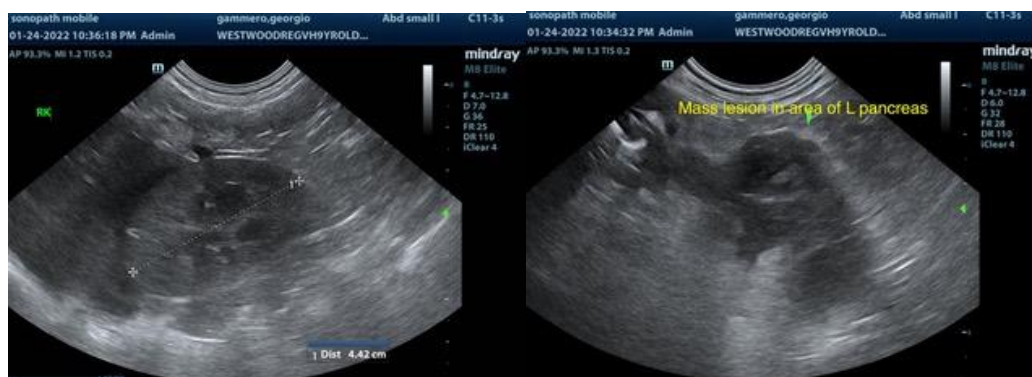
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SPECIES

Canine

BREED

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SEX

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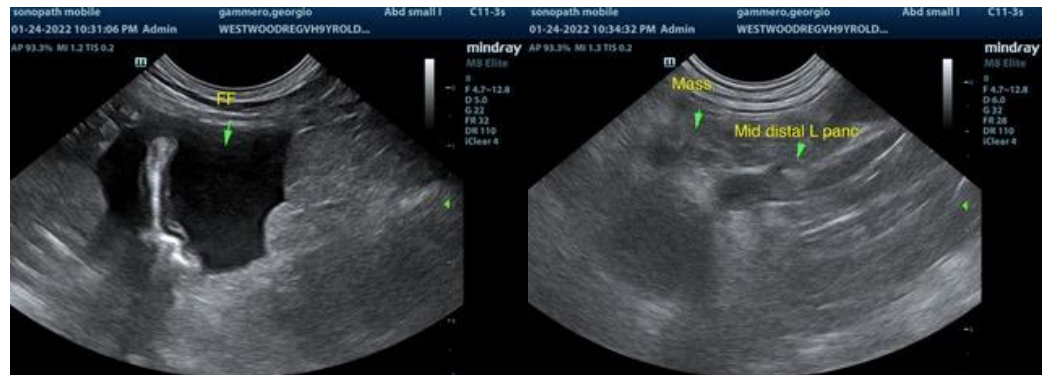
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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