



PATIENT

Misty Kantz

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

8 years

WEIGHT

84 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shar Reffi, CVT

HOSPITAL NAME

Animal Mansion

REFERRING VET

Dr. Parker

INVOICE

13160

DATE

1/26/22

PRESENTING CLINICAL SIGNS

Semi-acute hx of vomiting all food, H₂O. Melanous stool, hematochezia, mildly anorexic. PE, pet is gaining weight despite diet and anorexia. Tense in abdomen, palpated cranial organomegaly. Opacity on rads (attached for supplemental review). Per O on admit ate chicken and rice this am. No V last night or this morning. Current meds: Cerenia sq, Cerenia 2 po tid, Metronidazole 500mg bid, Aminopentamide

Abnormal PE/Chem/CBC/UA Results: TP 4.3 (L 5.2), Albumin 2.0 (L 2.2), Globulin 2.4 (L 2.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was subnormal in size owing to a lack of urine distention. Mild cystitis pattern was present, yet full evaluation of the urinary bladder walls was limited owing to lack of urine distention. No overt evidence of neoplastic criteria. The urethra was normal in structure and tone to a depth of 3.0 cm. The urinary bladder wall measured 1.0 cm width.

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. Potential areas of focal minor medullary mineral were present in both kidneys. No evidence of pyelectasia was noted. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.73 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.77 cm width at the caudal pole.

Spleen

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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild 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.



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Gastrointestinal

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The stomach exhibited intact wall layering with subjective propensity for mildly prominent to thickened fundus and gastric body wall. Mild retained ingesta and luminal gas were present. The ventral fundus wall measured up to 0.68 cm. No overt evidence of gastric mural masses or overt foreign materials was noted.

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The small intestine presented primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Segmental mid to caudal abdominal intact yet variably prominent to hypoechoic intestinal wall layering was present likely jejunal in location. Intestinal wall in this area of mildly prominent to thickened intestine measured 0.54 cm. Associated mild subjectively nonobstructive ileus pattern was present.

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Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

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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.

WEIGHT

84 lbs.

Free Abdomen

Unspecified mid to caudal abdominal spherical mixed echogenic mass lesion potentially containing intra- mass fluid was present measuring approximately 6.3 cm x 6.0 cm. Associated echogenic mesentery surrounding the unspecified mass along with a small amount of scant peritoneal free fluid was present. Overt evidence of significant lymphadenopathy was not noted yet minor lymphadenopathy cannot be excluded.

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ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Shar Reffi, CVT

Primary Findings

- Mid to caudal abdominal unspecified spherical mixed echogenic to potentially fluid-filled mass lesion with associated regional peritonitis
- Segmental mid abdominal enteropathy exhibiting subjective intact yet variably prominent to hypoechoic wall layering and associated nonobstructive ileus
- Gastric Ingesta, possible mild gastric wall thickening

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Secondary Findings

- Possible mild cystitis
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the unspecified abdominal mass may include suspected omental vs. intestinal mural abscess or necrosis. The potential for neoplasia, necrotic granuloma, or similar is possible. Suspect associated regional nonspecific enteropathy with considerations including enteritis or other inflammatory enteropathy, neoplasia, intestinal ulceration, necrosis, or other possible.



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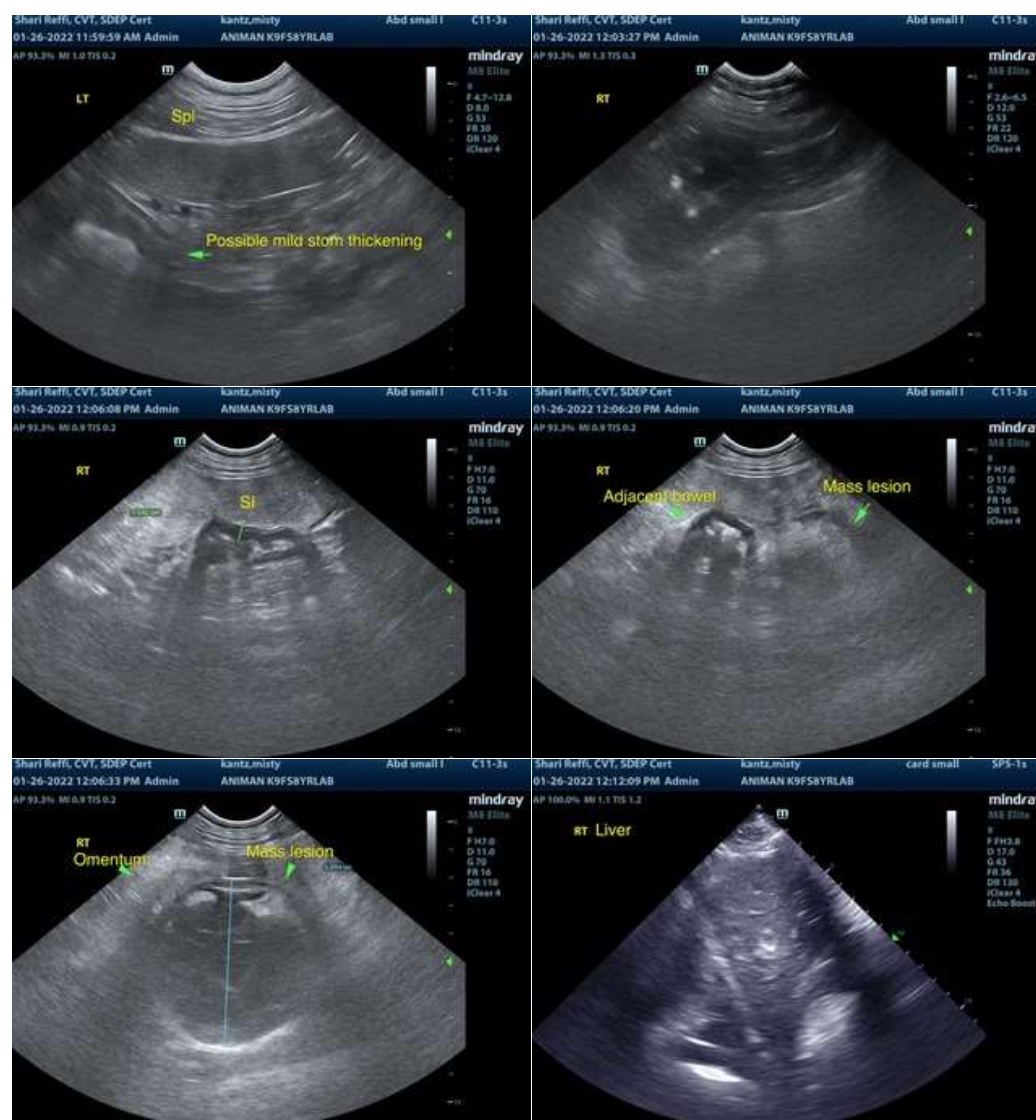
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Assuming no evidence of thoracic pathology on three view chest radiographs, laparotomy for further clarification with potential for intestinal and mass biopsy and/or resection anastomosis, if clinically indicated, would be warranted. Alternatively, further clarification via abdominal CT as well as surgical planning may be considered.

SonoPath CT Services are offered at the Blirstown Animal Hospital. Blirstown, New Jersey. More information can be found at

<https://sonopath.com/resources/sonopath-teleconsultation-services-and-sdep-certification/sonopath-ct-services>





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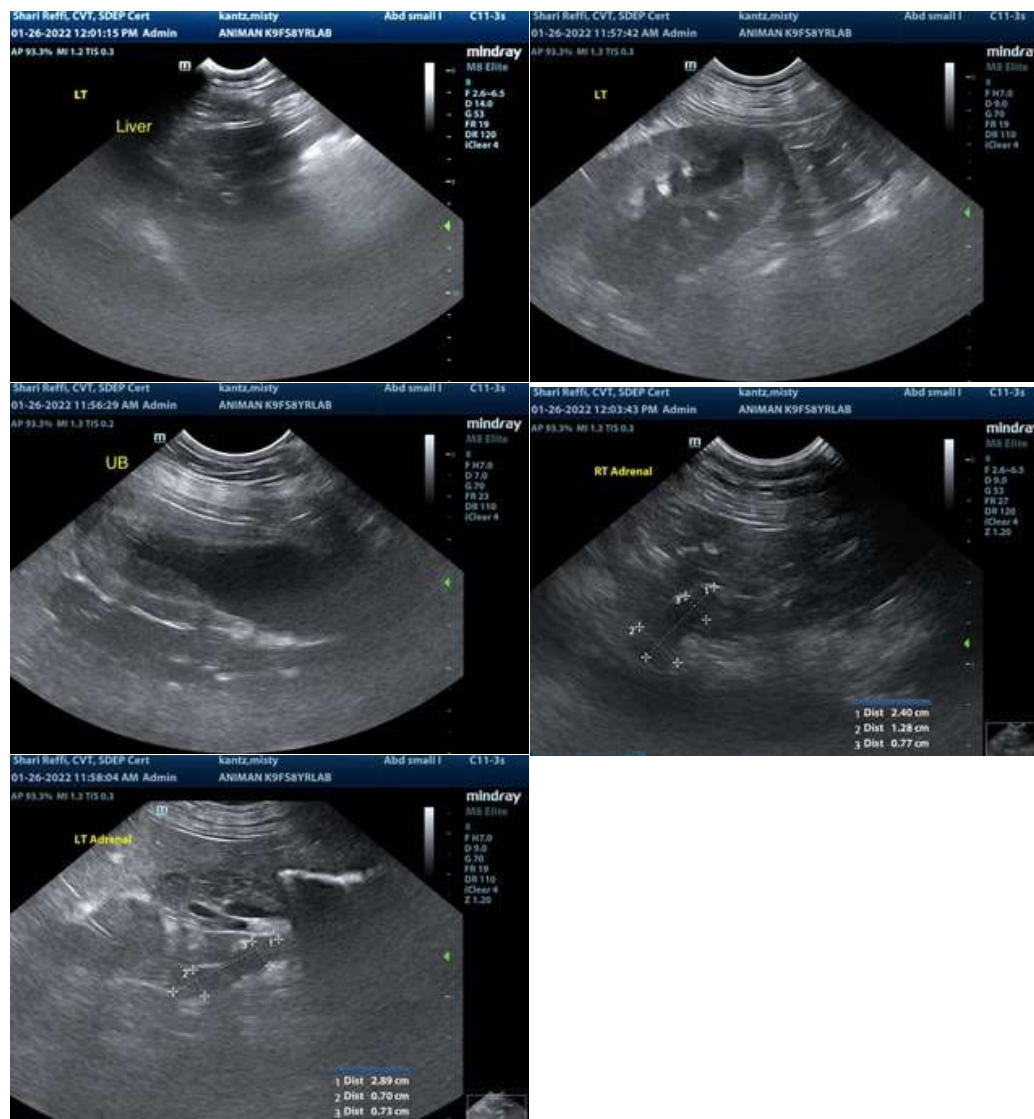
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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