



PATIENT PRESENTING CLINICAL SIGNS

Sunny Selva Sunny" Bonnie Selva Husky Female, spayed DOB=2/24/2009 27.25kg Came in yesterday 1-25-22 for emergency visit. Mild ataxia and weakness in rear legs starting the night before. Maybe showing signs of disorientation. Abdomen palpation as flaccid (fluid). No mass palpable. Belly tap reveals probably meo-abdomen. Belly tap pcv=33 tp=5.0. IV pcv=28 tp=5.5 Blood pressure=132/62 Microscopy review of blood smear confirms a thrombocytopenia. Seems to be rouleau on rbc, wbc is not as high as procyte indicates. (Attached)No petechiae or ecchymoses on mucous membranes, which are pale.

SPECIES

Canine

BREED

Husky

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

FS

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

AGE

12 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

50

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 5.8 cm in length. The right kidney measured 6.1 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

IMAGING PERFORMED BY

Spleen

Loetitia Saint-Jacques, RVT

The spleen exhibited potential for mild subnormal size owing to volume contraction with 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. No splenic masses or nodules were evident.

HOSPITAL NAME

Roundhill

REFERRING VET

Dr. Carl Kelly

Liver/ Gallbladder

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The liver exhibited generalized enlargement primarily owing to large to expansive, complex mixed echogenic mass occupying the majority of the mid to right liver. The mass measured approximately 9.0 cm in diameter. The mass appeared to extend to the level of the gallbladder and right lateral liver, potentially into the area of the porta hepatis. Discernable normal hepatic parenchyma was present exhibiting mild coarse echotexture subjectively in the left to mid caudal liver. Potential for concurrent intraparenchymal nodules not associated with the mass is possible.

DATE

1/26/22



PATIENT *Gastrointestinal*

Sunny Selva The visualized 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.

SPECIES The visualized 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.

Canine

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

BREED *Pancreas*

Husky

The pancreas was ill-visualized owing to increased peripancreatic omental artifact and peritoneal free fluid.

SEX

Free Abdomen

FS

Moderate volume peritoneal free fluid exhibiting mild cellular component was present. Generalized reactive mesentery was noted. No overt lymphadenopathy was evident.

AGE

12 years

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

WEIGHT *Primary Findings*

50

- Large nonhomogeneous to complex liver mass
- Sonographically unremarkable to volume contracted spleen
- Moderate volume peritoneal effusion and generalized reactive mesentery - consistent with previously diagnosed hemoabdomen

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Without evidence of splenic nodules or masses, and if normal coagulation panel, the cause of the hemoabdomen is likely associated with the large hepatic mass. Although sampling is required for a definitive diagnosis, the hepatic mass was most consistent with neoplastic criteria with potential for hepatic hemangiosarcoma, given the presence of hemoabdomen. A coagulation panel could be considered to rule out underlying coagulopathy.

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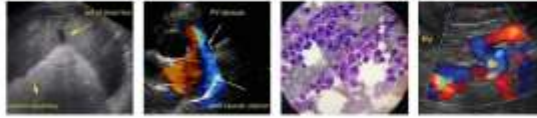
Given the size of the hepatic mass, likely involving more than one liver lobe, and subjectively extending into the area of the porta hepatis, surgical options appear to subjectively be precluded in this case. Likewise, the possibility of intrahepatic metastasis or possible omental seeding cannot be excluded. Unfortunately, an unfavorable prognosis is indicated.

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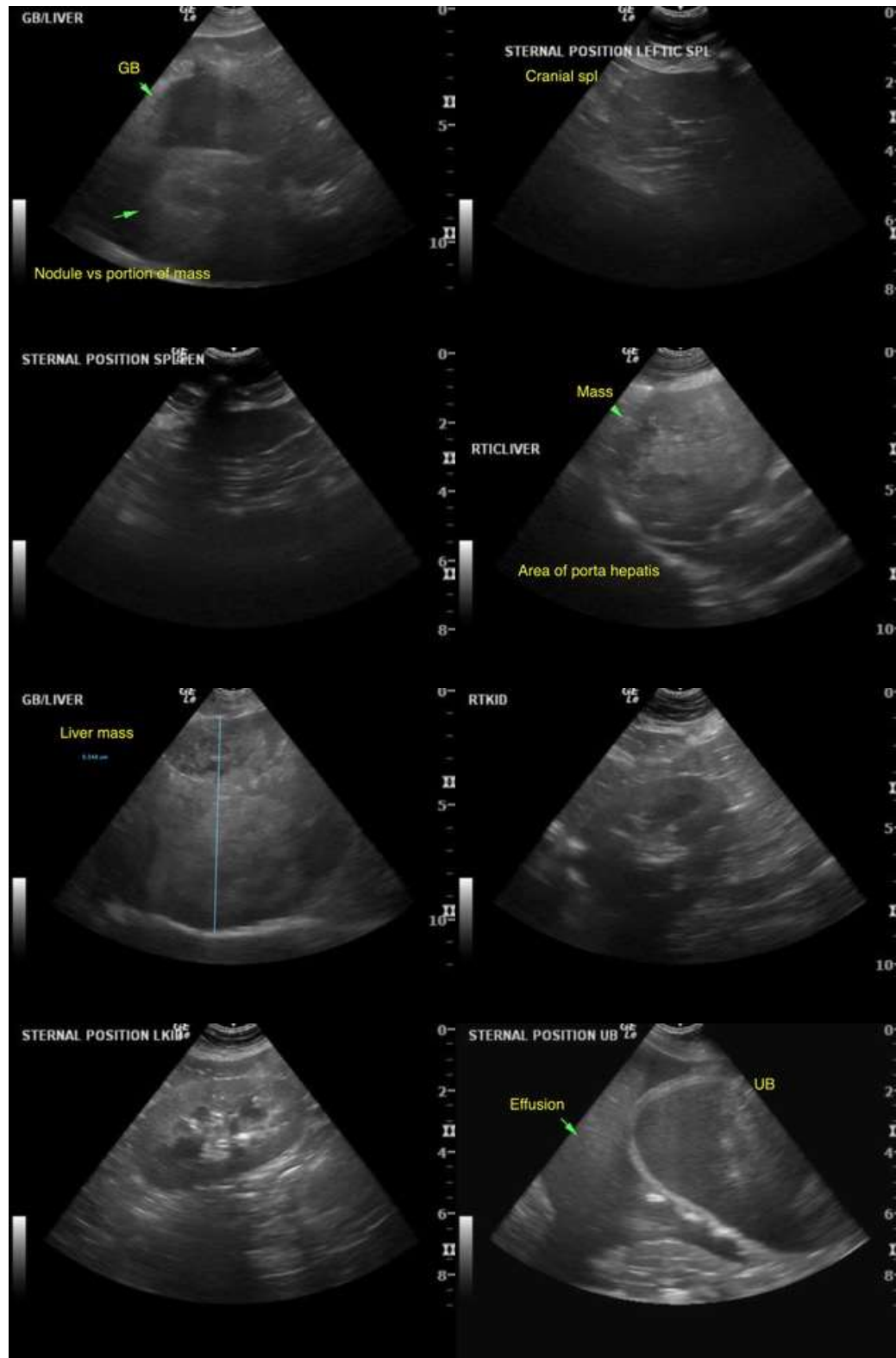
Dr. Carl Kelly

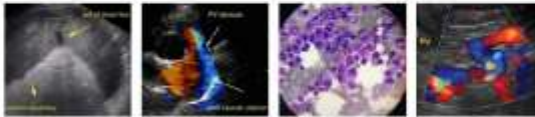
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PATIENT

Sunny Selva

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.

SPECIES

Canine

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.

BREED

Husky

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SEX

FS

AGE

12 years

WEIGHT

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