

**PATIENT**

Roxanne Knutsen

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Intact Female

**AGE**

8 years

**WEIGHT**

68 lbs.

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

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Haenni

**INVOICE**

13214

**DATE**

1/28/22

**PRESENTING CLINICAL SIGNS**

Decreased appetite and lethargy progressively getting worse over past week. Bloating Belly  
 Abnormal PE/Chem/CBC/UA Results: WBC 24.14, Neu 21.81, RBC 3.24, HGB 7.0, HCT 19%, PLT 53

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

The urinary bladder, trigone, and cystourethral junction 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.

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 7.3 cm in length. The right kidney measured 7.5 cm in length.

**Adrenal Glands**

The bilateral adrenals were not visualized owing to omental artifact and free abdominal fluid.

**Spleen**

A mass involving the caudal spleen with secondary capsule expansion and disruption was present and measured 6.2 cm in diameter. The mass was nonhomogeneous to mixed echogenic without areas of cavitation. The splenic parenchyma not involved with the mass exhibited generalized heterogeneity with concurrent hypoechoic nodules. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver/ Gallbladder**

The liver exhibited marked enlargement, asymmetrical contour, generalized nonuniform to nodular parenchyma exhibiting intermittent hypoechoic nodular mass lesions. The gallbladder was non-distended in size with moderate, nondependent yet non organized echogenic luminal debris. 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 distension with primarily anechoic fluid was present.

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



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diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

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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.

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**Free Abdomen**

Generalized, nonuniform, hyperechoic mesentery was present. Suspect potential nodular vs. body wall mass lesion noted in the caudodorsal abdomen was present measuring approximately 3.0-4.0 cm in diameter. Moderate volume peritoneal free fluid was present.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Multicentric neoplasia pattern Involving the generalized liver, spleen, with suspected omental to potential body wall metastasis - multicentric sarcoma vs. round cell neoplasia
- Moderate volume peritoneal free fluid - suspect hemoabdomen

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, given the extent of generalized intraabdominal neoplasia, an unfavorable prognosis is indicated.

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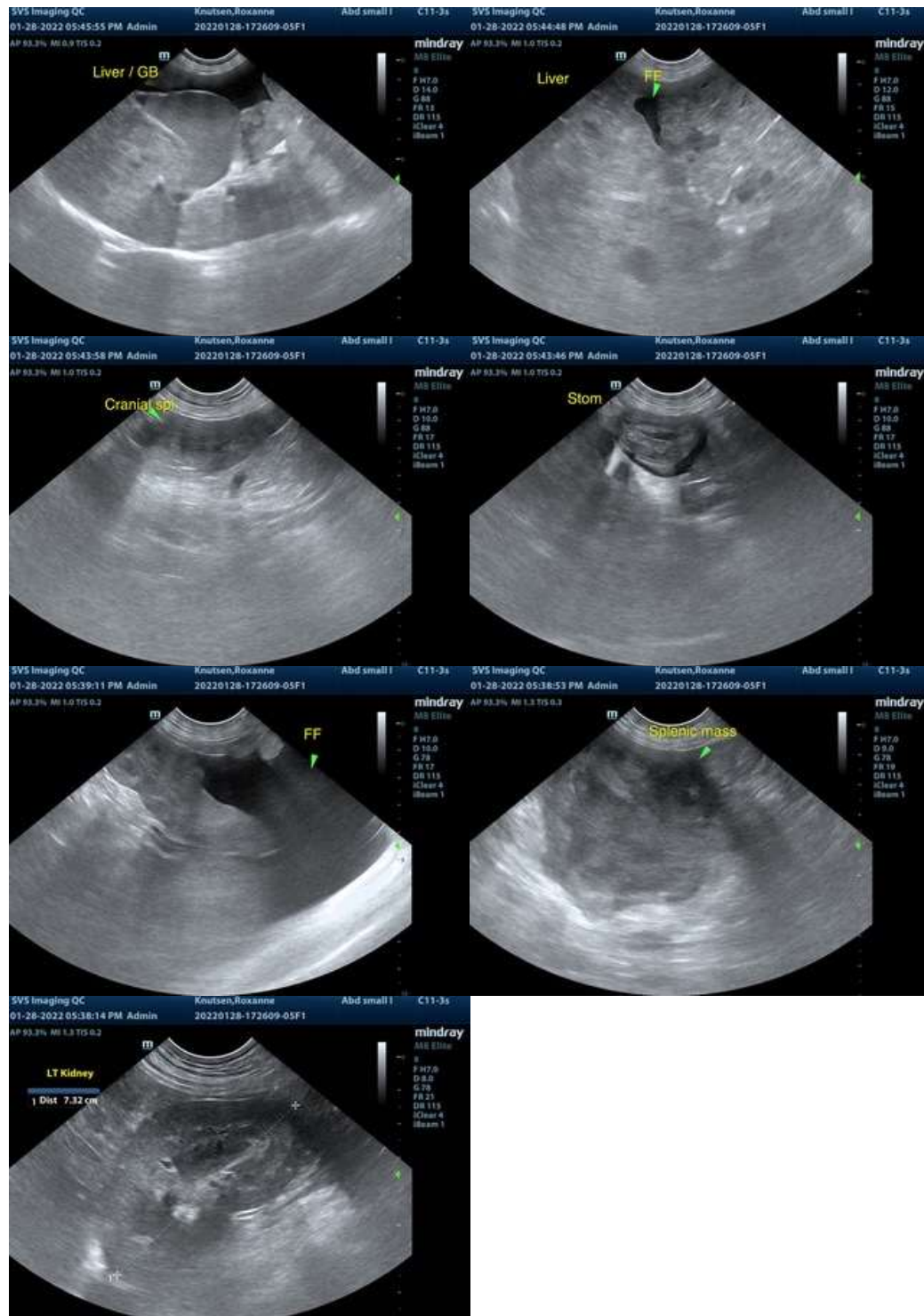
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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