

PATIENT PRESENTING CLINICAL SIGNS

Cocoa Miller History: Pancreatitis, pleural effusion, concern for neoplasia
 Labs: ALP 275, Amylase 1688, Lipase 4935, Hematocrit 44.3, WBC 16.5
 Medication: Entyce, Metronidazole, SQF, Cerenia, Pepcid, Gabapentin

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

9 years

WEIGHT

81.4 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the residual prostate appeared normal and free of pathology.

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 7.1 cm in length. The right kidney measured 7.2 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 0.81 cm width at the caudal pole and 0.53 cm width at the cranial pole.

No overt pathology in the area of the right adrenal gland.

Spleen

The spleen was overall normal in size and contour with mild generalized splenic parenchyma heterogeneity with solitary discreet non-expansive hypoechoic nodule present in the cranial lateral spleen, measuring 0.84 cm.

Liver

The liver exhibited mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild progressively shadowing ingesta was present in the stomach with luminal gas.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Rothrock

INVOICE

13698

DATE

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PATIENT

Cocoa Miller

The small intestine exhibited segmental mild yet variable mural hypertrophy and altered wall layering. Subjective areas of mural, specifically muscularis hypertrophy with indistinct potential for mildly expansive focal intestinal masses, extending mildly into the surrounding omentum.

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Normal visible colon wall layers were present with segmental semi-formed to soft feces in lumen.

Pancreas

BREED

Pitbull

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 was evident.

Free Abdomen

SEX

Neutered Male

Unspecified hypoechoic mass lesions were noted in the area of the mid abdomen adjacent to the small intestine and within the area of the colon, potentially in the area of the ileocolic junction. An example of an unspecified hypoechoic mass lesions measured 5.3 cm. Associated regional reactive mesentery was noted in the mid abdomen. Potential for small pockets of scant free fluid.

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Other

A rapid view of the heart revealed no overt evidence of structural cardiomyopathy. Overt evidence of pericardial or pleural effusion were not noted yet potential for mild pleural effusion cannot be definitively excluded.

WEIGHT

81.4 Pounds

ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel,
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- Segmentally thickened small bowel with indistinct to unspecified adjacent hypoechoic mass lesions
- Mild generalized splenic parenchyma heterogeneity with focal to intermittent discreet hypoechoic nodules

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unspecified mid abdominal hypoechoic mass lesions are suspected to involve or derive from the mid abdominal small bowel or potential ileocolic junction. Possible non-intestinal origin of the unspecified mass lesion, such as lymphatic or less likely pancreatic origin cannot be definitively excluded. Sampling would be required for further clarification yet neoplastic criteria is favored. Severe inflammatory or potential granulomatous etiology also possible. If accessible, ultrasound guided FNA of the unspecified mid abdominal mass lesion warranted for screening cytology.

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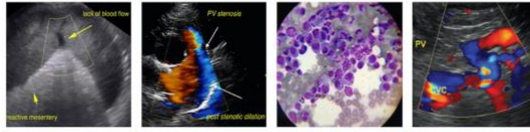
The splenic nodules may indicate benign process, such as lymphoid hyperplasia, hematopoiesis or similar, although potential early to concurrent splenic neoplasia may be possible. If FNA elected, and assuming normal clotting status, further clarification may include concurrent splenic FNA.

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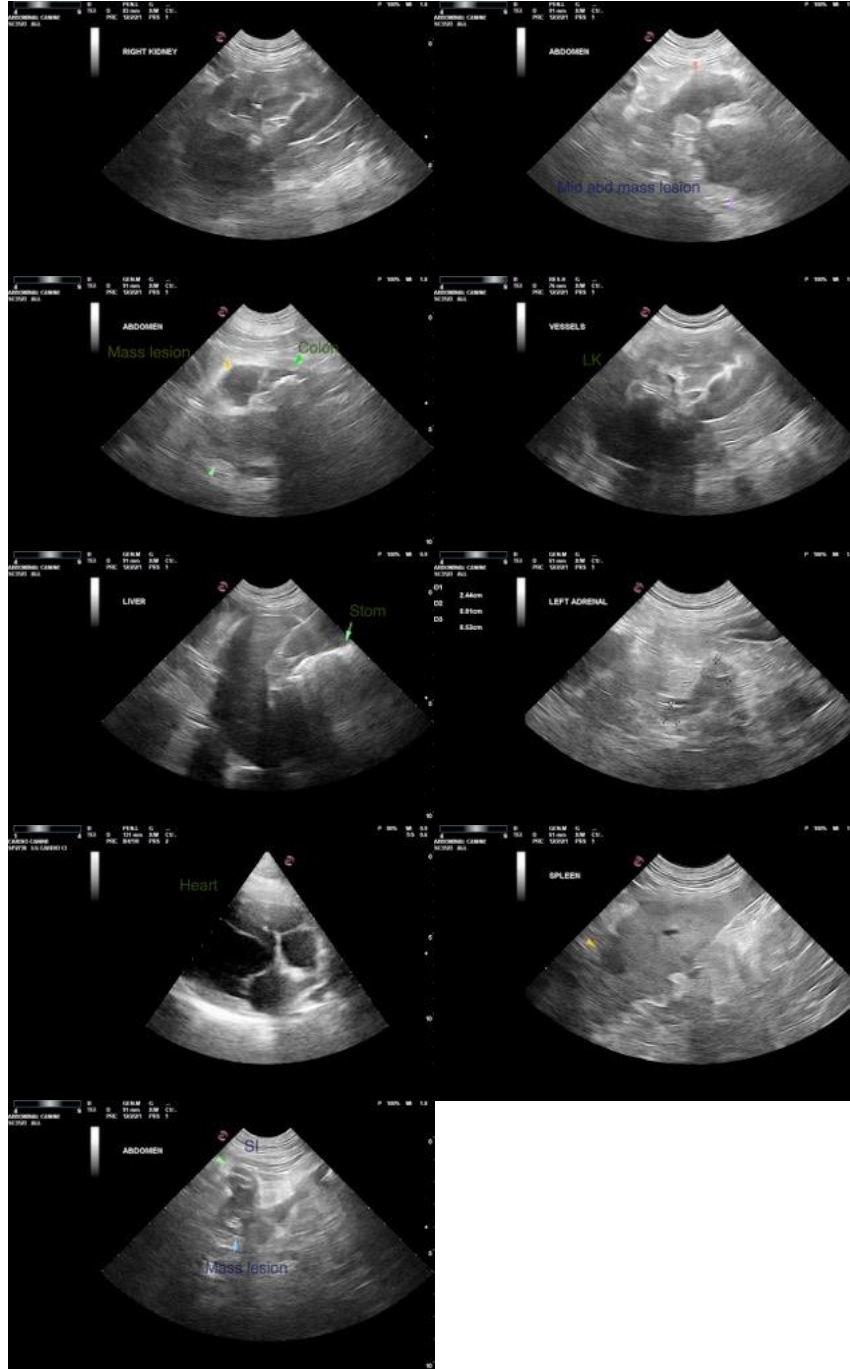
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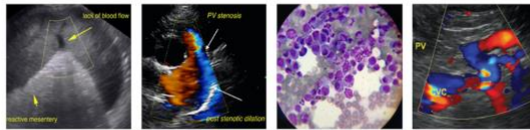
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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