



PATIENT

Jake Jones

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

12.5 years

WEIGHT

90 lbs.

PRESENTING CLINICAL SIGNS

Last week presented for a couple episodes of vomiting and may be congested.

Abnormal PE/Chem/CBC/UA Results: Alkp 3377 U/L, Lipase 968 U/L. Radiographs suggested right lateral displacement of the intestinal loops, ventrocaudal tilt of the gastric axis, mass effect or thickening near the spleen/liver/stomach area on the left, prominence in the area of the pylorus on the right.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.7 cm in diameter.

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 7.8 cm in length. The right kidney measured 7.9 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 0.97 cm width at the caudal pole and 0.88 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited subjective generalized enlargement with potential medial folding of the caudal spleen. The spleen primarily maintained a symmetrical capsule contour with subtle generalized splenic parenchyma heterogeneity without overt evidence of splenic nodules or masses.

Liver/ Gallbladder

The liver exhibited generalized enlargement with normal structure and contour. Subtle, nonuniform increased hepatic parenchyma echogenicity with intermittent discreet intraparenchymal hypoechoic nodules were present. A likely solitary nonhomogeneous to mild mixed echogenic ill-defined mass occupying the mid to left caudal liver, measuring approximately 6.0 cm in diameter, was present. This likely hepatic mass appeared to extend somewhat caudally into the area of the stomach with suspected mild gastric impingement. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

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1/4/22



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Gastrointestinal

The stomach otherwise 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. The gastric body wall width measured 0.40 cm.

The small intestine exhibited intact wall layering and maintained a 1:3 muscularis/mucosa ratio with minor duodenal mucosal speckling. The duodenum wall width measured 0.60 cm.

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

Pancreas

The pancreas exhibited prominent size primarily in the pancreas base and right pancreatic limb with mild asymmetrical capsule contour and heterogeneous parenchyma. Subtle evidence of pancreatic duct dilation was noted.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatomegaly exhibiting generalized parenchymal remodeling and mid to left caudal liver mass
- Mild gallbladder debris (non-mucocele)
- Subjective mild splenomegaly exhibiting subtle parenchyma heterogeneity
- Suspect mild gastritis / gastroduodenitis
- Heterogeneous to prominent pancreas - nonspecific, age-related / patient variant, pancreatic parenchymal remodeling owing to previous inflammatory episode or low-grade to chronic pancreatitis possible

Secondary Findings

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver including the mid to left mass were nonspecific with both benign (hyperplasia, granuloma, etc.), or neoplastic (adenocarcinoma, or other), etiologies possible. Assuming normal clotting status, ultrasound-guided FNA of the hepatic parenchyma, mass, and screening splenic FNA using a 25-gauge needle is warranted for cytology and further clarification. Subjectively, the hepatic mass appears to potentially be amendable to surgical resection, given its location and size. Three view chest radiographs are recommended to assess for or rule out thoracic pathology.



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