



PATIENT

Aspen Rau

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

9 Years

WEIGHT

77 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush VUC

REFERRING VET

Dr. Lori Milot

INVOICE

13328

DATE

1/8/22

PRESENTING CLINICAL SIGNS

History: vomiting, 11 lb weight loss, diarrhea
Abnormal PE/Chem/CBC/UA Results: BW pending, xray show large abdominal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The urinary bladder sediment is likely indicative of minor cellular or crystalline debris. Correlation with urinalysis may be considered. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was present in the left kidney. 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 7.1 cm in length.

The right kidney was not definitively visualized owing to the presence of large abdominal mass.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The discernable spleen, visualized in the left lateral abdomen, exhibited maintained finely textured homogeneous parenchyma and symmetrical capsular contour. Normal subjective splenic vascularity was present.

Liver

The liver exhibited subjective mild generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

Gastrointestinal

The stomach exhibited intact, sonographically unremarkable visualized ventral wall with moderate retained non-shadowing ingesta.

The visualized small intestine exhibited intact wall layering and maintained 1:3 muscularis to mucosa ratio with area of minor segmental chyme. No evidence of small intestinal mechanical obstruction.

The visualized colon exhibited intact and sonographically unremarkable wall layering containing subjective semi-formed to soft feces.

Pancreas



PATIENT The pancreas was not definitively visualized given the presence of the large abdominal mass.

Aspen Rau **Free Abdomen**

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A large mildly nonhomogeneous mass, occupying the majority of the mid to cranial abdomen was present, measuring approximately 15 cm in diameter. The mass is potentially larger, as the entire mass would not fit into a single viewing window. Potential for a small pocket of minor free fluid noted around the ventral aspect of the mass with potential for ill-defined cystic or cavitated lesion within the mass, possible. No evidence of significant peritoneal free fluid or overt lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

SEX

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- Large abdominal mass
- Subjective mild concurrent hepatomegaly- nonspecific
- Suspect small pocket of scant free fluid associated with the mass, potential for cystic or cavitated lesion within the mass possible
- Retained gastric ingesta- sonographically unremarkable small bowel and colon

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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The mass was ill-defined and nonspecific with definitive origin of the mass difficult to ascertain given its size and direct effacement subjectively with the spleen and liver. Splenic origin of the mass is suspected given similar echogenicity/echotexture between the mass and discernable spleen. However, potential for non-splenic origin (i.e., hepatic or other) cannot be definitively excluded. Benign versus neoplastic etiologies are possible for the mass. It is suspected that the mass is displacing the gastrointestinal tract given its size, potentially resulting in some degree of delayed gastric emptying or gastrointestinal irritation resulting in reported gastrointestinal signs. Potential for concurrent primary gastroenteropathy cannot be definitively excluded.

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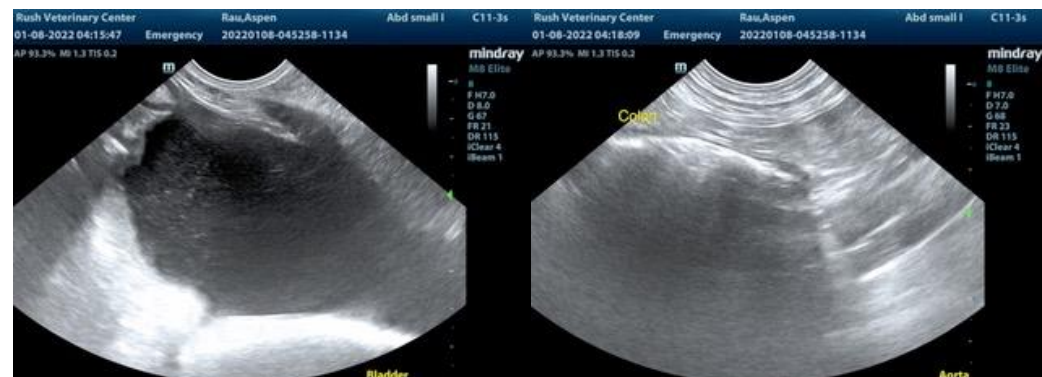
Three-view chest radiographs recommended to rule out or assess for thoracic pathology/metastasis as well as cardiopulmonary status. If no evidence of thoracic metastasis, exploratory laparotomy for further clarification, mass resection +/- gastrointestinal biopsies may be considered. Alternatively, abdominal CT likely ideal for further clarification of the mass and surgical planning.

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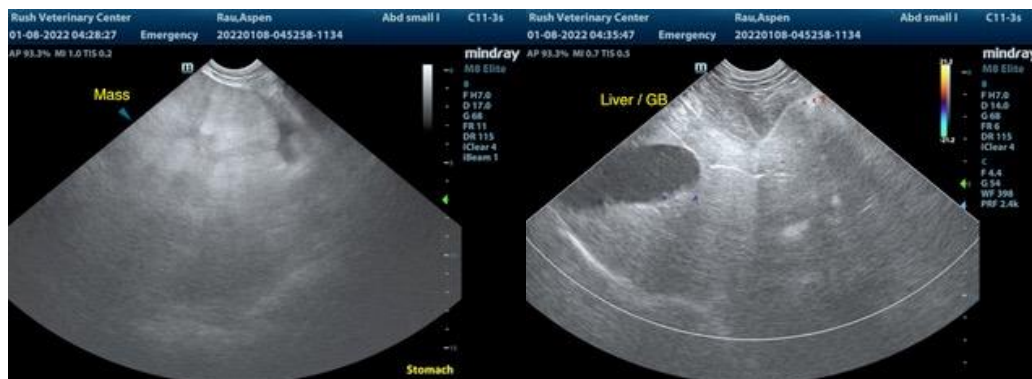
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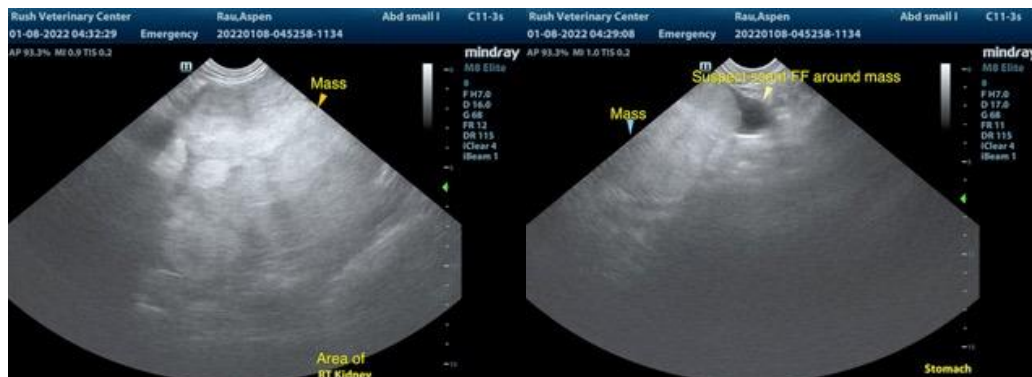
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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