



PATIENT

Diesel Johnson

SPECIES

Canine

BREED

Pit Mix

SEX

Neutered Male

AGE

11 years

WEIGHT

76 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas
City

REFERRING VET

Dr. Breinin

INVOICE

12388

DATE

10/11/21

PRESENTING CLINICAL SIGNS

Inappetence and vomiting over 1 week. Lethargic Exam findings and abnormal lab values: Rather unremarkable bloodwork. X-rays show loss of contrast mid abdomen and a questionable spleen. Potential for free fluid but abdominocentesis on Saturday was inconclusive. Has been hospitalized. Having liquid diarrhea while hospitalized.

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 was noted.

No overt pathology was noted in the area of the residual prostate.

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 7.1 cm in length. The right kidney measured 6.7 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 0.69 cm width at the caudal pole and 0.58 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized owing to patient size and regional omental artifact yet without overt pathology. The right adrenal gland subjectively measured 0.57 cm width at the caudal pole and 0.47 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Subtle increased prominence of the portal vascular borders was



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

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Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering with minor retained echogenic ingesta and chyme. The gastric body wall width measured 0.56 cm.

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The generalized 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 diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The jejunum wall width measured 0.39 cm.

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

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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

A large, asymmetrically marginated, hypoechoic to mixed echogenic mass occupying the mid-abdomen was present. The mass measured approximately 11.0 cm x 7.0 cm. The mass appeared to directly efface the caudal pole of the spleen, yet exhibited suspected areas of gas artifact suggestive of Intestinal lumen. Regional, nonuniform, echogenic omentum primarily around the mass was present along with concurrent mild to moderate cellular free fluid. Evidence of omental lymphadenopathy was not present yet potential for minor omental lymphadenopathy is possible.

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Abdominal mass with regional to generalized peritonitis - consistent with neoplasia (likely high-grade neoplasia), intestinal origin suspected, potential for splenic, lymphatic, or omental origin yet though less likely
- Generalized gastroenterocolitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound-guided FNA of the abdominal mass, as well as effusion analysis, cytology, +/- C/S would be warranted. The possibility of regional omental seeding secondary to the mass is of concern, although not definitive. Three-view chest radiographs are recommended.

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Ideally, if possible, CT assessment of the mass for further clarification, assessment of non-visualized metastasis, as well as potential surgical planning is recommended.



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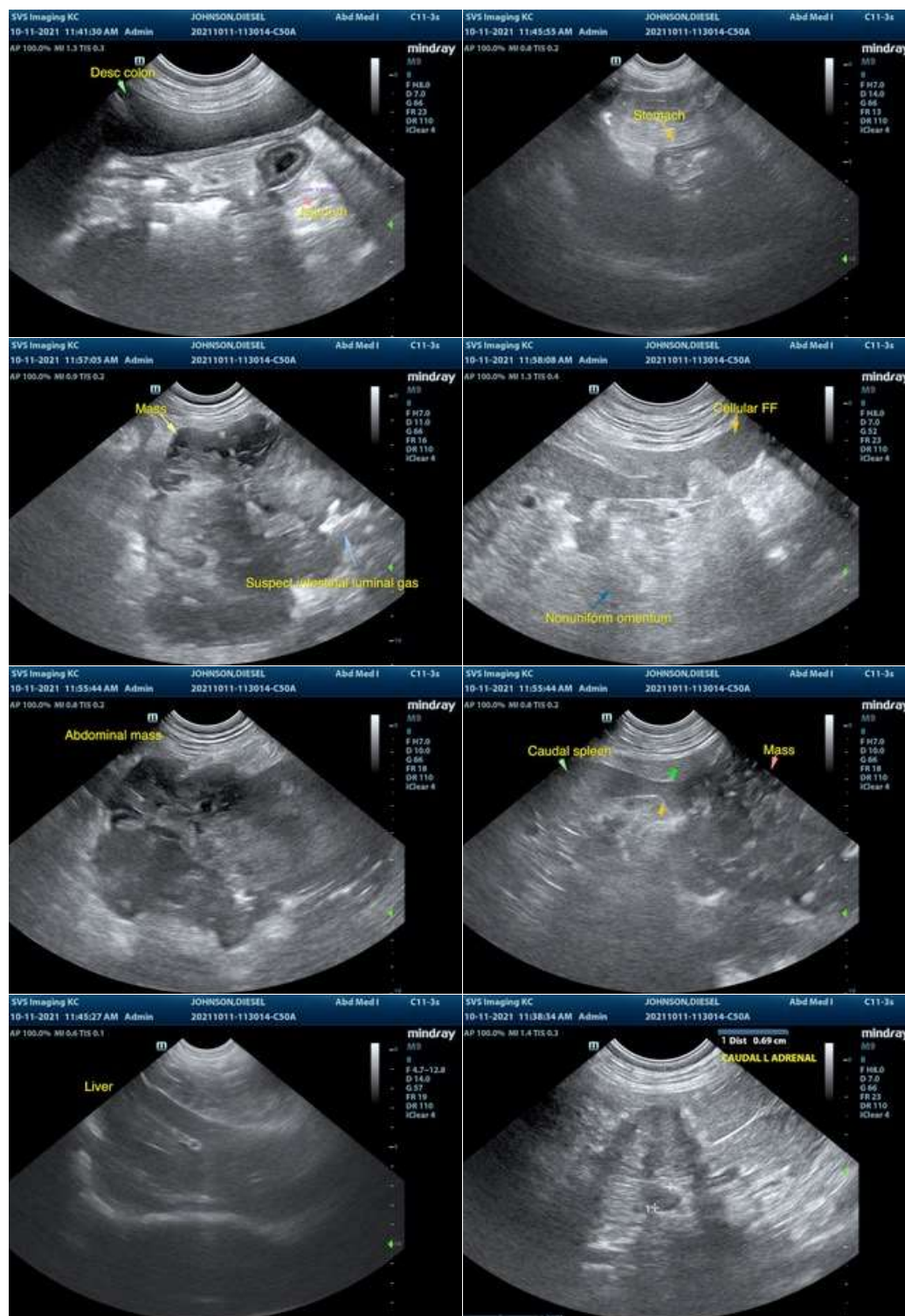
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com