



PATIENT

Tater Tot Mililli

SPECIES

Canine

BREED

Shepherd X

SEX

Spayed Female

AGE

8 Years

WEIGHT

78 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. McCormick-Rantze

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. McCormick-Rantze

INVOICE

26327

DATE

10/15/21

PRESENTING CLINICAL SIGNS

Patient is very aggressive and has to be sedated w/ oral meds (gabapentin, trazadone and acepromazine) before coming in and then have to use Dexdomitor to get completely sedated to handle. Was seen recently for issues urinating and defecating in the house which is very abnormal and also still eating but it is different, slow to eat or skips meals. Also had subcutaneous mass on left hip that owner wanted checked while sedated. History of UTI in past that have been treated and resolved easily. Abnormal PE/Chem/CBC/UA Results: On PE, heart/lung/lym nodes all wnl/nsf; abdominal palpation large cranial mass; mass on left hip, FNA = multinucleated round cells cbc; wnl/nsf chem: K 5.7; Na normal; Na:K 26 ALT 704 AST 80 alk phos 1029 GGT 51 amylase 1714 UA: 1.014; 2 + protein, wbc 15-20, rbc 10-15, marked rods present T4 1.2; 4 dx plus neg other than e.canis pos (has been in past for several years) fecal neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Generalized mild prominent urinary bladder walls were noted with subtle asymmetrical luminal surface contour. Urinary bladder wall measured 0.50 cm. Anechoic urine was present. No sediment or calculi. The urethra was subjectively unremarkable to a depth of 2.0 cm.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm. The right kidney measured 8.5 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.82 cm at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited subjective mild generalized enlargement (likely secondary to sedation) with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

Mild to moderate hepatomegaly noted, secondary to a large, expansive, asymmetrically marginated, non-homogeneous to mixed echogenic, focally cystic mass appearing to occupy the majority of the hepatic parenchyma. The mass measured at least 10 cm in diameter, but was likely larger, as the entire mass would not fit into a single viewing window. The mass appeared to extend caudally into the area of the stomach and possibly caudal to the gastric axis.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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 was evident.

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Free Abdomen

No overt lymphadenopathy. No evidence of peritoneal effusion.

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PRIMARY FINDINGS

- Liver mass
- Possible mild cystitis
- Mild age related kidneys

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SECONDARY FINDINGS

- Gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling or biopsy is required for definitive diagnosis, the liver mass is suggestive of neoplastic criteria. Ultrasound guided FNA of the liver mass and/or core biopsy is required for definitive diagnosis. Given the size of the liver mass, likely extension into the area of the right liver and potential porta hepatis, complete resectability of the mass is considered unlikely. Further assessment with abdominal CT could be considered. 3-view chest radiographs recommended.

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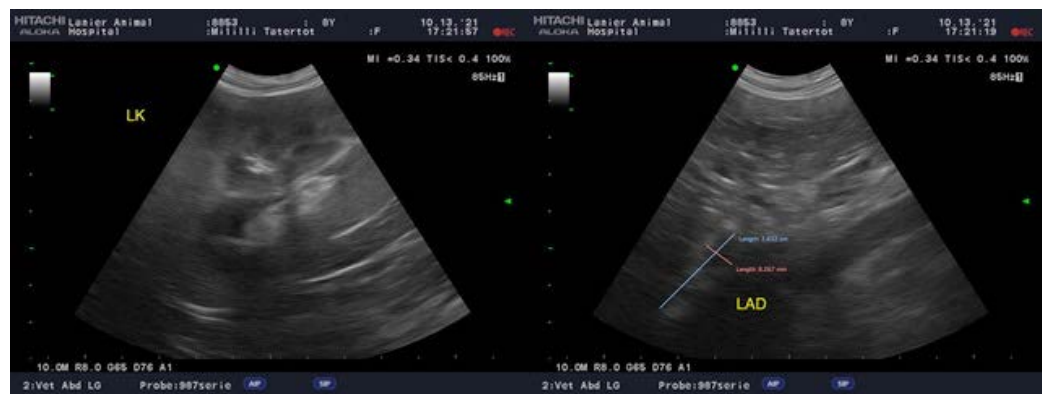
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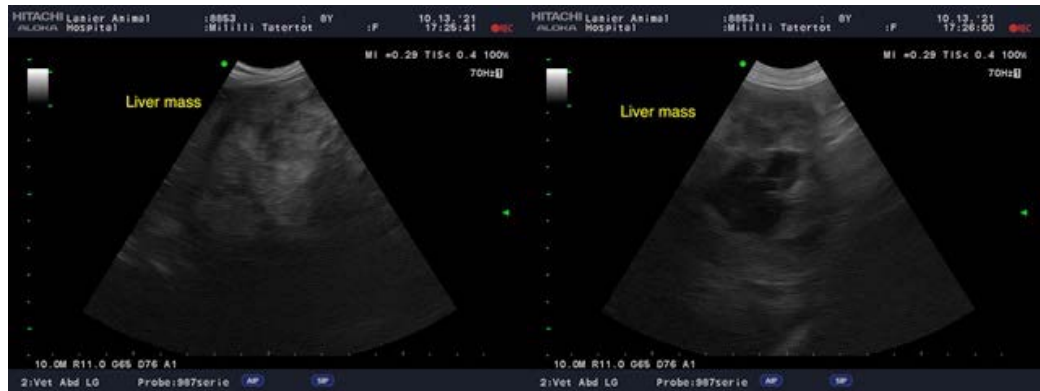
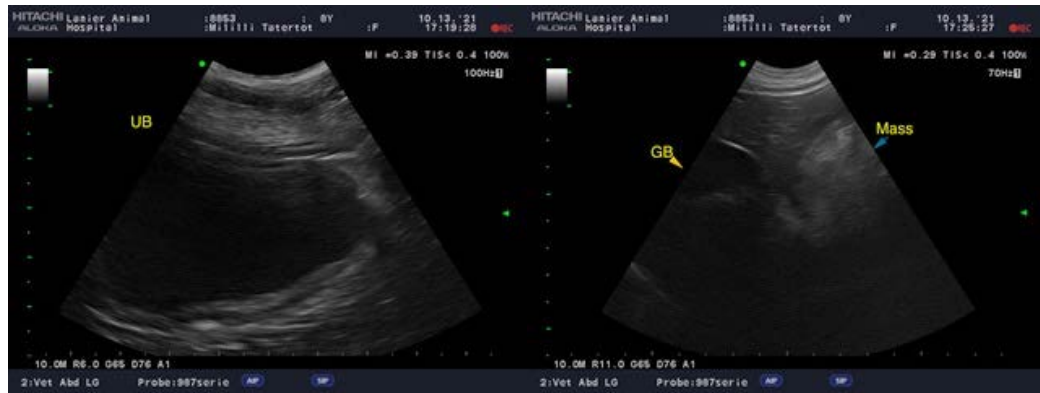
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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