

PATIENT	PRESENTING CLINICAL SIGNS
Cooper Lavoie	Presented for acute vomiting and diarrhea starting 10/18; appetite has been hit or miss for a while. History of arthritis; on gabapentin 200 mg in PM, meloxidyl, and Adequan (2x week).
SPECIES	Abnormal PE/Chem/CBC/UA Results: PE: very large SQ mass in left axilla (hx for several years, previous FNAs show as lipoma). PCV 21%, TP 7.0 (today). BW (3/2022): ALP 423, rest WNL. RADS: Possible mass associated with spleen. No visible metastasis in thorax.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN WITH LIMITED CARDIAC
Lab Mix	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
MN	
AGE	Normal size and margination was 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 7.3 cm in length. The right kidney measured 6.8 cm in length.
13yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
61lb	The area of the residual prostate appeared normal and free of pathology.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.7 cm width at the caudal pole and 3.2 cm length. The right adrenal gland was indistinctly visualized. The right adrenal gland measured 0.62 cm width at the caudal pole and 0.67 cm width at the cranial pole. A well-defined, hyperechoic nodule was present in the cranial left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.7 cm x 1.1 cm.
IMAGING PERFORMED BY	Spleen
Dr. Ebersole	A mass involving the mid to caudal spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~ 6 in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.
HOSPITAL NAME	Liver
Scanvet	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. 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 with mild echogenic debris. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Berdahl	
INVOICE	
11928ag	
DATE	
10/19/2022	



PATIENT

Cooper Lavoie

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained echogenic fluid with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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.

Pancreas

BREED

Lab Mix

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.

SEX

MN

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion/hemoabdomen was present.

AGE

13yr

Brief sonographic assessment of the left axilla revealed a large non-homogeneous cavitated subcutaneous mass measuring ~ 15 cm in diameter. The cavitated areas contained anechoic fluid exhibiting mild echogenic changes which are suggestive of mild fluid cellularity.

Cardiac

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

WEIGHT

61lb

ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Bilateral mild chronic renal changes
- Non-specific left adrenal nodule-suspect adenoma
- Minor hepatic parenchyma remodeling-benign, no overt hepatic neoplasia/metastasis
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable GI tract-potential mild gastritis
- Mass left axilla

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is suggestive of neoplastic criteria with primary concern for sarcoma. Potential for benign etiology for the splenic mass is less likely. The left axilla mass did not have the typical appearance of a lipoma and sonographically is concerning for multicentric neoplasia. Sampling of the left axilla mass could be considered for further assessment and would be recommended before any consideration for splenectomy. A very guarded to unfavorable prognosis likely indicated.

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Berdahl

Empirically as needed GI support/gastroenteritis protocol would be reasonable.

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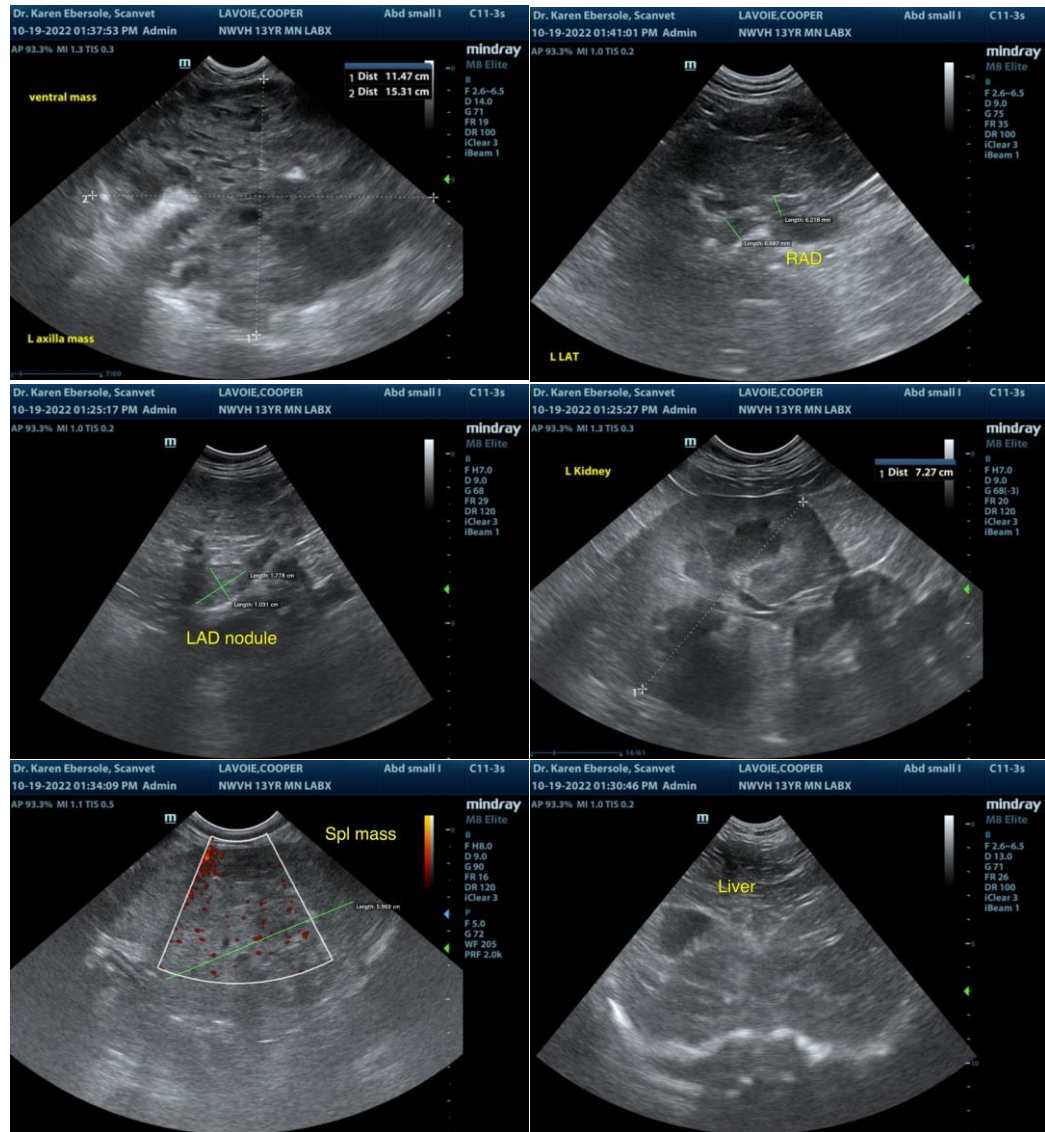
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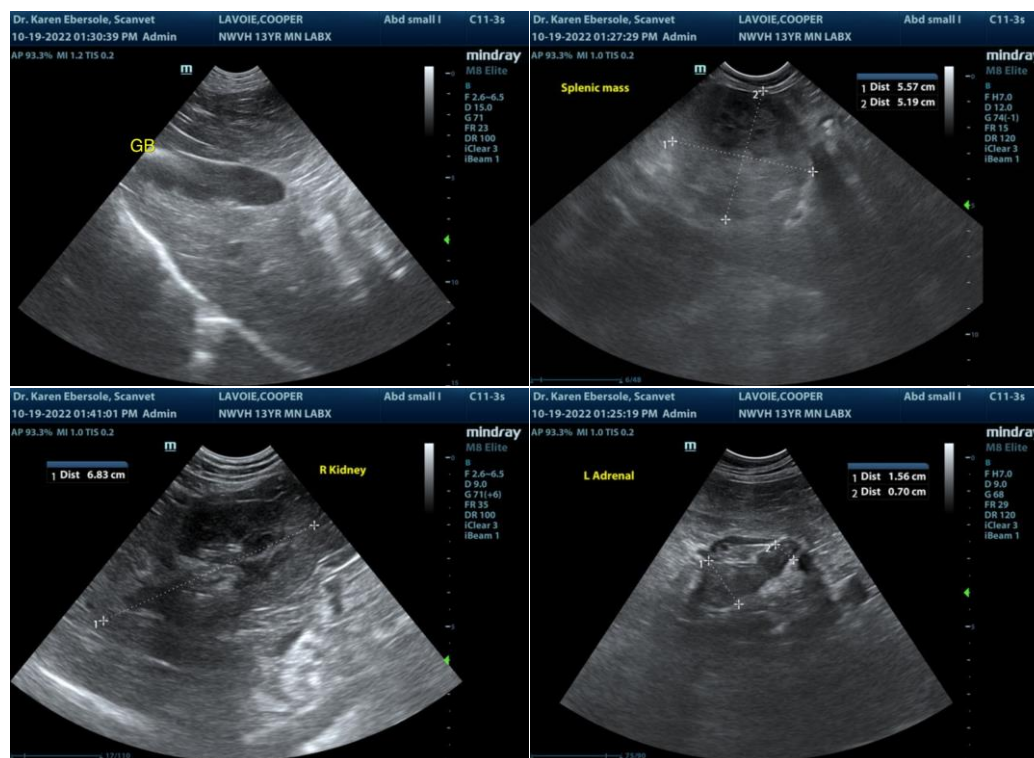
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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