

PATIENT

Koda Madden **PRESENTING CLINICAL SIGNS**

SPECIES

lethargy- unable to walk- temp 104.8, - shallow breathing- distended abdomen-
Abnormal PE/Chem/CBC/UA Results: WBC 15880

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Pit Bull

The urinary bladder was mildly distended in size, yet subjective normal tone and anechoic urine. The urethra was normal to 3.0 cm.

SEX

Neutered Male

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 7.6 cm. The right kidney measured 7.0 cm. A moderately sized thinly walled cyst occupied the majority of the cranial left kidney. The cyst measured 6.3 cm.

AGE

83 Pounds

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

10 Years

No overt pathology in the area of the left and right adrenal glands.

Spleen

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

The spleen exhibited an expansive non-homogeneous to hypoechoic mid to cranial mass measuring approximately 10 cm in diameter. Within the splenic mass was a focal area of mineralization or potential gas artifact. This may indicate a focal area of mineralization or potential necrosis with secondary abscessation.

IMAGING BY

Liver

Loetitia Saint-Jacques,
LVT

The liver exhibited generalized enlargement, primarily owing to multiple variably sized, non-homogeneous to cystic parenchymal nodular mass lesions. Some of the lesions distorted the hepatic capsule. Example measured 6.5 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Pine Creek VC

Gastrointestinal

REFERRING VET

Dr. Denny Nolet

The stomach 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 discernable small intestine was sonographically unremarkable, exhibiting intact wall layering and maintained 1:3 muscularis/mucosa ratio.

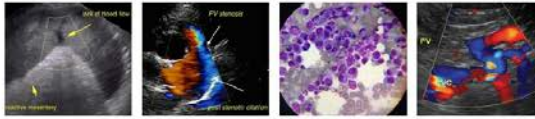
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Normal visible colon wall layers were present with apparent formed feces in lumen.

DATE

10/20/21



PATIENT

Koda Madden **Pancreas**

SPECIES

Canine

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.

Free Abdomen

BREED

Pit Bull

Regional perisplenic and perihepatic reactive mesentery was present along with scant peritoneal free fluid.

Rapid view of the heart revealed no overt evidence of pericardial effusion or tumors.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Multicentric hepatosplenic neoplasia
- Bilateral chronic renal changes with cranial left kidney cyst

AGE

83 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the potential gas artifact noted within the splenic mass, potential large, expansive primary intestinal mass overlaying the spleen may be possible, yet thought less likely. Regardless, the multicentric neoplastic pattern unfortunately precludes surgical options in this case.

WEIGHT

10 Years

Hepatosplenic FNA (assuming normal clotting status) could be considered for further clarification and potential for oncology consult. However, a poor prognosis is unfortunately indicated.

INTERPRETED BY

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DVM, DABVP

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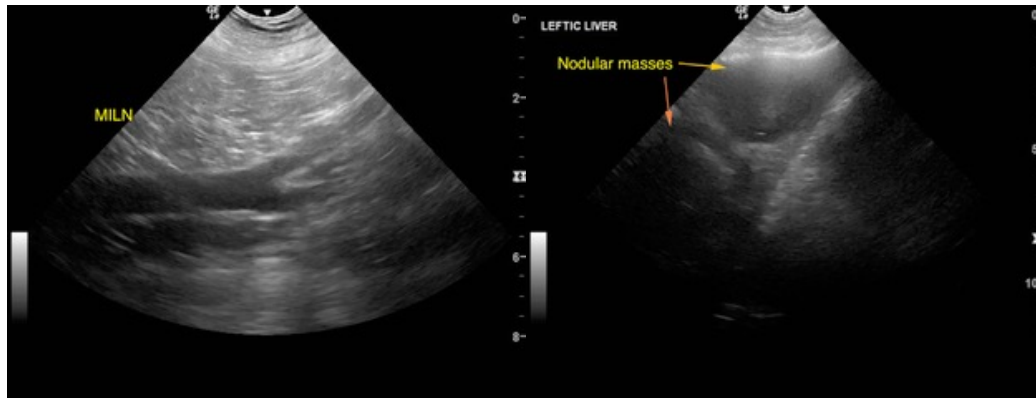
Dr. Denny Nolet

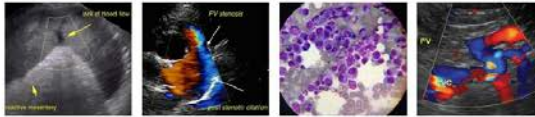
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WEIGHT

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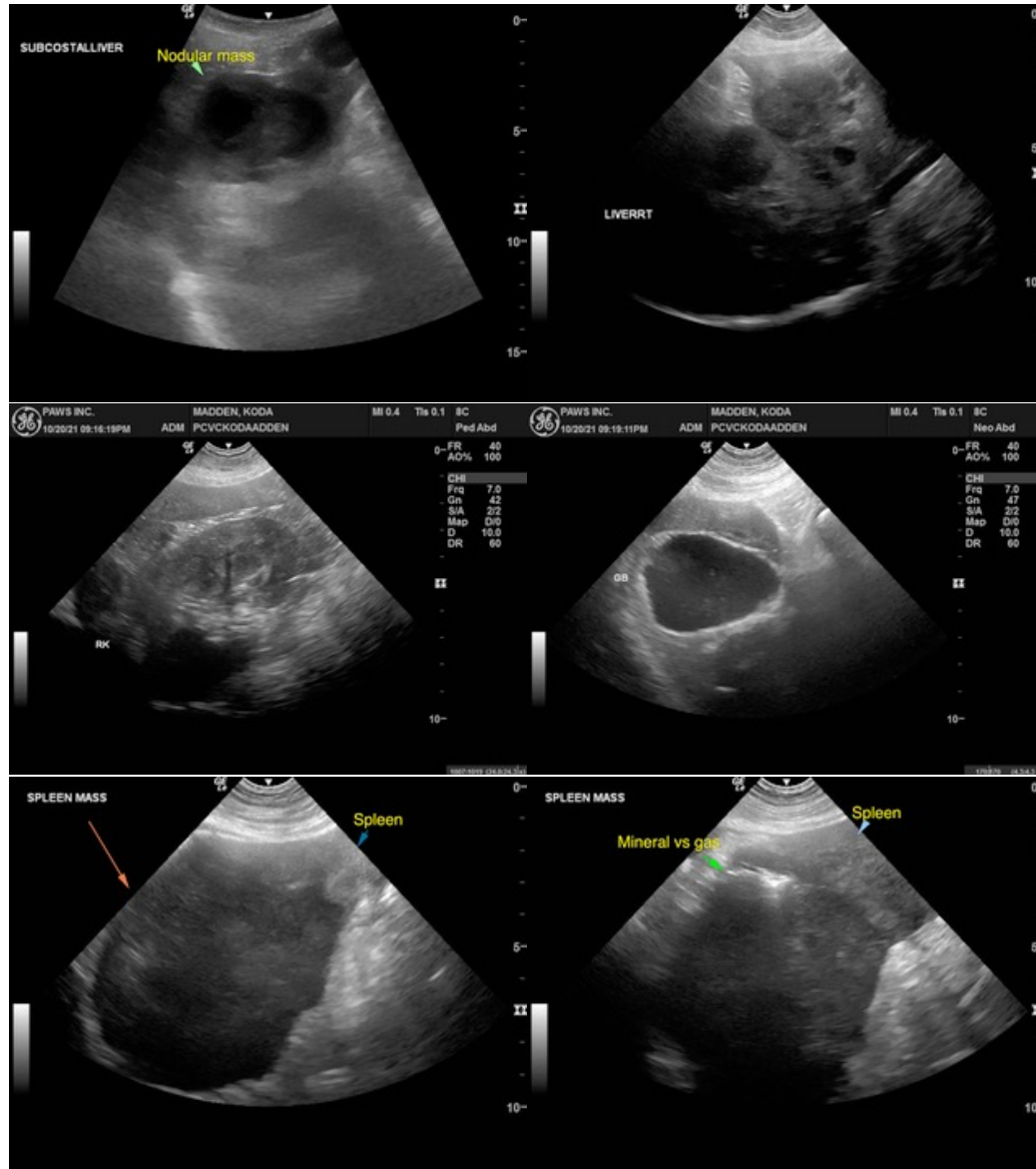
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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