



PATIENT	PRESENTING CLINICAL SIGNS
Buster Byrne	-Inappetance, vomiting, abdominal pain, pu/pd. Hx of MCT. Current meds: Denamarin, Cerenia 24mg sid, pepcid.
SPECIES	Abnormal PE/Chem/CBC/UA Results: ALT 196, elevated ALKP, USG 1.017
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Jack Russel Terrier	Urinary System
SEX	The urinary bladder was subnormal in size owing to a lack of urine distention. No overt evidence of neoplastic criteria was noted. Minimal anechoic urine was present. No sediment or calculi was noted.
MN	The urethra was normal in thickness and tone to a depth of 2.0 cm.
AGE	The residual prostate was free of pathology.
14 years	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 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 4.6 cm in length. The right kidney measured 5.0 cm in length.
WEIGHT	
Not Given	
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 1.7 cm length x 0.65 cm width at the caudal pole. The right adrenal gland was enlarged in size with mild asymmetrical contour and nonhomogeneous yet nonmineralized parenchyma. The right adrenal gland measured 4.4 cm length x 1.3 cm width at the caudal pole and 1.7 cm width at the cranial pole.
IMAGING PERFORMED BY	Spleen
Shari Reffi, CVT	The spleen was normal in size and overall contour exhibiting mild parenchyma heterogeneity with a solitary, subtle, non-expansive, cranial lateral parenchymal nodule. The splenic nodule measured 1.4 cm in diameter.
HOSPITAL NAME	Liver/ Gallbladder
Animal Mansion	The liver exhibited generalized enlargement, primarily owing to ovoid, uniform mass noted In the midventral liver extending caudally into the area of the gastric axis exhibiting similar echogenicity compared to adjacent hepatic parenchyma, measuring 6.8 cm in diameter. 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 mild to moderate gallbladder debris. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Parker	
INVOICE	
12432	
DATE	Gastrointestinal
10/25/21	The stomach presented intact wall layering with a normal wall layer ratio. Mild, retained anechoic fluid was present.



PATIENT	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.
Buster Byrne	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	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.
Jack Russel Terrier	Free Abdomen
SEX	Uniform echo was noted within the area of the caudal vena cava lumen adjacent to the enlarged right adrenal gland, measuring 2.5 cm x 1.5 cm. This echo did not overtly appear to be obstructive to the caudal vena cava flow.
MN	
AGE	Multiple medial iliac lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the lymph nodes measured 3.3 cm length and 2.7 cm width.
14 years	
WEIGHT	Mild to moderate peritoneal free fluid was noted. Regional echogenic mesentery was present.
Not Given	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Primary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Multiple, hypoechoic to swollen medial iliac lymph nodes • Subtle splenic nodule • Uniform liver mass • Enlarged right adrenal with possible CVC invasion • Mild to moderate peritoneal free fluid • Mild gastric stasis
Shari Reffi, CVT	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Animal Mansion	Although sampling is required for further clarification, primary concern is for multicentric primary vs. metastatic intraabdominal neoplasia, given the patient's history, involving the medial iliac lymph nodes, liver, potential spleen, and potential right adrenal gland with possible nonobstructive caudal vena cava invasion. Potential for caudal vena cava thrombus, if evidence of hypercoagulable state, is also possible.
REFERRING VET	
Dr. Parker	Assuming normal clotting status, hepatosplenic FNA, specifically the hepatic mass and splenic nodule, as well as lymphatic FNA for screening cytology and potential oncology consultation could be considered. Three view chest radiographs are recommended.
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10/25/21	



PATIENT

Buster Byrne

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

MN

AGE

14 years

WEIGHT

Not Given

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Mansion

REFERRING VET

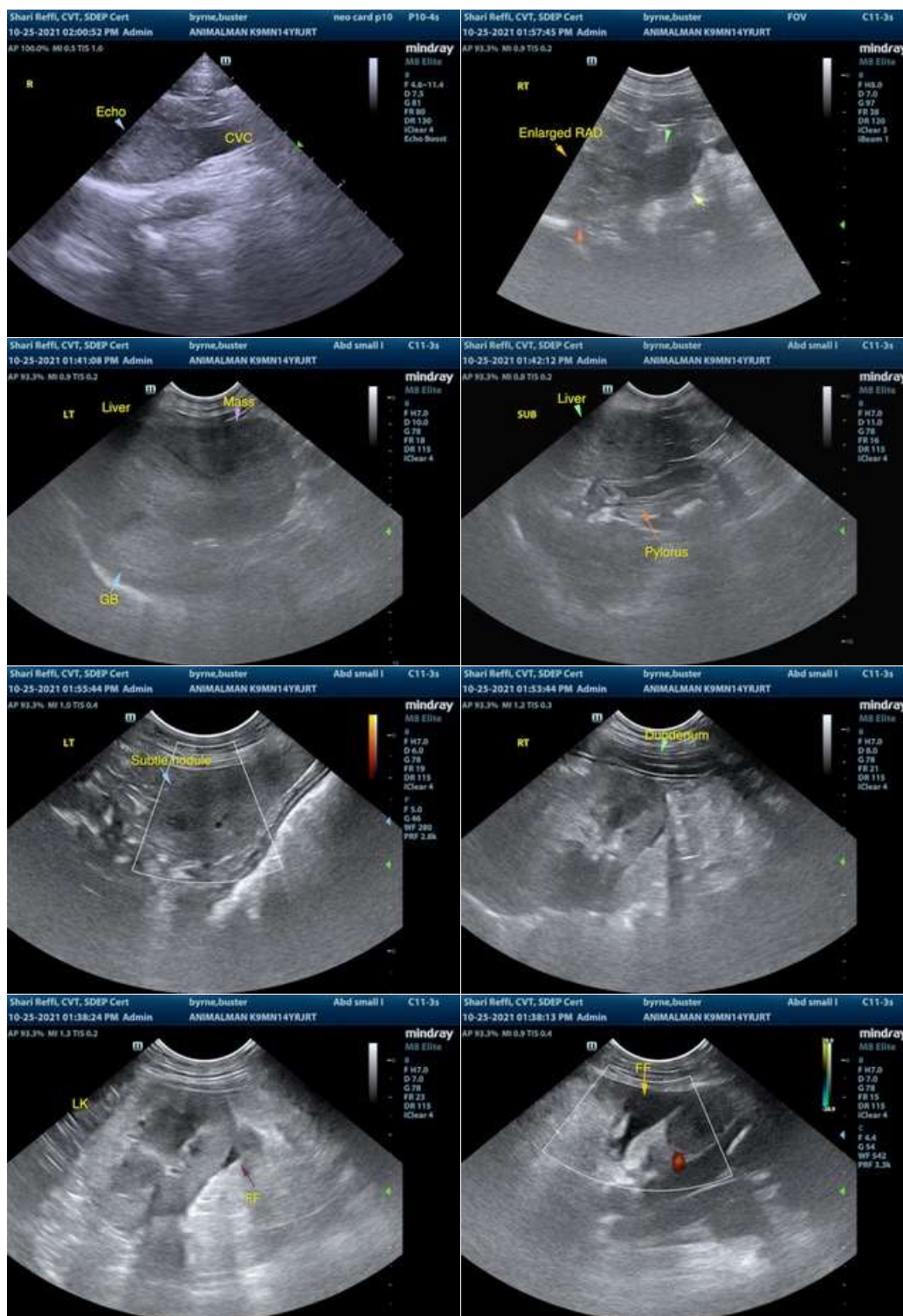
Dr. Parker

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PATIENT

Buster Byrne

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

MN

AGE

14 years

WEIGHT

Not Given

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Animal Mansion

REFERRING VET

Dr. Parker

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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