



PATIENT PRESENTING CLINICAL SIGNS

Xander Fittos Weight loss, diarrhea.
 Medication: Pred, Pepcid

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

French Bulldog

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.

SEX

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

AGE

2014

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 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 5.0 cm in length. The right kidney measured 5.6 cm in length.

WEIGHT

28

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.47 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm length x 0.64 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen was overall normal in size exhibiting medial folding of the caudal spleen. Areas of mild capsule asymmetry with subjective generalized decreased splenic parenchyma echogenicity exhibiting moderate coarse echotexture were present. A mildly expansive, nonhomogeneous, Isoechoic mass was present in the area of the caudal spleen measuring 3.7 cm in diameter. The caudal splenic mass appeared to mildly distort the splenic capsule without evidence of parenchymal escape.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Leighton AH

Liver/ Gallbladder

Generalized hepatomegaly with multiple variably sized mixed echogenic subjectively coalescing masses occupying the majority of the hepatic parenchyma were present. An example of a liver mass measured 8.0-9.0 cm in diameter. The gallbladder was non-distended in size containing moderate, nondependent yet nonorganized, mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Mriss

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PATIENT *Gastrointestinal*

Xander Fittos The stomach exhibited subjective intact and sonographically unremarkable wall layering, yet mild gastric gas distention.

SPECIES The small intestine presented intact yet segmental to generalized thickened wall layering most notable in the upper small bowel, including the duodenum. The duodenum wall measured 0.75 cm width. The

Canine The colon exhibited intact and sonographically unremarkable wall layering with segmental to generalized colon distention with nonformed fecal matter.

BREED

French Bulldog *Pancreas*

SEX 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

AGE Regional perihepatic, perisplenic and peri intestinal mild hyperechoic mesentery was present. No overt free fluid or significant lymphadenopathy were noted.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT *Primary Findings*

28

- Multiple, variably sized to mixed echogenic coalescing hepatic masses with secondary generalized hepatomegaly
- Folded spleen with caudal isoechoic to nonhomogeneous mass
- Intact yet segmental to generalized thickened small bowel
- Mildly distended colon with nonformed fecal matter

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Secondary Findings

- Mild chronic renal changes

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Lehighton AH

Unfortunately, the previously noted multiple hepatic macronodules to masses appear to have progressed with coalescing and distortion of the hepatic capsule, as well as secondary generalized hepatomegaly. Given the progression of these macronodules to masses, neoplastic criteria is considered probable. Concern for multicentric neoplasia with splenic and possible intestinal involvement is warranted. Non-neoplastic etiologies for the hepatic masses, splenic mass, and intestinal mural changes are considered less likely.

REFERRING VET

Dr. Mriss

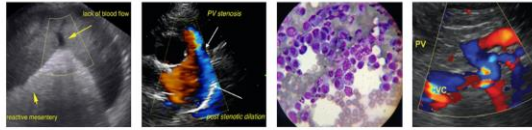
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Further assessment may include screening hepatosplenic FNA cytology, assuming normal clotting status and with potential oncology consult. Three-view chest radiographs are suggested if not done. Continued as-needed GI support +/- GI panel to include cobalamin and folate levels may be considered.

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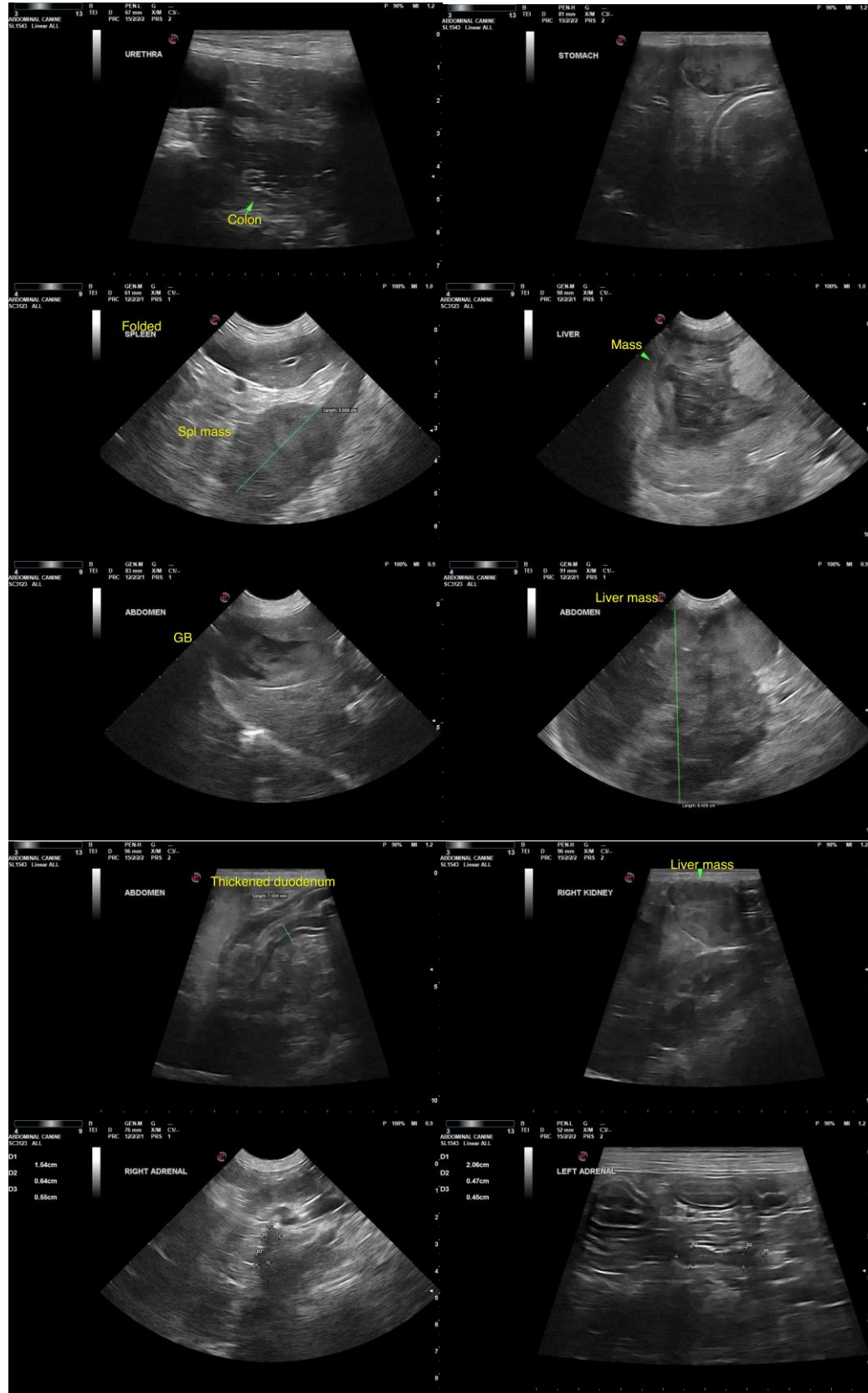
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

SEX

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