

**PATIENT**

Buttercup Lira

PRESENTING CLINICAL SIGNS

Decreased appetite for several days.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs reveal an enlarged liver and abdominal palpation reveals something moveable and multi-nodular. ALT 253, ALP 1,845, GGT 48

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Cocker Spaniel

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

FS

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 6.1 cm in length. The right kidney measured 6.7 cm in length.

AGE

10yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

23lb

Adrenal Glands

The left adrenal gland was normal in size with areas of capsule asymmetry and primarily homogenous hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 2.5 cm length.

INTERPRETED BY

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(Canine and Feline)

The right adrenal gland was mildly enlarged in size with asymmetrical capsule contour and mildly non-homogenous to nodular parenchyma. The right adrenal gland measured 0.92 cm width at the caudal pole and 2.3 cm length.

Spleen

A moderately sized irregular mass involving the spleen with secondary capsule expansion and disruption was present and measured ~ 6 cm x 4.5 cm. The parenchyma of the mass was heterogeneous to mixed echogenic without 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. No evidence of mass rupture or parenchymal escape.

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

Liver

The liver was enlarged in size with areas of capsule asymmetry and non-homogenous parenchyma exhibiting diffuse hypoechoic intraparenchymal nodules along with focal mildly expansive non-homogeneous intraparenchymal mass/masses, an example measuring 3.3 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Janda

INVOICE

12041ag

Gastrointestinal

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.

DATE

10/28/2022

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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 semi formed feces in lumen.

SPECIES

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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.

BREED

Cocker Spaniel

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

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

AGE

10yr

ULTRASONOGRAPHIC FINDINGS

- Moderately sized solid splenic mass
- Hepatomegaly exhibiting diffuse nodular parenchyma with focal to intermittent liver mass/masses
- Mildly enlarged to irregular right adrenal gland
- Mild chronic renal changes
- Mild gallbladder debris (non-mucocele)

WEIGHT

23lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the hepatosplenic presentation is consistent with multicentric neoplasia i.e. round cell, sarcoma or other. Potential for right adrenal involvement cannot be definitively excluded. Surgical options appear to be precluded given hepatosplenic neoplastic criteria. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology could be considered for further assessment and potential oncology consult with chemotherapeutic intervention. An unfavorable prognosis is likely indicated.

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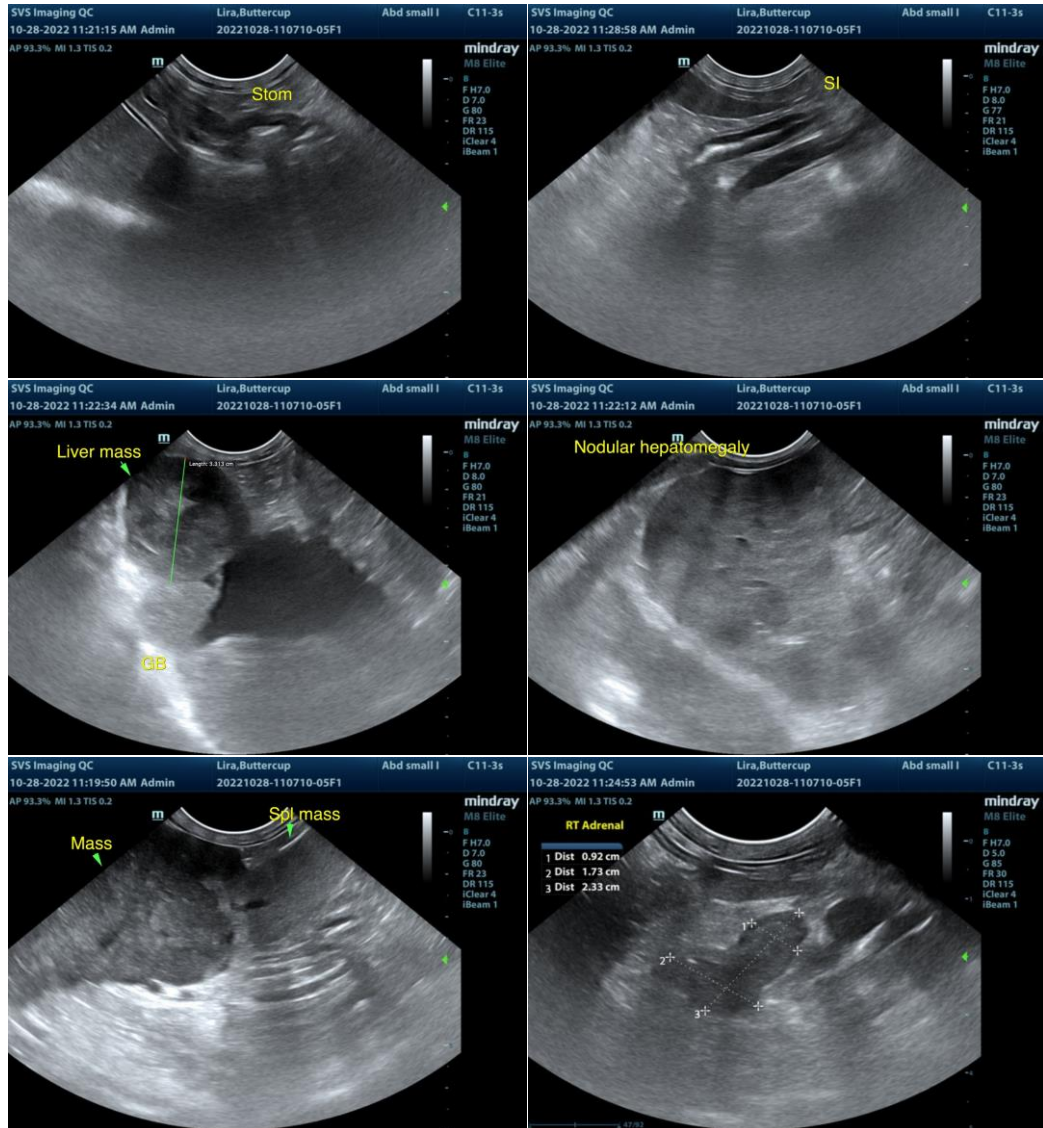
Dr. Janda

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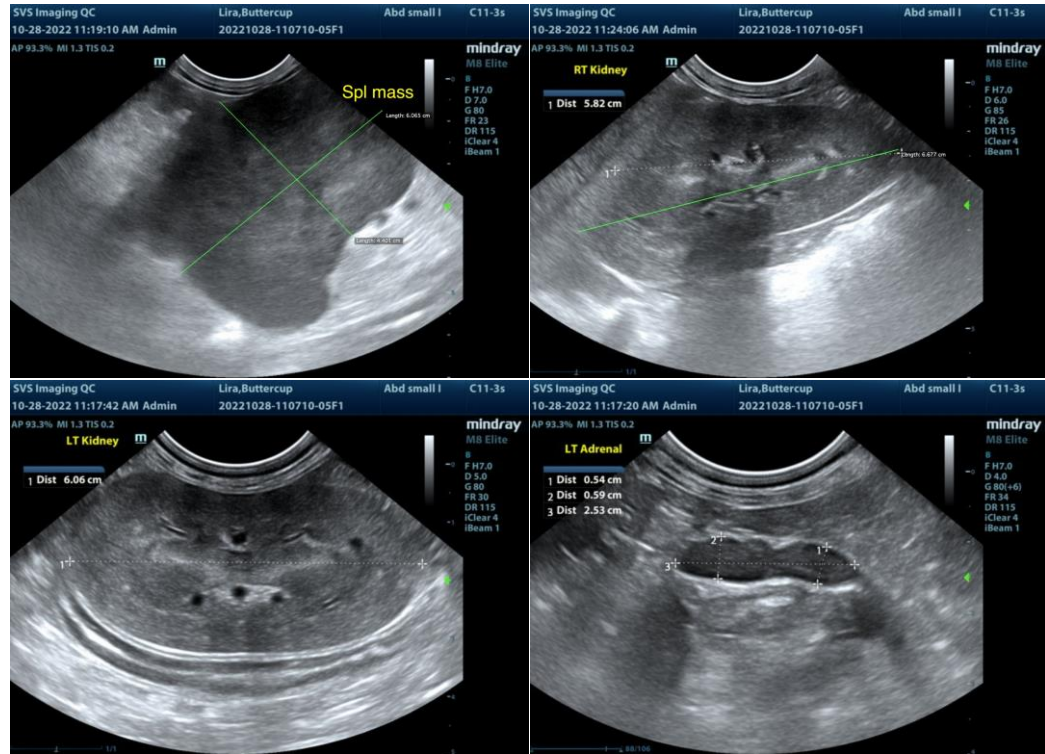
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WEIGHT

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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.

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