



**PATIENT**

Rookie Laoudis

**SPECIES**

Canine

**BREED**

English Setter

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

66.4 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Nause

**INVOICE**

26930

**DATE**

11/8/21

**PRESENTING CLINICAL SIGNS**

Not improving to tx - febrile 10/29: Febrile(104.5), Anorexic, lethargic 11/2: exam, SQ fluids, ketoprofen, Amp. SQ. Sent with metro, proviable, amoxi / vomit 2x 11/6: Still ADR, T 103.9; xray, SQ fluids, ketoprofen, doxy 11/8: Still ADR Anorexic  
Abnormal PE/Chem/CBC/UA Results: 4DX = Neg. CBC/Chem WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 were noted.

No overt pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Both kidneys exhibited subjective bilateral enlargement with moderate loss of corticomedullary border demarcation. Bilateral mild cortical hypertrophy noted along with indistinct cortical to corticomedullary mildly hypoechoic nodules. Both kidneys exhibited mild pyelectasia with subtle evidence of mild left and right retroperitoneal inflammation without evidence of peritoneal free fluid.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The adrenal glands measured 0.61 cm each in width.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver**

The liver exhibited generalized moderate to marked enlarged with asymmetrical to swollen hepatic contour. Multiple variably sized to expansive, isoechoic to non-homogeneous nodular mass lesions were present. Example measured 5.4 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. Minor perihepatic free fluid was present along with perihepatic reactive mesentery.

**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.

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.



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**Pancreas**

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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.

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Canine

**Free Abdomen**

A solitary enlarged, hypoechoic mid abdominal mesenteric root lymph node was present, measuring 5.1 cm x 3.1 cm. 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.

**BREED**

English Setter

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

- Hepatomegaly with multifocal nodular mass lesions
- Bilateral renomegaly with indistinct cortical to corticomedullary nodular lesions and bilateral mild pyelectasia
- Mild perihepatic free fluid and reactive mesentery
- Solitary mid abdominal mesenteric lymphadenopathy

**AGE**

5 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for definitive diagnosis, the presentation of the liver is consistent with hepatic neoplasia with primary concern for round cell neoplasia (i.e., lymphoma) or other. Given the hepatic changes and concurrent mid abdominal mesenteric lymphadenopathy, concern for multicentric neoplasia involving the bilateral kidneys and mesenteric lymph nodes warranted. Assuming normal clotting status, ultrasound guided FNA of the liver +/- renal cortex or mesenteric lymph node (if accessible) recommended for screening cytology and potential for oncology consult. 3-view chest radiographs recommended.

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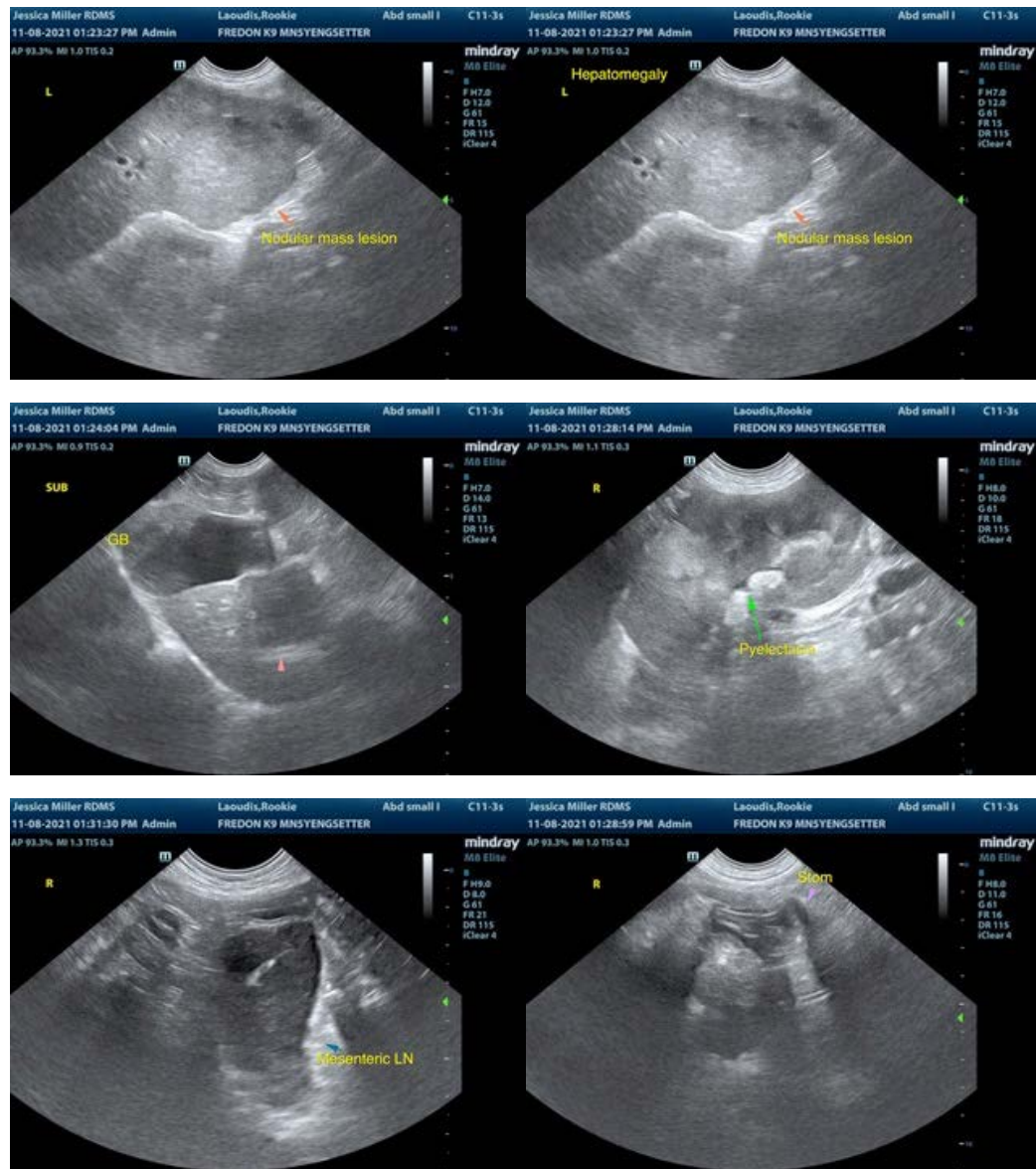
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com