



PATIENT

Kristy Barwick

SPECIES

Canine

BREED

Beagle Mix

SEX

FS

AGE

13

WEIGHT

36.2

INTERPRETED BY

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

IMAGING PERFORMED BY

A Waffle

HOSPITAL NAME

Torch Lake Veterinary
Clinic

REFERRING VET

Dr. Pantenburg

INVOICE

12110ag

DATE

11/08/2022

PRESENTING CLINICAL SIGNS

Presented to RDVM for vomiting, lethargy, anorexia, and inability to stand. Antibiotics and cerenia were started.

Abnormal PE/Chem/CBC/UA Results: Hx of regenerative anemia - 14% PCV. BUN - 48 creatinine - 2.0 ALT - 388 ALP - unreadable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral small cortical cysts were present. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.65 cm width in the cranial pole and 0.76 cm width in the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

A moderately sized to expansive irregular hypoechoic focally cystic mass was present in the craniomedial spleen measuring 6.1 cm in diameter. The remainder of the spleen exhibited a finely textured to mildly non-homogenous parenchyma with maintained symmetrical capsule contour. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Subtle perisplenic hyperechoic mesentery was present around the splenic mass.

Liver

The liver was moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. A mildly expansive non-homogeneous mass occupying the majority of the mid to cranial liver was present measuring ~ 7 cm in diameter. A concurrent uniform isoechoic mass was present in the ventrocaudal liver measuring 5.6 cm in diameter. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content and mild to moderate non-dependent hyperechoic non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained ingesta with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact mildly prominent wall layering with minor segmental jejunal ileus. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

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

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Splenic mass with regional perisplenic hyperechoic mesentery
- Concurrent variably echogenic liver masses
- Gallbladder debris (non-mucocele)
- Mild gastroenteritis pattern
- Bilateral chronic renal changes with small cortical cysts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for hepatosplenic neoplastic criteria is warranted. The splenic mass is sonographically consistent with neoplastic criteria yet benign etiologies for the liver masses could be possible. Assuming normal clotting status and using a 25g needle, a liver mass +/- splenic mass FNA for screening cytology is warranted for further assessment. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Surgical options are likely dependent upon sampling for further assessment. Given this presentation and concern for multicentric neoplasia, a very guarded to unfavorable long-term prognosis is likely indicated.

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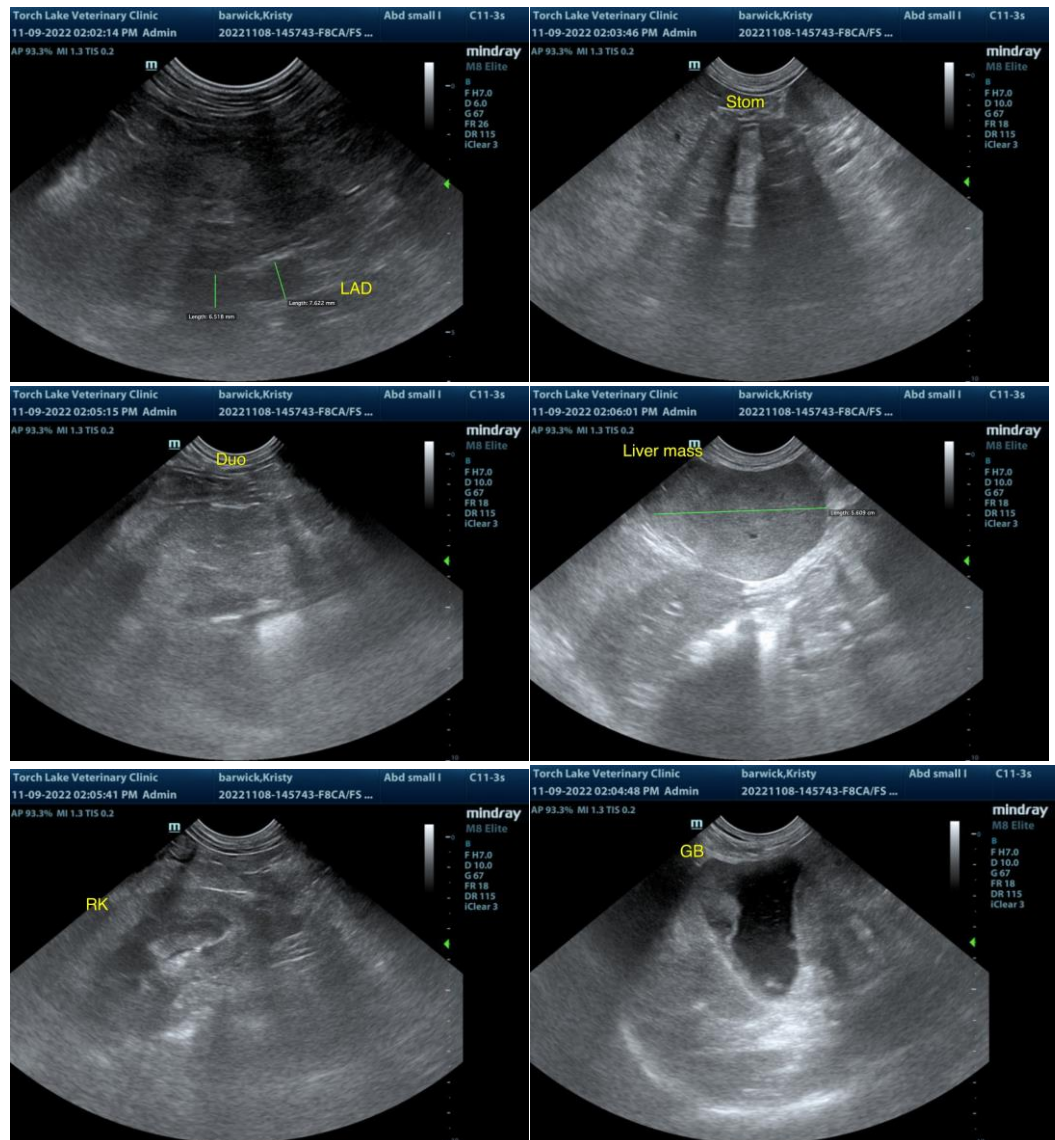
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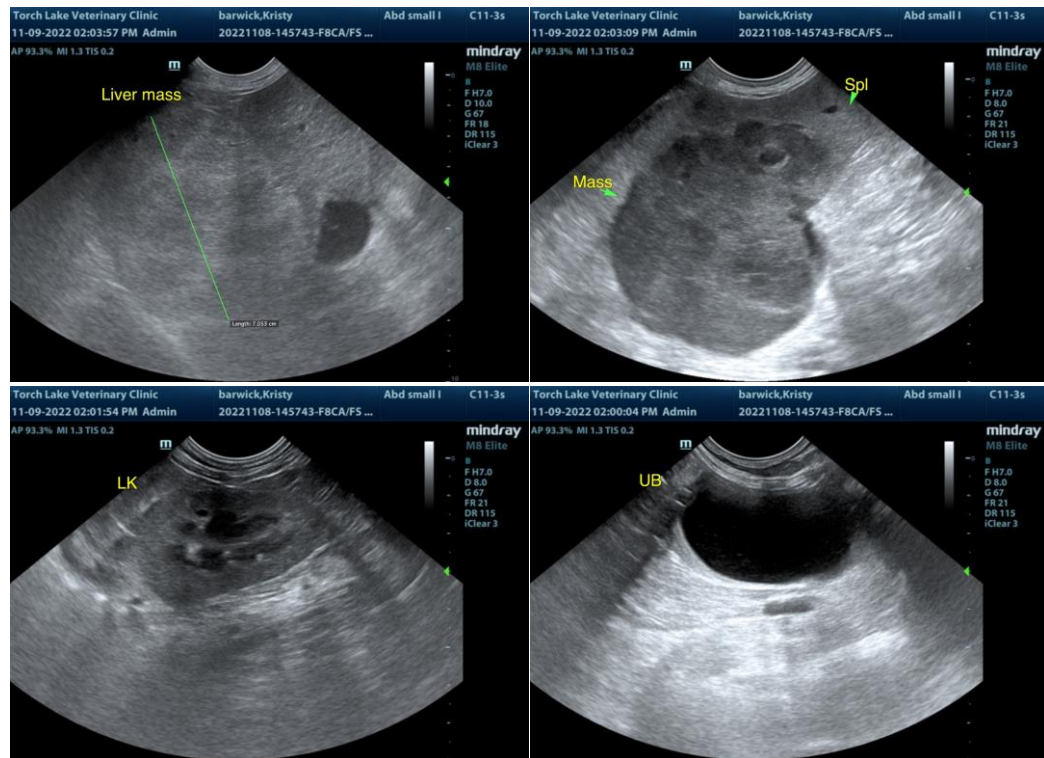
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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