



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Moka Fuller	Acute onset of lethargy and intermittent hyporexia. Vomited 2 nights ago Butorphanol used for AUS
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: PE: Slightly lethargic. MM's pink. Fluid wave on abdominal palpation. Mild paresis in pelvic limbs. Stiff on rising. ABDO RADS: – no obvious masses/tumors detected. Mild gas within the stomach, no obvious obstructive patterns THORACIC RADS: – no obvious metastatic changes Abdominocentesis: – hemorrhage Blood work: – pending
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Golden Retriever	<b>Urinary System</b>
<b>SEX</b>	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.
FS	
<b>AGE</b>	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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm in length. The right kidney measured 6.3 cm in length.
12yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
31kg	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.61 cm width in the cranial pole and 0.71 cm width in the caudal pole. The right adrenal gland measured 0.86 cm width in the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Patti Mayfield DVM	The spleen exhibited overall normal size with asymmetrical contour owing to several variably sized mixed echogenic mildly expansive macronodules/small masses. An example of a splenic mass measured 5.0 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
<b>HOSPITAL NAME</b>	<b>Liver</b>
East Bend Animal Hospital	The liver exhibited generalized enlargement with variably echogenic parenchyma with moderate coarse echotexture and evidence of parenchymal remodeling. Intermittent mildly expansive mixed echogenic intraparenchymal nodules were present, an example measuring 3.2 cm in diameter.. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>REFERRING VET</b>	
Dr. Thurk	
<b>INVOICE</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized luminal debris. The cystic and common bile ducts were normal.
12119ag	<b>Gastrointestinal</b>
<b>DATE</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
11/08/2022	



**PATIENT**

Moka Fuller

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.

**SPECIES**

Canine

**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**

Golden Retriever

**Free Abdomen**

An ill-defined irregular non-homogenous cranial abdominal mass was noted caudal to the liver measuring ~ 7.2 cm x 4.5 cm. Associated perihepatic, perisplenic and cranial abdominal hyperechoic mesentery was noted with mild to moderate volume peritoneal effusion.

**SEX**

FS

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

**AGE**

12yr

**ULTRASONOGRAPHIC FINDINGS**

- Variably echogenic expansive splenic macronodules/masses
- Non-uniform liver exhibiting several expansive mixed echogenic intraparenchymal nodules/small masses
- Ill-defined irregular non-homogenous cranial abdominal mass-potential hepatic origin vs non-specific lymphadenopathy or lymphatic/omental mass or other
- Hemoabdomen

**WEIGHT**

31kg

**Secondary:**

- Mild chronic renal changes
- Mild retained gastric ingesta/chyme

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hepatosplenic presentation is consistent with multicentric neoplastic criteria with ill-defined caudal hepatic mass or cranial abdominal mass with potential for regional perihepatic omental seeding. Curative surgical options are likely precluded. FNA cytology of the hepatosplenic and cranial abdominal masses could be considered for further assessment with potential for oncology consult however an unfavorable prognosis is likely indicated.

**IMAGING PERFORMED BY**

Patti Mayfield DVM

**HOSPITAL NAME**

East Bend Animal  
Hospital

**REFERRING VET**

Dr. Thurk

**INVOICE**

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**SPECIES**

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**SEX**

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**AGE**

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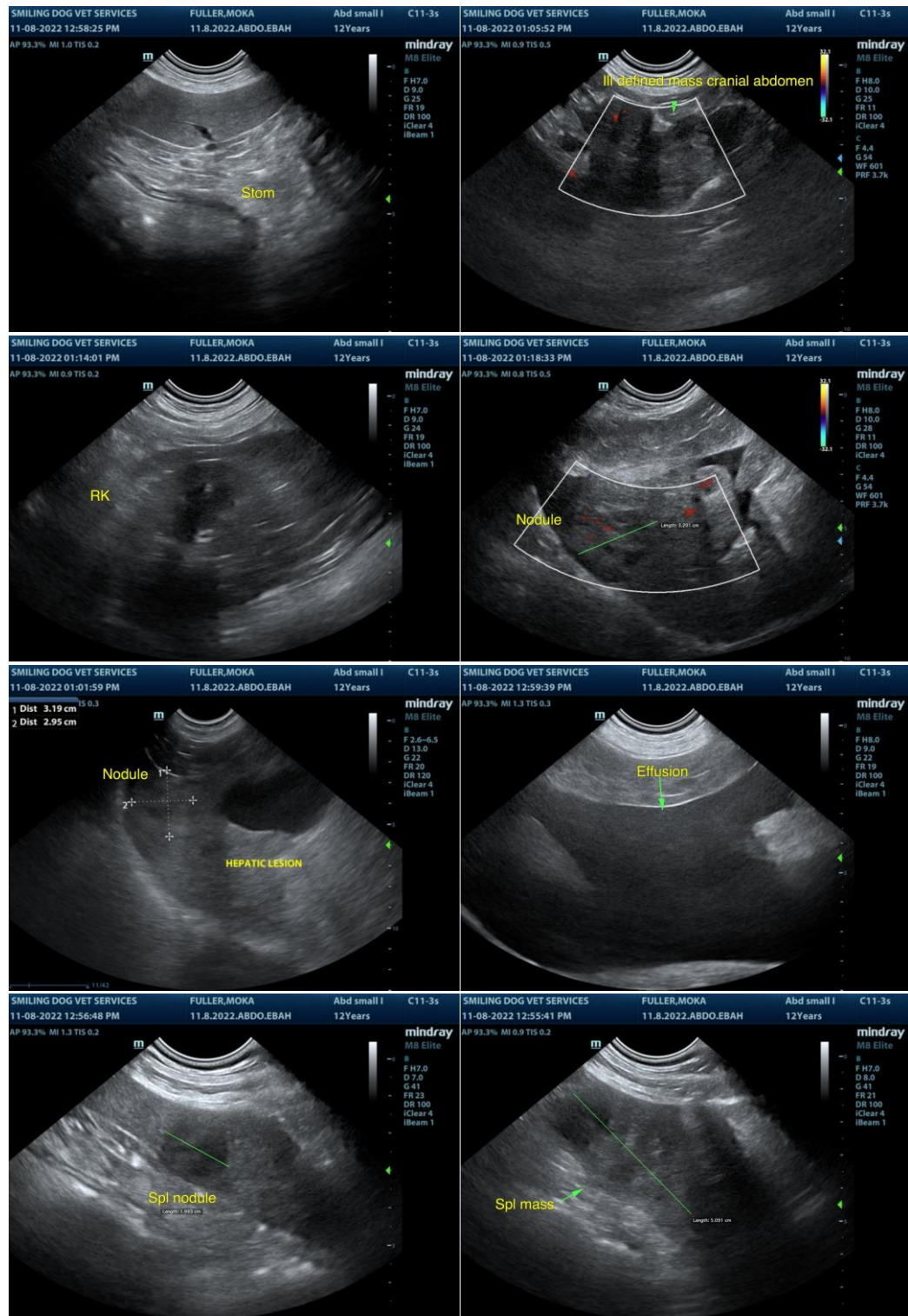
Dr. Thurk

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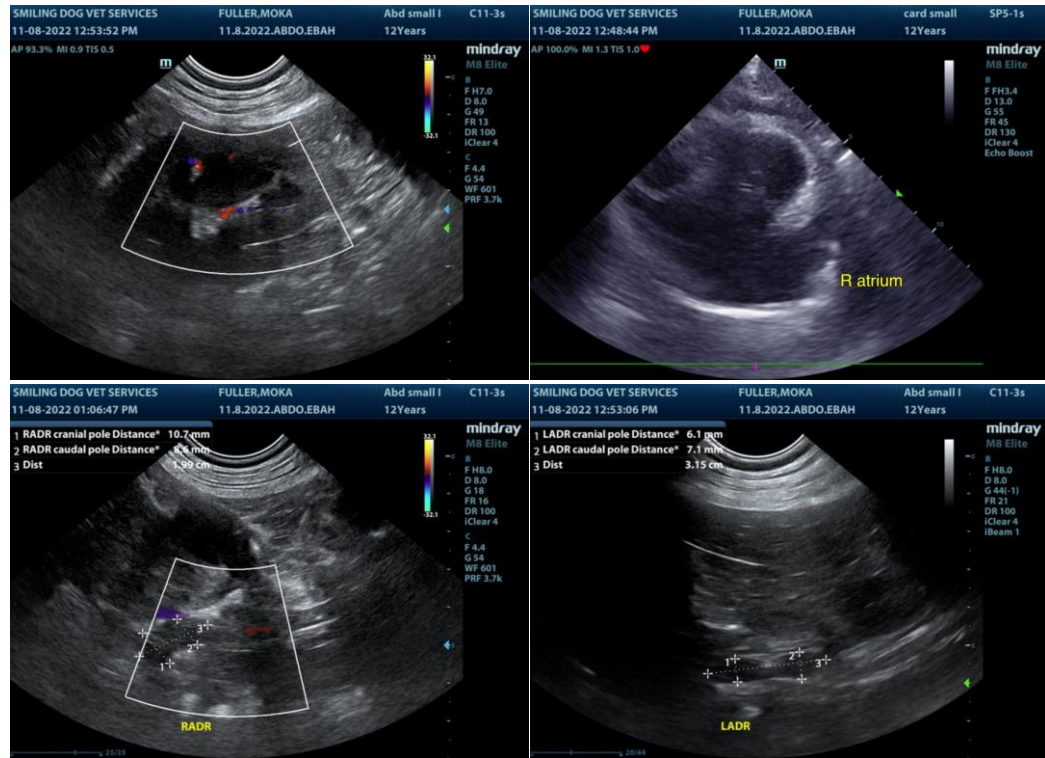
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com