

PATIENT PRESENTING CLINICAL SIGNS

Bart Church History: Several month duration weight loss, loose stool with blood, lethargy, pale mm, cranial abdominal mass.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Shih Tzu Mix

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.

SEX

Neutered Male

The area of the residual prostate appeared normal and free of pathology.

AGE

2011

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 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 4.7 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

WEIGHT

17.8

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.7 cm in length x 0.59 cm width in the caudal pole. The right adrenal gland measured 1.6 cm length x 0.52 cm width in the caudal pole. No evidence of adrenomegaly.

INTERPRETED BY

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

Spleen

Mildly expansive nonhomogenous cystic splenic macronodule to small mass was noted in the mid to caudal spleen, measuring approximately 3.0 cm in diameter. Mild associated symmetrical splenic capsule distortion was noted. Concurrent well demarcated nondisruptive hyperechoic nodule was noted adjacent to the medial hilus, consistent with benign myelolipomas.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver

The liver exhibited generalized enlargement, primarily owing to large nonhomogenous to mixed echogenic expansive mass, subjectively involving the majority of the mid to left liver with caudal expansion to the level of the gastric axis with potential secondary mild gastric displacement. The liver mass measured approximately 7-8 cm in diameter, but potentially mildly larger, as the entire mass would not fit into a single viewing window. The hepatic parenchyma not involved with the mass exhibited moderate coarse echotexture and evidence of parenchymal remodeling.

HOSPITAL NAME

Lehigh ValleyAH (Bath)

REFERRING VET

Dr. Ferrari

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

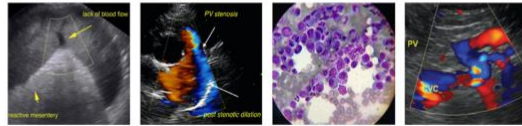
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas.

DATE

12/14/22



PATIENT

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.

Bart Church

SPECIES

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

Canine

Pancreas

BREED

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This is likely consistent with age related pancreatic changes and incidental. No evidence of active pancreatic inflammation or neoplastic criteria.

Shih Tzu Mix

SEX

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Neutered Male

Other

AGE

A rapid view of the heart revealed no evident pathology.

2011

ULTRASONOGRAPHIC FINDINGS

WEIGHT

- Mildly expansive nonhomogenous to cystic splenic macronodule/small mass- benign versus malignant or metastatic etiologies possible

17.8

- Large expansive mixed echogenic liver mass

INTERPRETED BY

- Mild chronic renal changes

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- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

Although sampling is required for further assessment, the hepatic mass is suggestive of neoplastic criteria, i.e., carcinoma or other. Assuming normal clotting status, hepatic mass and splenic macronodule/small mass FNA cytology, using a 25-gauge needle could be considered. Subjectively, the hepatic mass is likely precluded for complete surgical resection given the likelihood of involvement of more than one liver lobe. Abdominal CT could be considered for further assessment if clinically indicated. As needed gastrointestinal support is suggested. Three view chest radiographs +/- GI panel to include PLI/TLI/Cobalamin/Folate to assess for or rule out concurrent occult pathology as a contributing factor to the weight loss may be considered.

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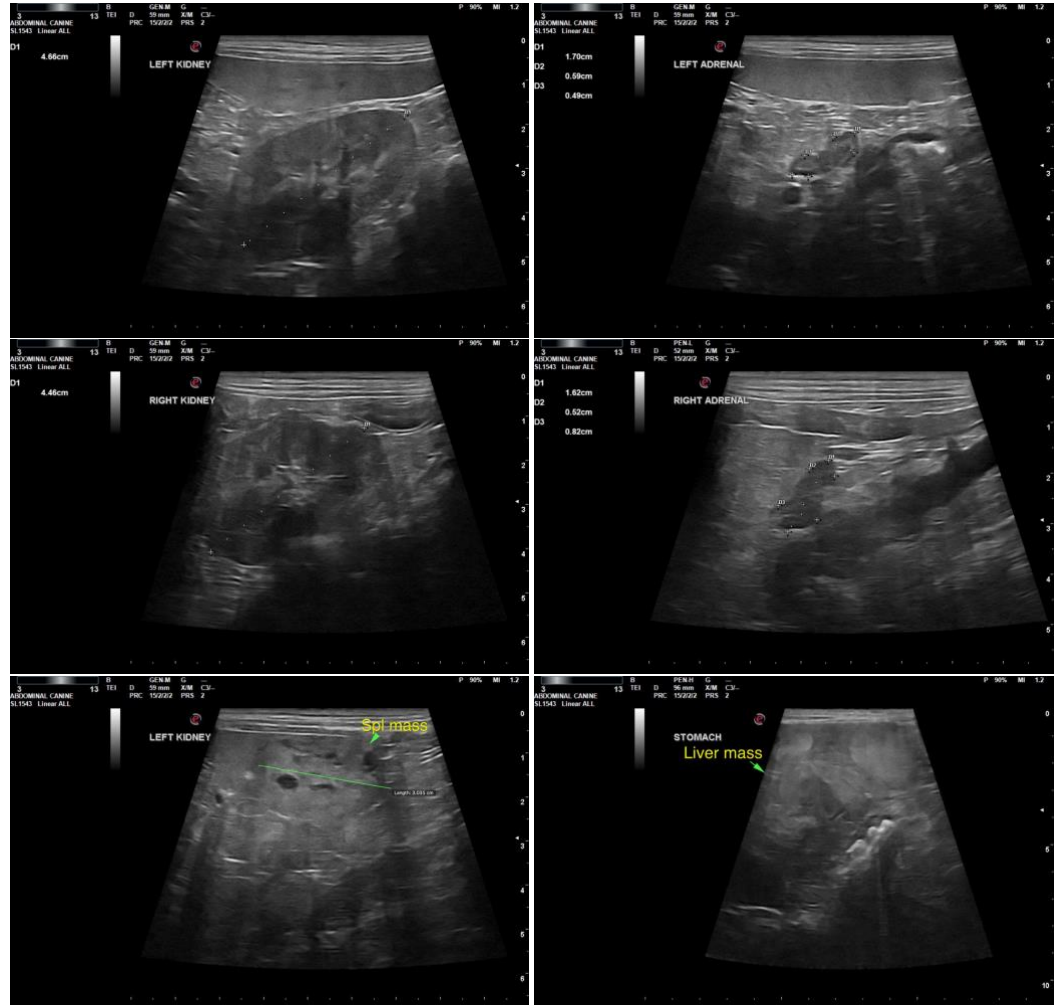
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Canine

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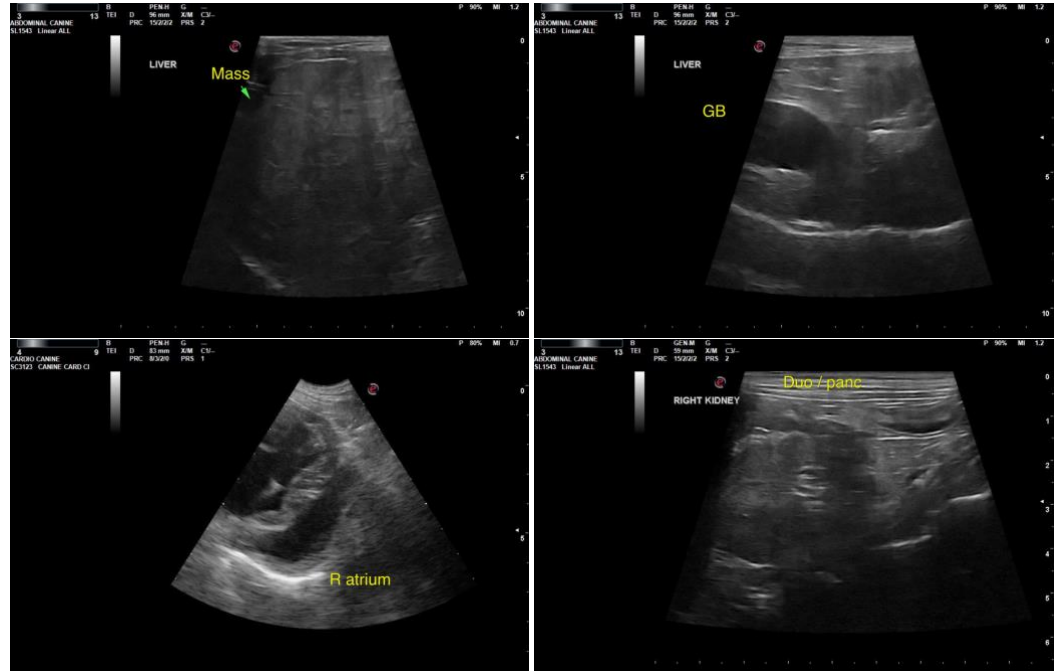
Shih Tzu Mix

SEX

Neutered Male

AGE

2011



WEIGHT

17.8

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.

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