

PATIENT

Charlie Murray

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

8 yrs 3 mos

WEIGHT

56.0 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook - SDEP
Certified Clinical
Sonographer/Jasmine
Palacios SDEP

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

15598

DATE

12/2/22

PRESENTING CLINICAL SIGNS

Vomiting daily for last 2 weeks, decreased eating, lethargy, coughing 1x/daily. Rectal normal

Abnormal PE/Chem/CBC/UA Results: Chem: Creat 2.2, CA 18.6, TP 7.3, Glob 4.2, CPL abnormal Lipase 288, CBC Neutro 10454, TT4 <0.5 See attached Rads - mass in the cranial ventral chest

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate sediment was present with potential for minor dependent mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic criteria were noted. The bladder was otherwise normal.

The residual prostate was free of pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

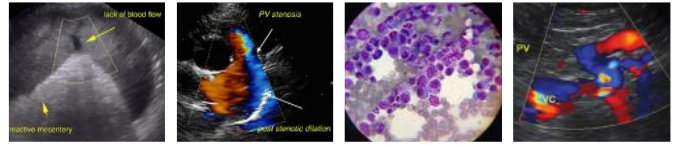
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width at the caudal pole.

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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild to moderate, non-dependent, echogenic, nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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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.

Pancreas

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

Several cranial abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 4.2 cm x 1.6 cm. No evidence of peritoneal free fluid.

Heart

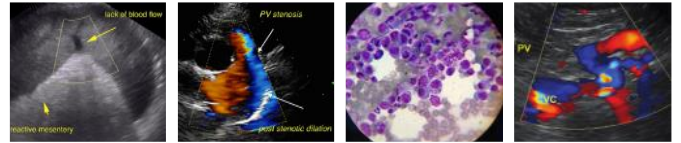
Subjective assessment of the heart revealed an overtly normal cardiac structure and function without evidence of left or right heart chamber enlargement or LV systolic dysfunction. No overt cardiac tumors or evidence of pericardial effusion. A moderately sized, nonhomogeneous hypoechoic mass in the area of the cranial mediastinum was present measuring approximately 7.0 cm in diameter. Associated regional hypoechoic to swollen cranial thoracic or mediastinal lymphadenopathy was noted. An example of a cranial thoracic or mediastinal lymph node measured 2.0 cm x 1.8 cm. No overt evidence of pleural effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Cranial mediastinal mass with associated regional hypoechoic to swollen lymphadenopathy
- Overtly normal cardiac structure and function
- Concurrent cranial abdominal mesenteric lymphadenopathy
- Heterogeneous pancreas
- Mild age-related renal changes
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the cranial mediastinal mass is consistent with neoplastic criteria. Strong concern for regional cranial thoracic mediastinal, as well as cranial mesenteric lymphatic involvement. Strong concern for lymphoma is warranted, although not definitive.



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Assuming normal clotting status, FNA cytology of the cranial mediastinal mass +/- accessible lymph node, if possible, for further assessment and potential for an oncology consult, is suggested. Thoracic CT may be considered for further assessment.

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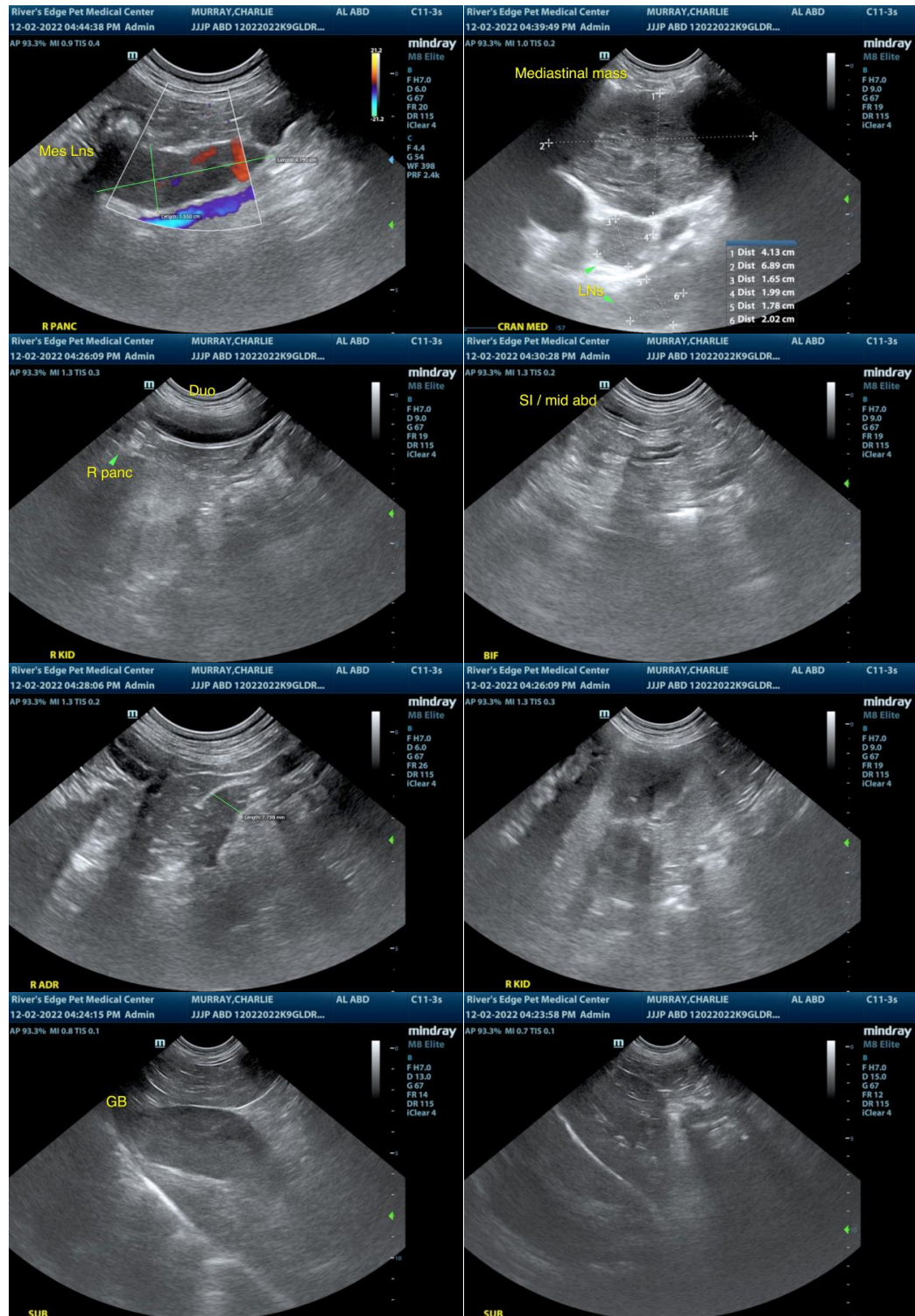
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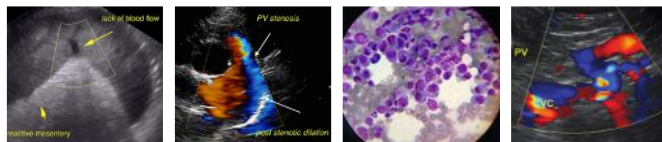
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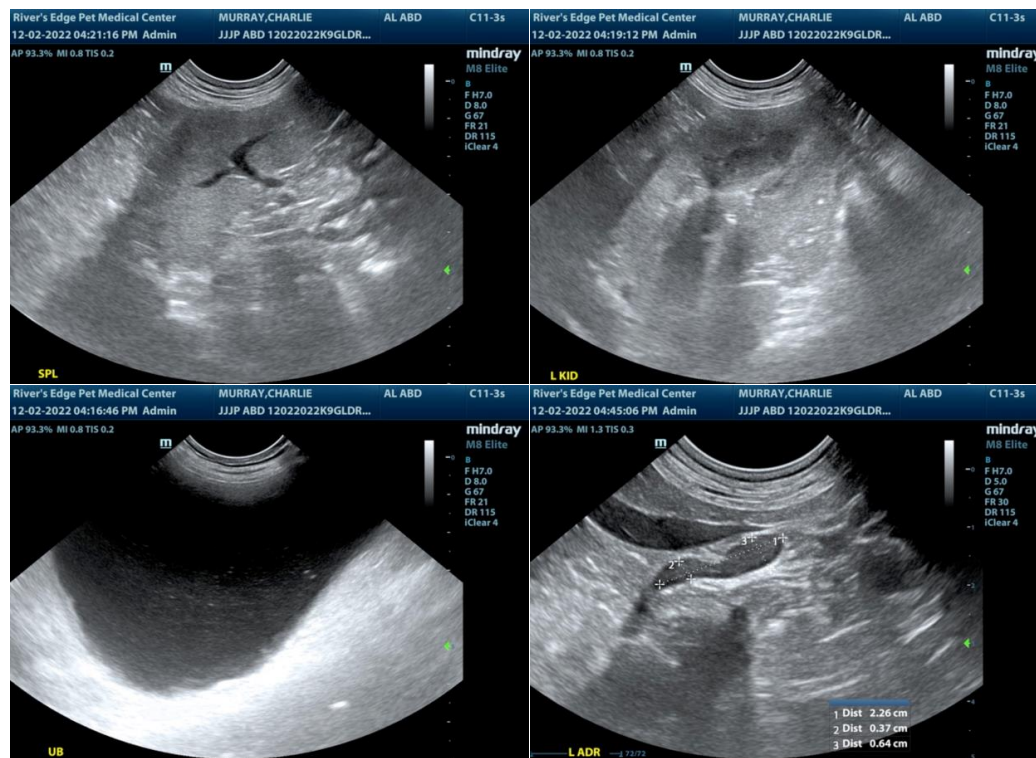
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com