



PATIENT

Kobe Yip

PRESENTING CLINICAL SIGNS

Vomiting blood Lethargic Not able to work Palpated huge abdominal mass

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Blood work showed moderate anemia, elevated ALT, alk phos, BUN. Normal creatinine Radiograph—showing cranial middle abdominal mass, calcifications, and opacity in the intestine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Husky

Urinary System

The urinary bladder 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

MN

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 6.6 cm in length. The right kidney measured 6.6 cm in length

AGE

12

The area of the iliac trifurcation was indistinctly visualized without overt evidence of medial, iliac or sublumbar lymphadenopathy.

WEIGHT

54

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

INTERPRETED BY

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

Spleen

The discernable spleen was not visualized potentially secondary to displacement from the large intra-abdominal mass or potential splenic involvement within the mass.

IMAGING PERFORMED BY

Dr. Sharkaway

Liver

The discernable liver exhibited subjective normal parenchyma echogenicity with mild to moderate coarse echotexture and evidence of minor hepatic remodeling. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. A solitary non-obstructive gallbladder cholelith measuring ~ 4.0 cm in diameter was present. The cystic and common bile ducts were normal.

HOSPITAL NAME

Kew Gardens Animal
Hospital

Gastrointestinal

REFERRING VET

Dr. Sharkaway

The visualized stomach presented intact potential mild prominent wall layering containing a mild amount of retained subtly shadowing ingesta/chyme. Gastric displacement secondary to the large intra-abdominal mass suspected.

The visualized small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio although a majority of the small intestine was not visualized.

INVOICE

12501ag

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

Pancreas

DATE

12/21/2022



PATIENT

Kobe Yip

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.

SPECIES

Canine

Free Abdomen

A large expansive non-homogeneous mildly irregular to focally cystic mass occupying the majority of the peritoneal cavity was present measuring at least 19-20 cm in diameter but likely considerably larger as the entire mass would not fit into a single viewing window. The mass extended cranially to the level of the caudal liver margins as well as laterally into the left and right lateral abdomen. Minor pockets of scant peritoneal free fluid around the periphery of the mass likely.

BREED

Husky

ULTRASONOGRAPHIC FINDINGS

SEX

MN

- Large non-homogeneous irregular mass occupying the majority of the peritoneal cavity
- Discernable liver mild parenchyma remodeling
- Non-obstructive gallbladder cholelith
- Mild chronic renal changes
- Possible mild gastritis, likely gastric displacement

AGE

12

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size of the mass occupying the peritoneal cavity definitive origin of the mass was unable to be ascertained with splenic, hepatic or potential non hepatosplenic origin possible. Benign or malignant etiologies are possible although neoplastic criteria is suspected i.e. sarcoma or other. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Brief sonographic evaluation of the heart is recommended to assess for metastasis. Abdominal CT for further clarification and potential surgical planning is recommended if possible.

WEIGHT

54

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

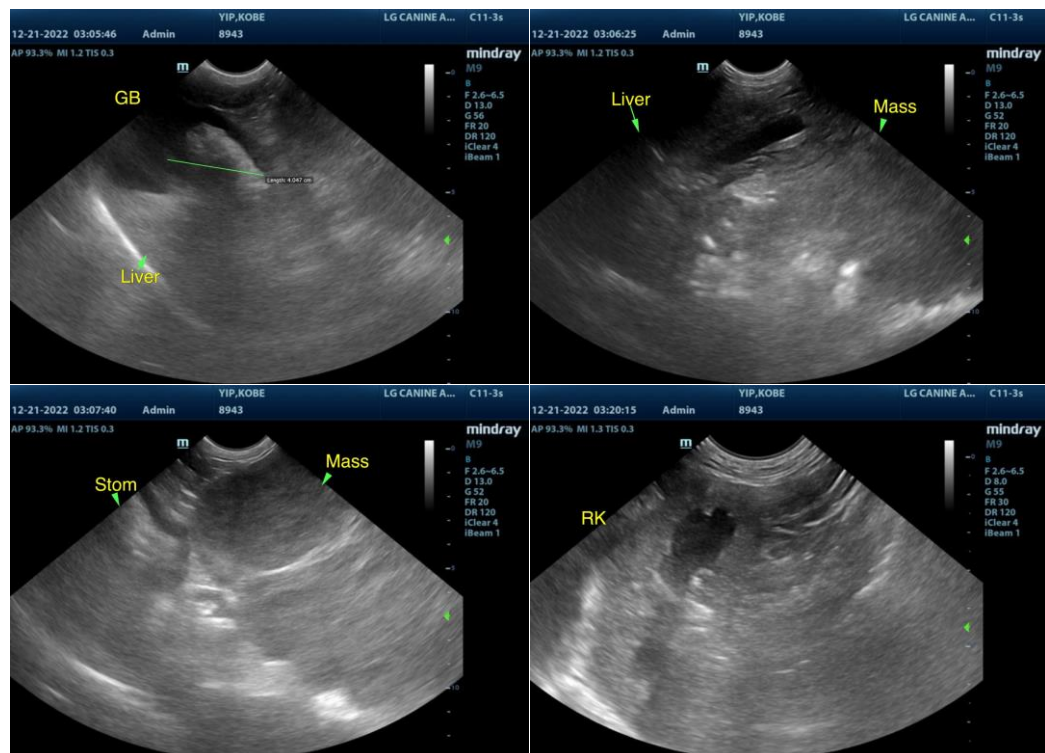
Dr. Sharkaway

INVOICE

12501ag

DATE

12/21/2022





PATIENT

Kobe Yip

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

12

WEIGHT

54

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

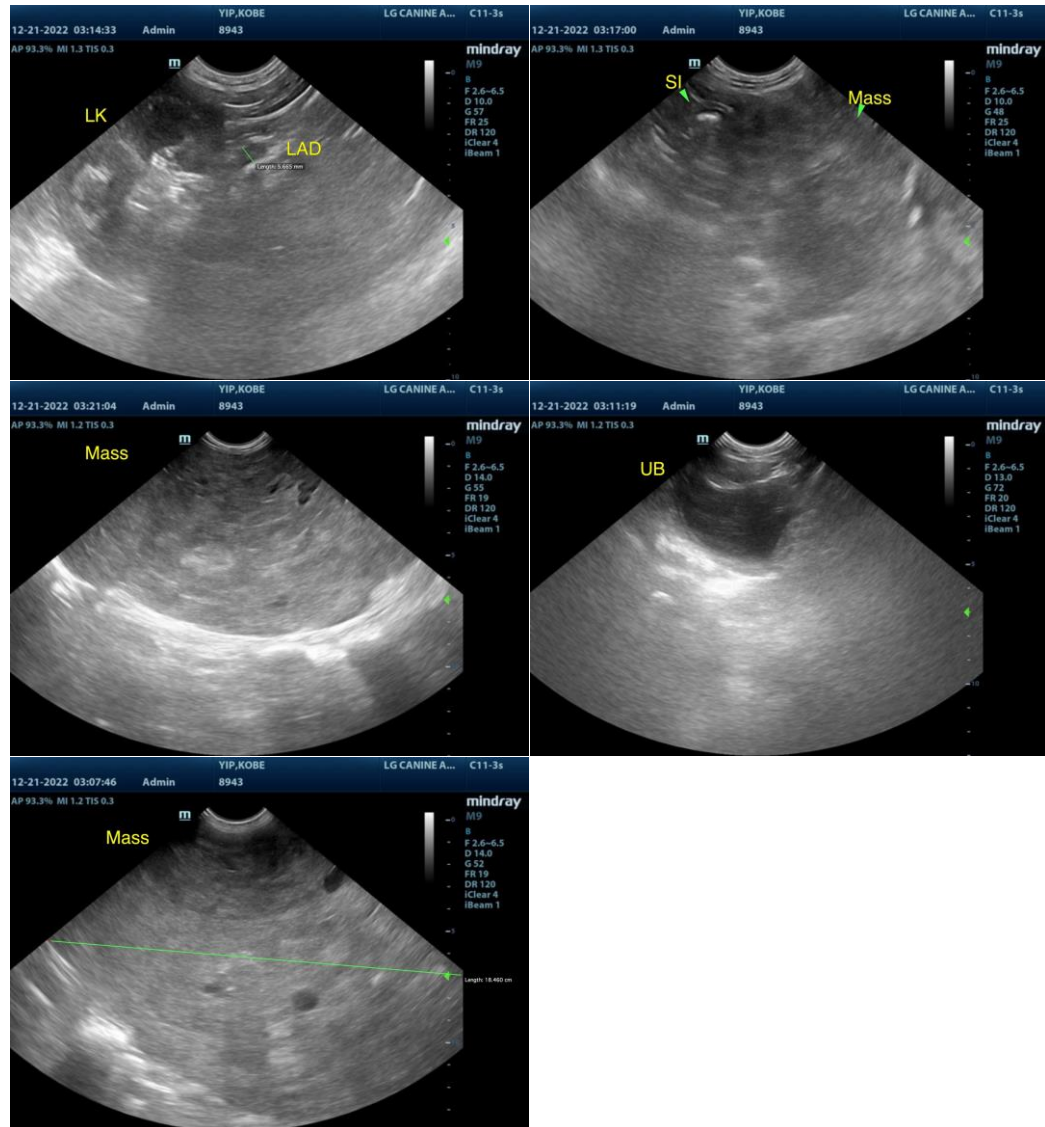
Dr. Sharkaway

INVOICE

12501ag

DATE

12/21/2022



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)
mac.daniel@sonopath.com