



PATIENT

Polly Duensing

SPECIES

Canine

BREED

Boxer Mix

SEX

FS

AGE

5 years

WEIGHT

68.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Oetting

INVOICE

12898

DATE

12/28/21

PRESENTING CLINICAL SIGNS

Since boarding at beginning of December has vomited a few times, increased urination, and has loose stools. O reports attitude not the same and not eating normally.

Abnormal PE/Chem/CBC/UA Results: Bloodwork normal. Has lost 6 lbs since September. Urine has some RBC and WBC. Stool sample negative for eggs, ova, and giardia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.4 cm in length. The right kidney measured 6.4 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 0.50 cm width at the caudal pole and 0.43 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 0.54 cm width at the cranial pole.

Spleen

The spleen exhibited potential for generalized enlargement yet maintained symmetrical capsule contour. Multifocal, variably sized, hypoechoic yet expansive parenchyma nodules to nodular mass lesions were present in the spleen. An example of a nodular mass lesion measured 3.5 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited regional hypoechoic mural hypertrophy with indistinct to loss of discernable gastric wall layering within the gastric body and fundus. Ventral gastric body wall width measured 0.9 cm.

The visualized small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio. The jejunum wall width measured 0.33 cm.



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The visualized colon was sonographically unremarkable containing formed feces.

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Pancreas

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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 were evident.

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Free Abdomen

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Ill-defined, asymmetrical to lobulated nodular, hypoechoic mass lesions were present in the caudal abdomen adjacent to the iliac trifurcation and potential pelvic inlet, as well as within the subjective mid-abdomen potentially adjacent to the ileocolic junction. An example of a caudal abdominal to pelvic inlet mass measured 5.5 cm x 4.5 cm. An example of a subjective mid-abdominal mass measured approximately 7.0 cm x 6.0 cm. Associated reactive mesentery and tissue were noted around the ill-defined intraabdominal to pelvic masses. Potential for asymmetrical lymphadenopathy or undifferentiated masses is possible. No evidence of effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Multicentric neoplasia pattern involving the stomach, spleen, omentum including areas of asymmetrical marked lymphadenopathy or ill-defined mid-abdominal to caudal abdominal / pelvic inlet mass lesions

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric round cell neoplasia i.e., lymphoma or other is suspected. Assuming normal clotting status, ultrasound guided FNA of an ill-defined mid-abdominal to caudal abdominal mass, as well as splenic nodular mass lesion using a 25-gauge needle, is warranted for screening cytology and potential for oncology consultation. Unfortunately, this case does not appear to be surgical. Three view chest radiographs are recommended. Continued as-needed gastrointestinal supportive care is recommended.

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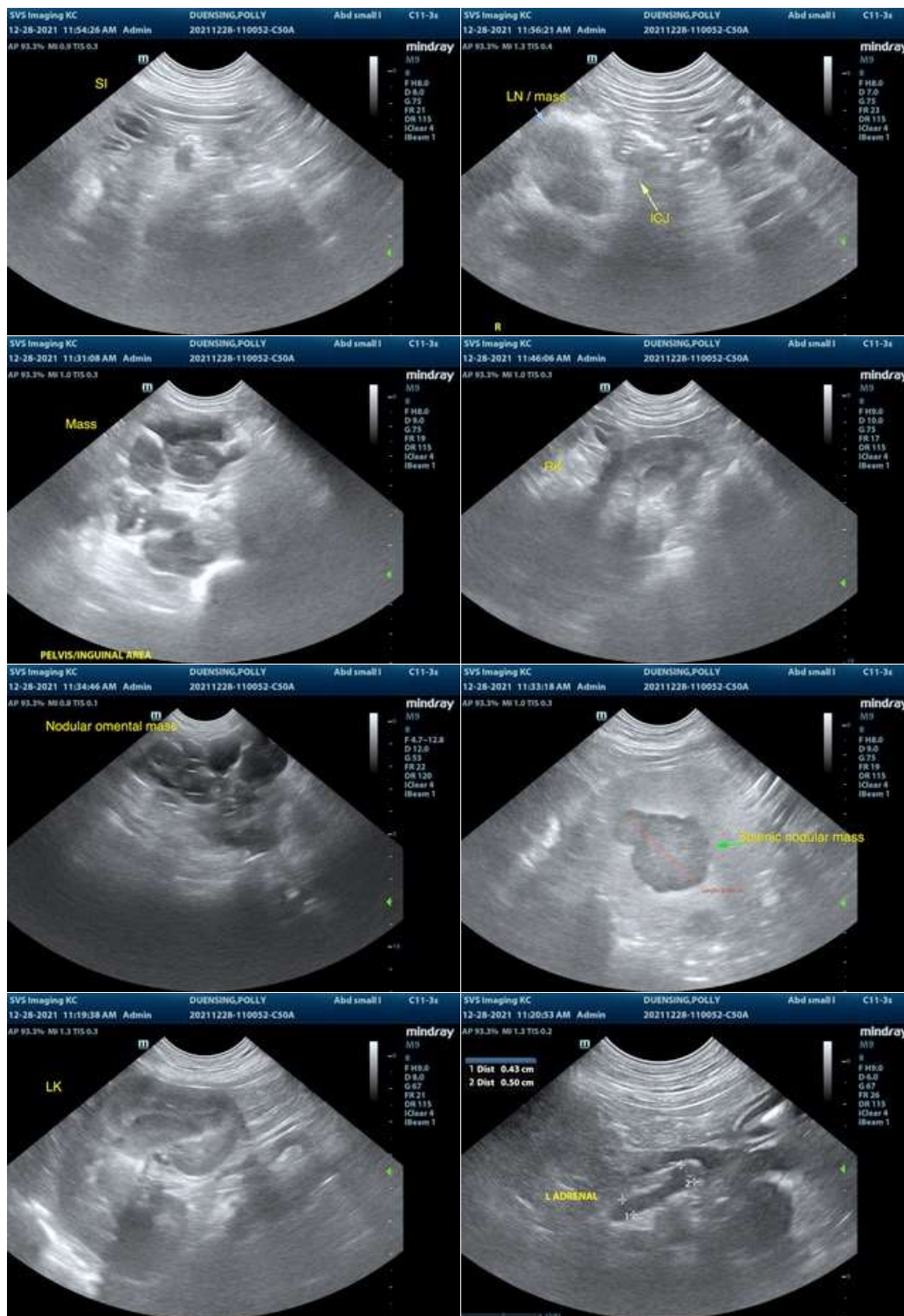
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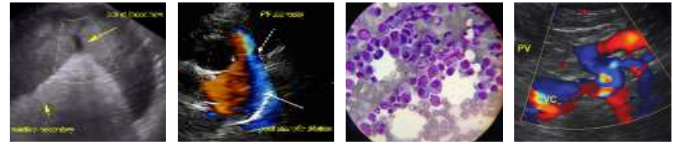
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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