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Clinical Sonography & Telecytology
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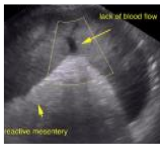
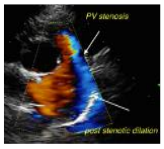
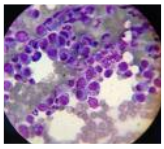
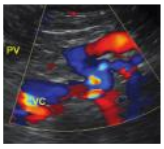





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Layla Smith

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

5 Years

WEIGHT

74.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake VH

INVOICE

20269

DATE

12/29/22

PRESENTING CLINICAL SIGNS

History: Anorexia, FUO, Lethargy, losing weight

Abnormal PE/Chem/CBC/UA Results: Superchem/CBCPCV=34.9%(37.3-61.7) WBC WNL. BUN=4mg/dL Glu=75(74-143) TP=7.3. Hepatic enzymes and renal values WNL. Manual PCV=39% TS=8.0mg/dL Autoagglutination-NEG SpecCPL-Normal<65 UA (cysto clean stick) NEG pH=8 Sediment inactive. NEG glucose/ketones/protein Fast scan reveals no free fluid. Bladder small. Appearance of RT liver lobes abnormal, cavitated and mixed echogenicity Thoracic radiographs-No TB LN enlargement, lungs appear clear. Loss of cranial cardiac waist. Possible RT atrial enlargement. Abdominal radiographs-Loss of detail in cranial abdomen. Slight caudal displacement of SI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine, which prohibited full evaluation of the urinary bladder walls. The ventral urinary bladder wall measured 0.6 cm in wall width. A solitary ill-defined small cyst-like lesion was present in the ventral urinary bladder wall, measuring approximately 1.0 cm in diameter. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. The ureteral papillae were normal. The ureters were not visible which is normal. The urethra was normal to a depth of 4.0 cm.

No overt evidence of significant medial iliac or sublumbar lymphadenopathy/masses.

No evidence of pathology in the area of the uterine remnant.

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 7.0 cm in length. The right kidney measured 7.5 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 0.48 cm width at the caudal pole and 0.48 cm width at the cranial pole.

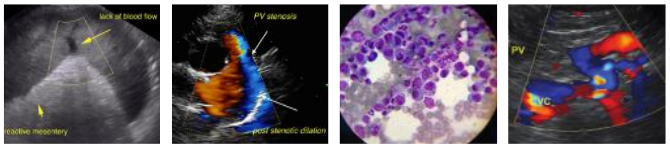
The right adrenal gland was indistinctly visualized owing to regional increased periadrenal omental artifact, subjectively measuring 0.69 cm width at the caudal pole.

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

The liver exhibited subjective borderline to mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to



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mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

Gastrointestinal

The visualized stomach exhibited sonographically unremarkable wall layering. The stomach was nondistended with mild luminal gas without evidence of retained ingesta, fluid or foreign material.

The visualized segments of small intestine exhibited intact wall layering with maintained 1:3 muscularis/mucosa ratio. No evidence of small intestinal mechanical/metabolic ileus.

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

Pancreas

The left pancreatic limb was sonographically unremarkable caudal to the stomach and medial to the spleen. The pancreas base and right pancreatic limb were not definitively visualized given the presence of unspecified right cranial abdominal mass and regional peripancreatic omental artifact.

Free Abdomen

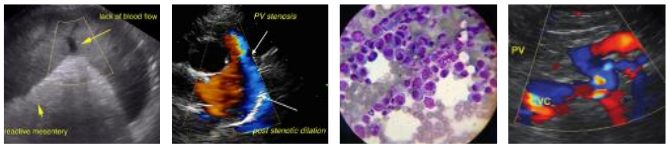
Unspecified, asymmetrical, nonhomogenous, hypoechoic mass was present in the right cranial abdomen in the area of the pancreas base, right pancreatic limb and upper gastrointestinal tract and appeared to directly efface the caudal aspect of the right lateral to caudate liver, measuring 5-6 cm in diameter. Associated regional right cranial to generalized cranial nonuniform to hypoechoic nodular mesentery was noted and suspect concurrent multiple hypoechoic variably enlarged omental lymphadenopathy. An example of suspected hepatic lymph node, adjacent to the portal vein measured 2.6 cm x 1.7 cm. Potential for small pockets of concurrent scant peritoneal free fluid are possible, although not definitive. Separate areas of potential hypoechoic nonuniform to nodular omentum versus pockets of free fluid were noted adjacent to and lateral to the spleen.

ULTRASONOGRAPHIC FINDINGS

- Unspecified nonhomogenous hypoechoic mass in the right cranial abdomen
- Concurrent regional right cranial to generalized cranial nonuniform to hypoechoic nodular omentum and suspect variably sized hypoechoic to swollen omental lymphadenopathy
- Possible scant peritoneal free fluid
- Subjective borderline to mild nonspecific hepatomegaly
- Mild cystitis pattern with unspecified ventral mural cyst lesion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the unspecified right cranial abdominal mass in conjunction with regional to generalized cranial nonuniform to nodular omentum and suspect lymphadenopathy are suggestive of neoplastic criteria with concern for cranial omental carcinomatosis, lymphomatosis or similar. Assuming normal clotting status, FNA cytology of the unspecified mass, as well as screening hepatic cytology is suggested for further assessment and



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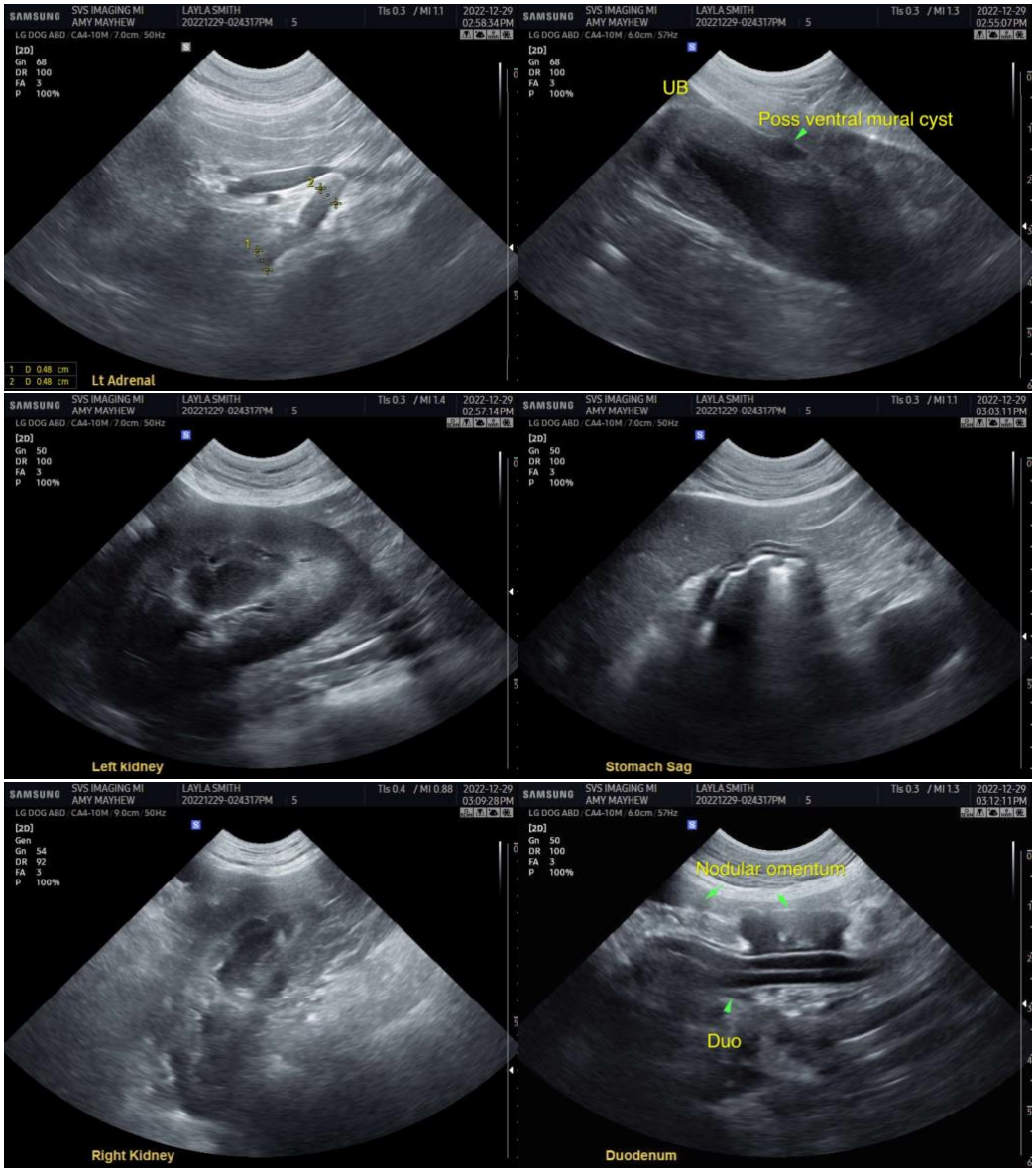
potential for oncology consult. Given this presentation, abdominal CT is likely ideal for further definition, however, potential unfavorable prognosis is indicated.



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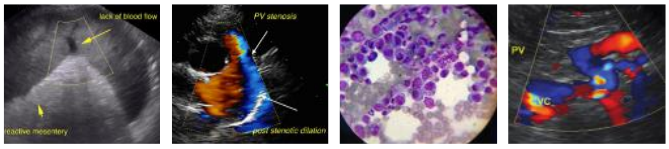

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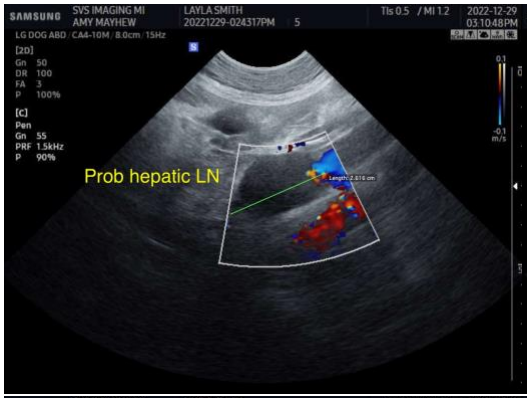

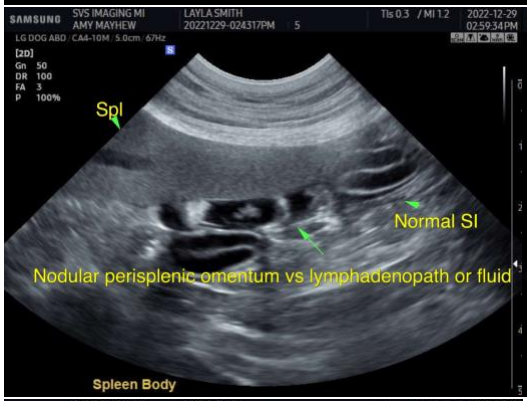

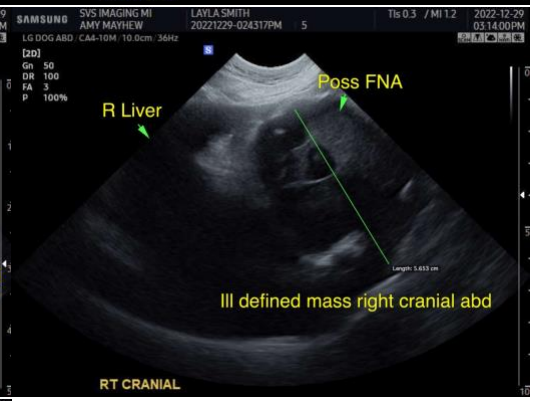

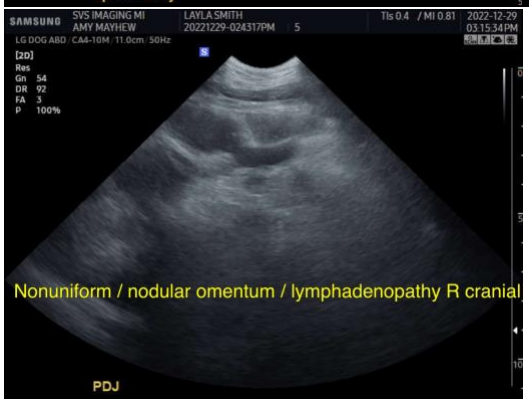

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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