

PATIENT

Nanners Young

SPECIES

Canine

BREED

Shepard Mix

SEX

MN

AGE

12 years

WEIGHT

93 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Companion Pet
Clinic

REFERRING VET

Dr. Mills

INVOICE

13357

DATE

2/15/22

PRESENTING CLINICAL SIGNS

abdominal mass- rule out liver Current Medications ThyroTabs, Carprofen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 4.0 cm. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicity with distal acoustic shadowing was present in the dependent lumen. The calculus measured 1.7 cm diameter. The apical urinary bladder wall measured 0.54 cm width.

No overt pathology was noted in the area of the residual prostate, measuring 1.2 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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. Focal areas of medullary mineralization were present. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 8.7 cm in length.

Adrenal Glands

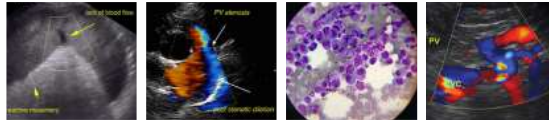
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.69 cm width at the caudal pole and 0.56 cm width at the cranial pole.

Spleen

A large mass involving the spleen with secondary capsule expansion and disruption was present and measured 11.0 cm. The parenchyma of the mass was nonhomogeneous to mixed echogenic exhibiting hyperechoic foci potentially suggestive of mineralization without areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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 mild, nondependent yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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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 no signs of ileus, obstruction, or foreign material.

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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.

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

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Pancreas

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

Regional perisplenic nonuniform hyperechoic mesentery was present. Associated small volume perisplenic to peritoneal free fluid was present. Rapid view of the heart revealed indistinct yet suspicious mildly nonhomogeneous thickening in the area of the right atrioventricular groove adjacent to the right atrium measuring approximately 4.2 cm x 2.7 cm. Scant pericardial free fluid was noted around the heart apex.

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ULTRASONOGRAPHIC FINDINGS

- Cystic calculus with suspect mild cystitis
- Splenic mass with regional perisplenic nonuniform hyperechoic mesentery, associated mild perisplenic to peritoneal free fluid, potential for perisplenic reactive or inflamed mesentery or adhesions Is possible
- Mild hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Indistinct yet suspicious thickening in the area of right atrioventricular groove, minor pericardial effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

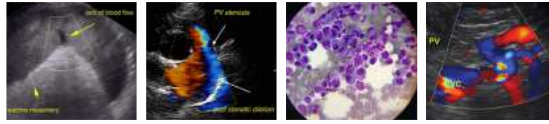
Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible, yet considered less likely. The minor hepatic parenchymal remodeling may indicate benign changes associated with age. However, potential for early to indistinct hepatic metastasis, as well as regional perisplenic omental seeding is of concern. Likewise, there is warranted suspicion of potential emerging mass lesion or thickening suggestive of metastatic disease in the area of the right atrioventricular groove, given the

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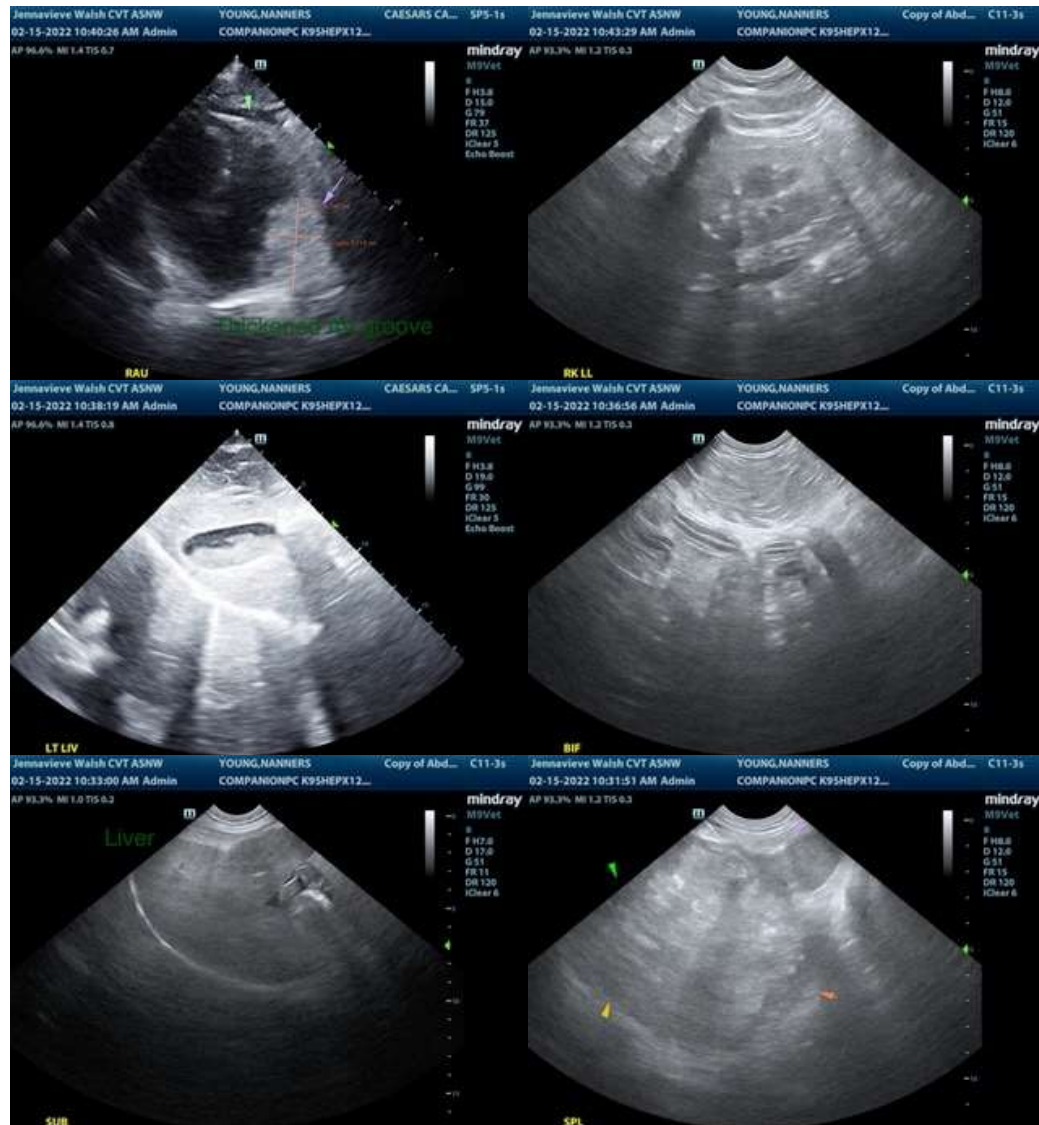
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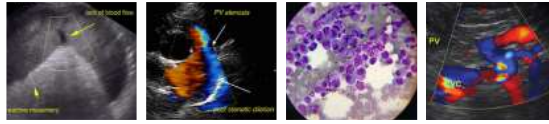
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mild pericardial effusion. Strong suspicion for cardiac metastasis is warranted. A very guarded to likely unfavorable long term prognosis is indicated.





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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)
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