



PATIENT

Ivan Dunn

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

7 years 10 months

WEIGHT

84

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside Veterinary
Clinic

REFERRING VET

Dr. Mack

INVOICE

16173

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Patient presented for difficulty getting around with limping and having difficulty having bowel movements

Abnormal PE/Chem/CBC/UA Results: Very firm, grapefruit-sized, mass-like structure(s) palpated in the sublumbar region. Central mineralizations noted within. Firm, tennis ball-sized mass at right anal sac; uncomfortable on palpation AMYL > 2500

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was not definitively visualized.

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 7.3 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size position and shape. The left adrenal gland measured 0.91 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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 exhibited possible borderline to mild enlargement with areas of capsule asymmetry. Indistinct hypoechoic intraparenchymal nodules with overall moderate coarse hepatic parenchyma echotexture were noted. An example of an indistinct liver nodule measured 1.0 cm in diameter. 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 was indistinctly visualized without overt pathology.

The visualized segments of small intestine were sonographically unremarkable.

The colon was indistinctly visualized potentially owing to displacement secondary to the large caudal abdominal to sublumbar mass.



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Pancreas

Ivan Dunn

The pancreas was indistinctly visualized without overt pathology.

SPECIES

Free Abdomen

Canine

A large, irregular, nonhomogeneous mass occupying the area of the caudal abdomen and sublumbar space measuring approximately 10.0-11.0 cm in diameter was present. Potential mild ventral displacement of the iliac trifurcation was noted. Subjective adequate distal aortic / iliac blood flow was present. No overt evidence of peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

- Large nonhomogeneous mass area of caudal abdomen / sublumbar space
- Indistinctly nodular liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although pending sampling is required for further assessment, the mass in the area of the caudal abdomen and sublumbar space is likely consistent with neoplastic / metastatic criteria.

The indistinct nodular liver changes were more nonspecific with benign vs. metastatic criteria possible. However, given the likelihood of neoplastic criteria associated with the caudal abdomen to sublumbar mass, metastatic nodular hepatic changes are of primary concern.

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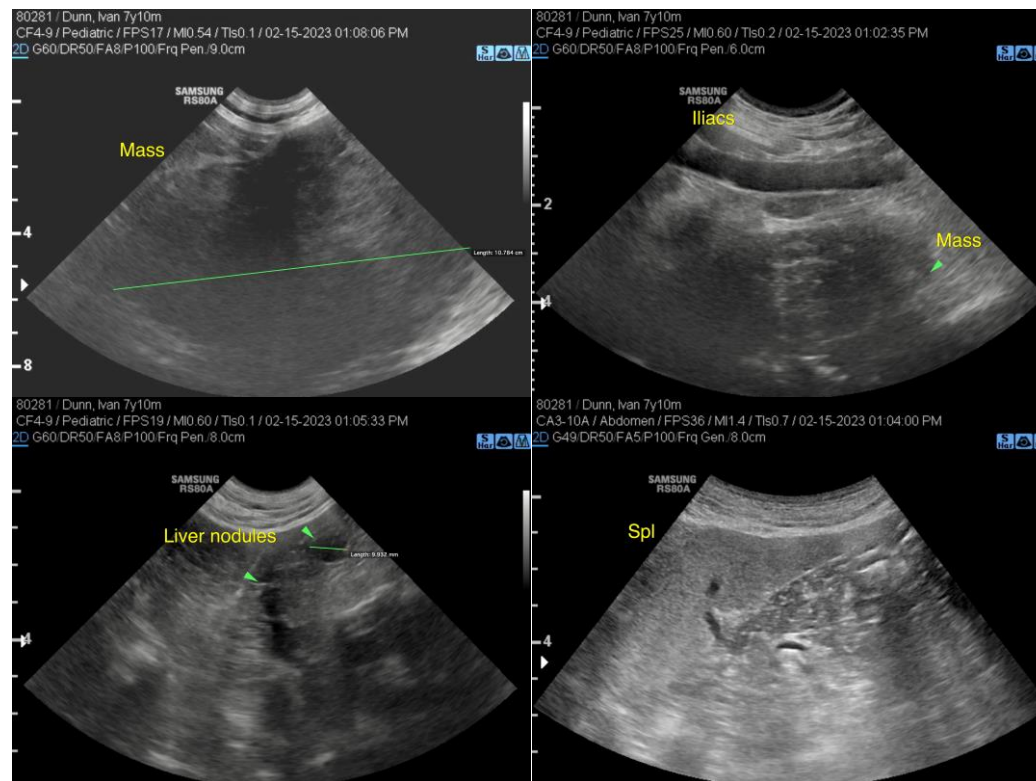
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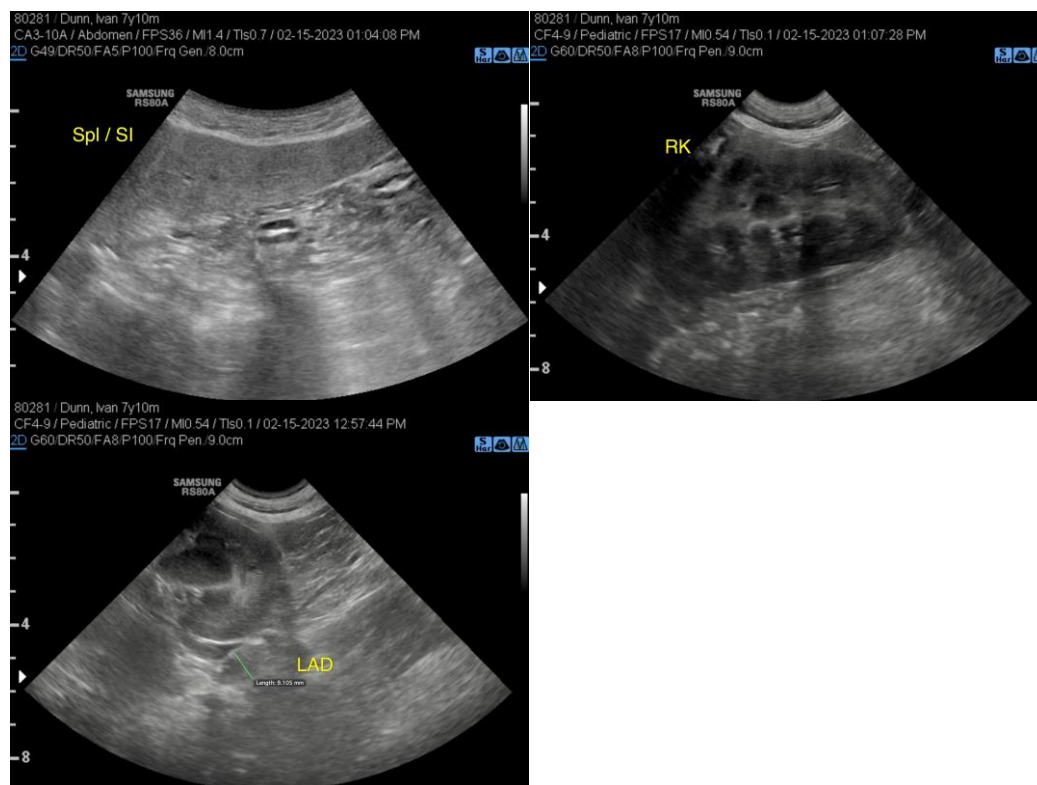
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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