



**PATIENT PRESENTING CLINICAL SIGNS**

Racer Young Owner noted decreased interest in play with other dogs, seems not himself, breathing sounds noisier when laying down. PE normal hydration, heart auscultation normal. Some vomiting. Poss abdominal mass on palpation.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Rads report showed OA, Spondylosis, IVDD and retained material in stomach.

**BREED**

Rottweiler

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 8.2 cm in length. The right kidney measured 8.4 cm in length.

**AGE**

8yr

**WEIGHT**

108.6lb

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were not definitively visualized owing to periadrenal artifact.

**Spleen**

The spleen exhibited normal size and areas of capsule asymmetry. Generalized mild non-homogenous parenchyma was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver/Gallbladder**

The liver was mildly enlarged with areas of capsule asymmetry. Mild decreased parenchymal echogenicity was present exhibiting moderate coarse echotexture. No visualized hepatic masses/nodules present. 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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibiting subtle progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering exhibiting normal wall layer ratio. Segmental mid abdominal unspecified segment of intestine exhibiting mural hypertrophy, decreased mural echogenicity and loss of discernable wall layering was present with wall width measuring up to 0.89 cm.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Bartons Grays AH

**REFERRING VET**

Dr. Virdi

**INVOICE**

12994ag

**DATE**

02/17/2023



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

Racer Young **Pancreas**

**SPECIES**

Canine

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.

**Free Abdomen**

**BREED**

Rottweiler

A large unspecified irregular to hypoechoic mass was present in the mid abdomen measuring ~ 9 cm x 8 cm. Regional hyperechoic to non-uniform omentum was present as well as associated peripheral to intermittent variably sized hypoechoic mesenteric lymphadenopathy. Possible regional peritoneal free fluid present around the abdominal mass.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

8yr

- Large unspecified abdominal mass with concurrent or possible primary segmental intestinal mural mass, associated peripheral hyperechoic omentum and regional lymphadenopathy present with potential for emerging infiltrative mesenteric mass and/or significant associated mesenteric lymphadenopathy
- Mild hepatomegaly exhibiting minor asymmetrical contour and parenchyma hypoechoogenicity
- Mild irregular to heterogenous spleen

**WEIGHT**

108.6lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The unspecified mass is consistent with neoplastic criteria and may be of intestinal, lymphatic or omental origin. Definitive segmental intestinal involvement was noted as indicated by the segmental intestinal mural mass. Strong concern for regional omental seeding i.e., carcinomatosis/lymphomatosis or similar along with likely diffuse mesenteric lymphatic involvement. The hepatosplenic changes were more non-specific yet concern for multicentric neoplasia is warranted.

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Assuming normal clotting status, an abdominal mass and hepatosplenic FNA for screening cytology is warranted for further assessment and potential for oncology consultation. This case appears to be non-surgical. Unfortunately, an unfavorable prognosis is likely indicated.

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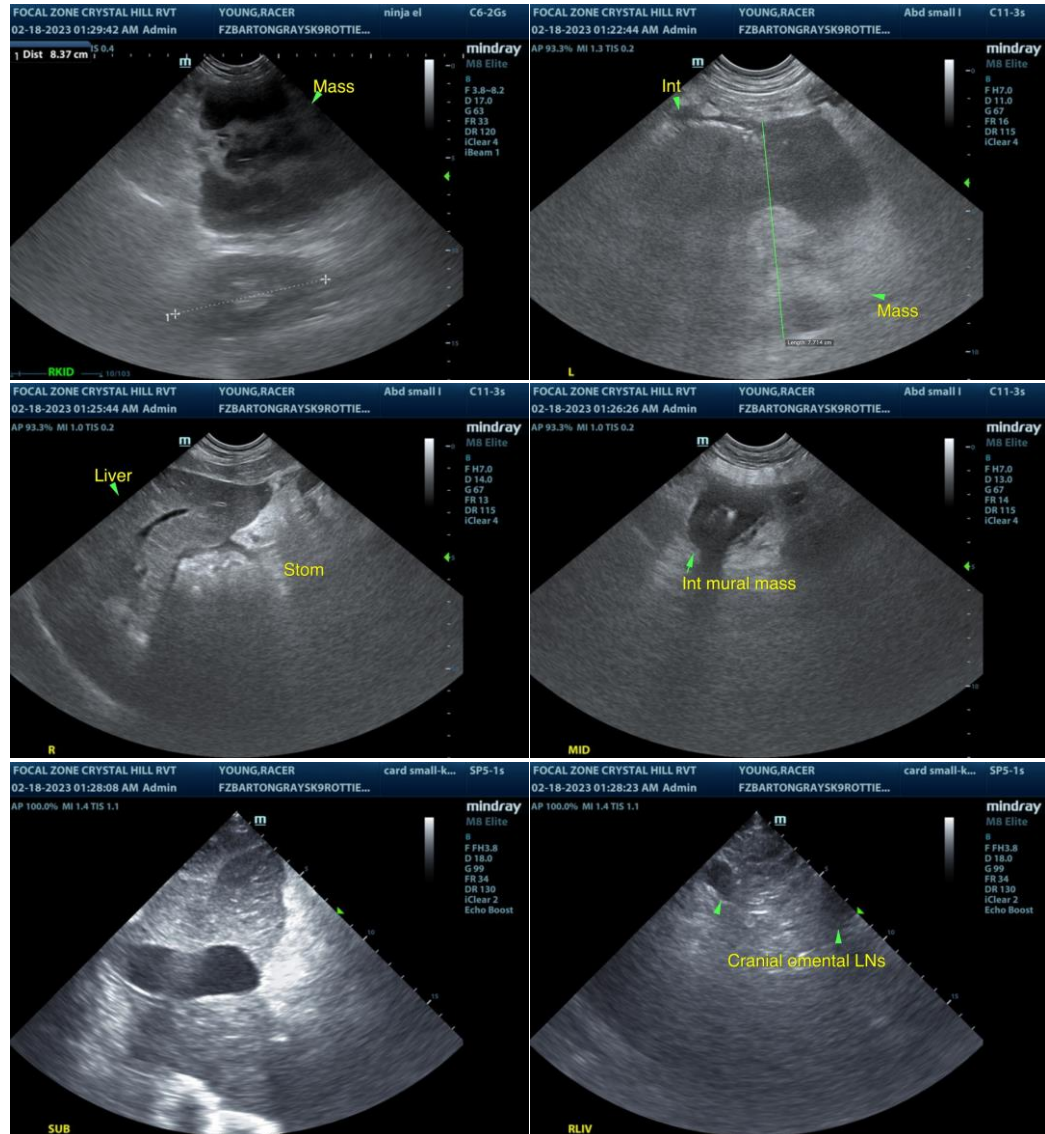
Dr. Virdi

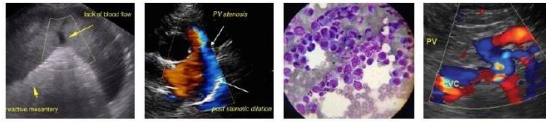
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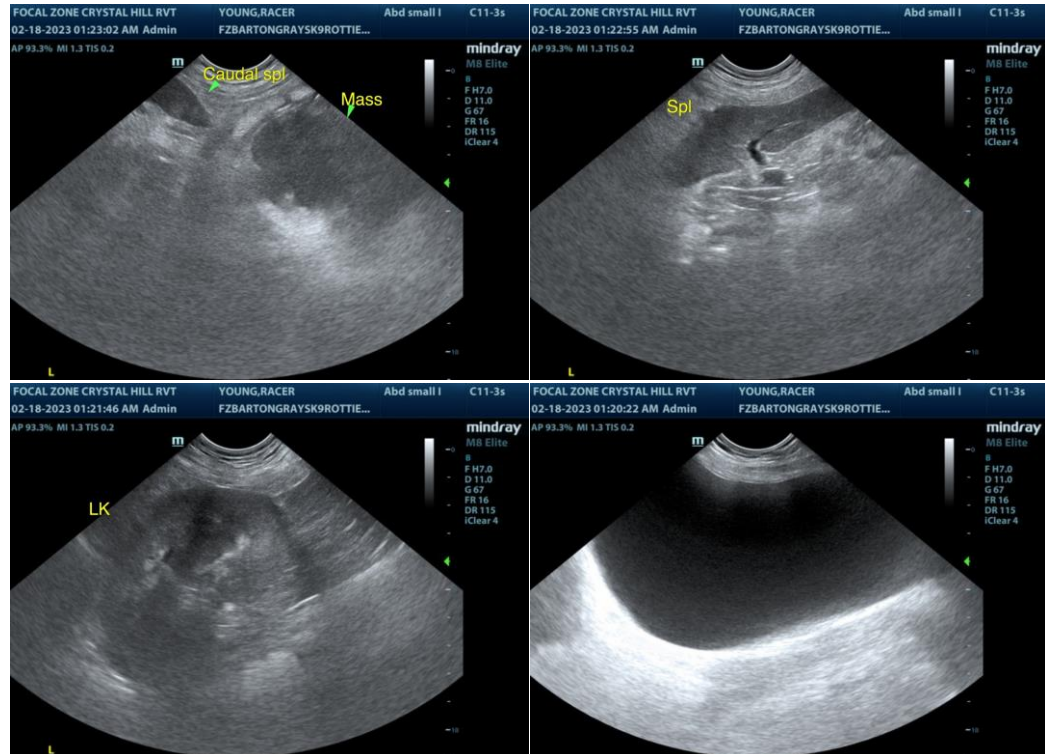
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com