



**PATIENT PRESENTING CLINICAL SIGNS**

Charlie Turner History: 3 day duration anorexia, bloated abdomen, ascites – yellow/brown SG 1.205/TP 3.8  
Medication: Clavamox, Metronidazole, Omeprazole

**SPECIES**  
ALP 321, HCT 39.2  
Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Lab Mix The urinary bladder, trigone, and cystourethral junction 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. Mild nonspecific dilation of the proximal urethra was present.

**SEX**  
MN No overt pathology in the area of the residual prostate was noted.

**AGE** The area of the aortic trifurcation was free of pathology.

12 years 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 8.5 cm in length. The right kidney measured 7.5 cm in length.

**WEIGHT**  
99#

**Adrenal Glands**

**INTERPRETED BY** The left and right adrenal glands were not definitively visualized owing to increased periadrenal omental artifact and peritoneal free fluid.  
R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**Spleen**

**IMAGING PERFORMED BY** The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.  
Rebekah Jakum, CVT  
ARDMS/RVT

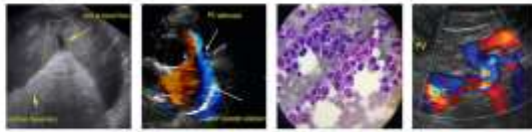
**HOSPITAL NAME**  
Little Gap AH

**Liver/ Gallbladder**

**REFERRING VET** The visualized left and mid liver exhibited normal size and contour with normal parenchyma echogenicity exhibiting mild to moderate coarse echotexture. Nonuniform to nodular subjective hepatic parenchyma was present in the right cranial abdomen subjectively in the area of the right mid to lateral and caudate liver adjacent to the diaphragm. A large, expansive, nonhomogeneous, nodular to cystic mass appearing to occupy the area of the mid to caudal right and caudate liver with caudal expansion into the area of the mid-abdomen was present. The mass measured approximately 15.0 cm in diameter but potentially larger as the entire mass would not fit into a single viewing window. The mass was noted directly adjacent and caudal to the gallbladder. The gallbladder was overall normal in size containing anechoic content. The common bile duct was not definitively visualized.  
Dr. Shelly

**INVOICE**  
13140

**DATE**  
2.2.2022



**PATIENT** *Gastrointestinal*

Charlie Turner The stomach presented intact yet subjective mild prominent wall layering. The stomach was potentially mildly displaced ventrally owing to the mass.

**SPECIES** 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.

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

**BREED** *Pancreas*

Lab Mix 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.

**SEX**

MN *Free Abdomen*

**AGE** Regional to generalized, nonuniform to indistinctly nodular mesentery was noted around the mid to cranial abdominal mass. Moderate volume peritoneal free fluid exhibiting mild cellular component was present. No overt or significant lymphadenopathy was obvious.

12 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT** *Primary Findings*

99#

- Large, expansive, nonhomogeneous, nodular to cystic mass occupying the majority of the mid cranial abdomen - likely hepatic origin
- Nonuniform to Indistinctly nodular mid to cranial abdominal omentum
- Moderate volume peritoneal free fluid exhibiting mild cellular component

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING**

**PERFORMED BY**

Considerations for the mass potentially include cystic biliary adenoma, cystic biliary adenocarcinoma, other benign vs. malignant neoplasia, or other.

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Little Gap AH

Secondary effusion owing to portal hypertension, inflammation with the possibility of Intraabdominal carcinomatosis, given the nonuniform to indistinctly nodular appearance of the liver, are possible. Effusion cytology +/- C/S could be considered if clinically indicated.

**REFERRING VET**

Dr. Shelly

Given the size of the mass, non-hepatic origin cannot be definitively excluded, yet considered less likely. Subjectively, the mass does not appear to be amendable to complete surgical resection. Further assessment may include abdominal CT.

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**PATIENT**

Charlie Turner

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

MN

**AGE**

12 years

**WEIGHT**

99#

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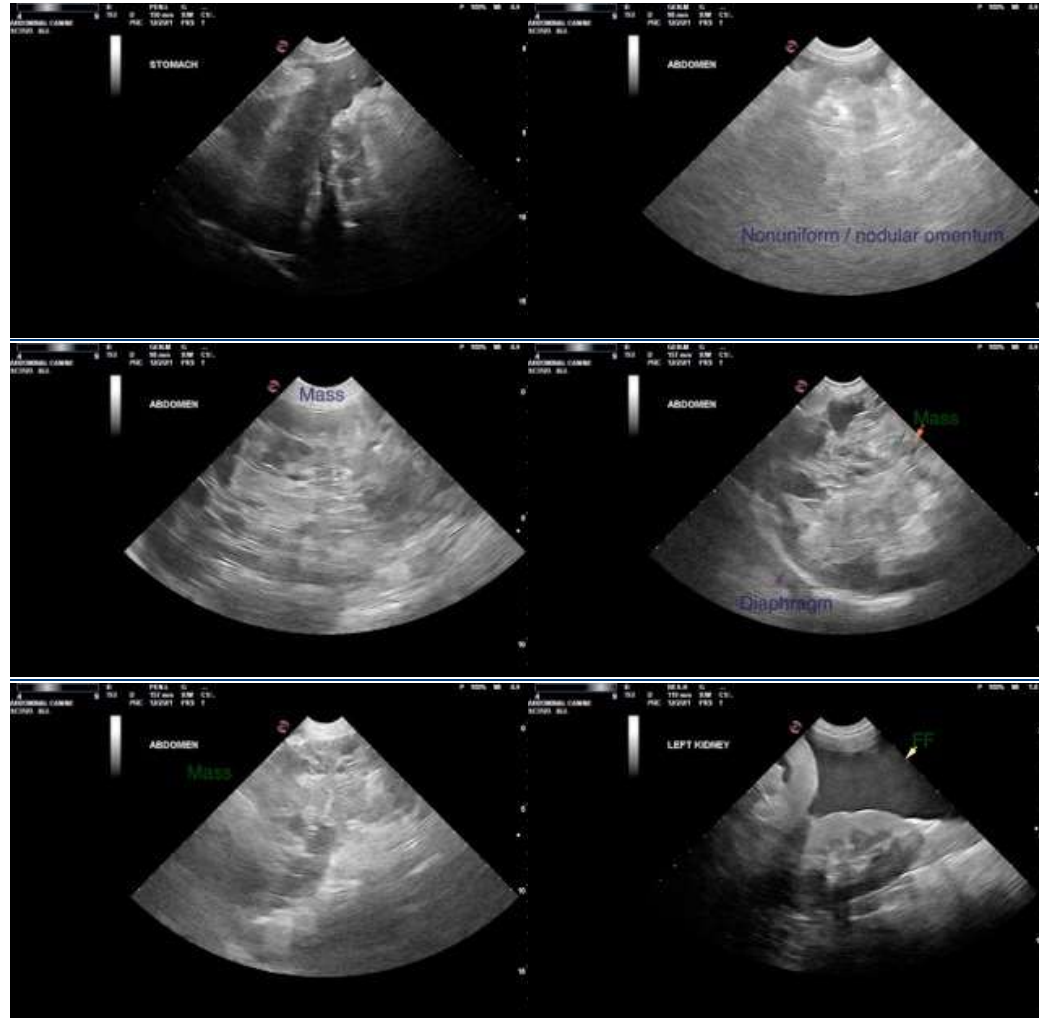
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**PATIENT**

Charlie Turner

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

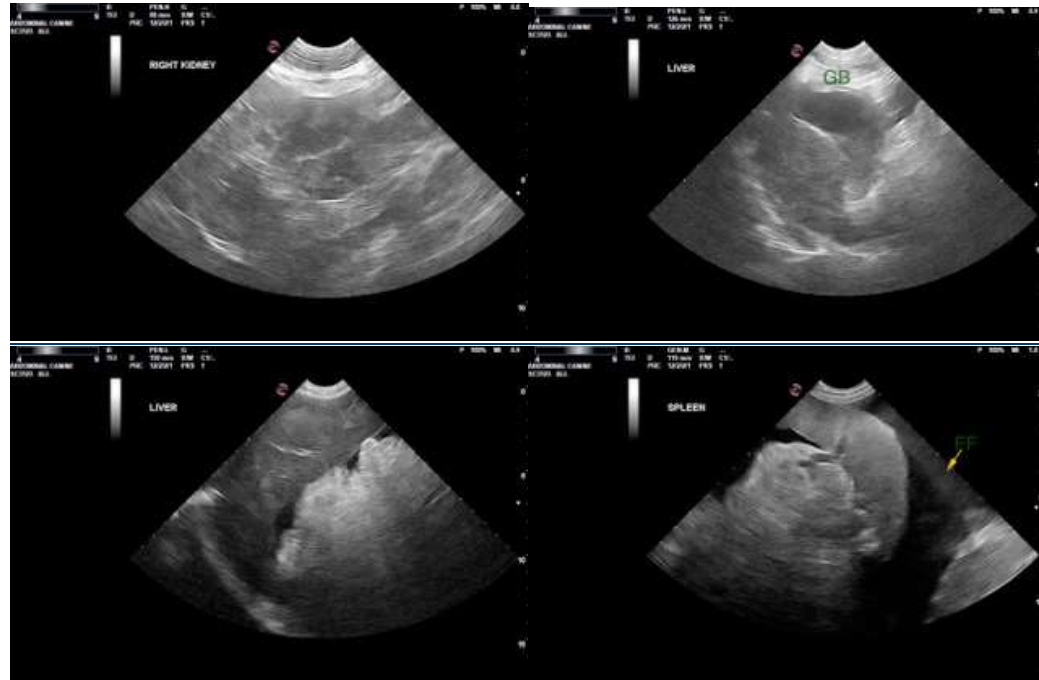
MN

**AGE**

12 years

**WEIGHT**

99#



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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.

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