



PATIENT

Desna Mondy

SPECIES

Canine

BREED

Siberian Husky

SEX

FS

AGE

12 years

WEIGHT

33 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Yenssen

INVOICE

13147

DATE

2/2/22

PRESENTING CLINICAL SIGNS

Concerns about possible abdominal mass.

Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

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. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

The spleen was indistinctly visualized potentially owing to volume contraction. No overt splenic masses or nodules were noted.

Liver/ Gallbladder

The liver exhibited moderate to marked generalized enlargement. A large, nonhomogeneous, mixed echogenic to cavitated mass occupying the majority of the mid hepatic parenchyma was present measuring approximately 9.0-10.0 cm in diameter. A separate mass exhibiting nonhomogeneous echogenicity subjectively deriving from the ventrocaudal liver extending into the area of the gastric axis was present measuring approximately 9.0 cm in diameter. Potential for mild gastric displacement owing to the hepatomegaly is possible. Regional reactive perihepatic mesentery was present. No overt evidence of free fluid was noted. The gallbladder was indistinctly visualized owing to adjacent mid abdominal mass.

Gastrointestinal

Potential for mild gastric displacement owing to the hepatomegaly is possible. The visualized stomach was sonographically unremarkable with intact wall layering. The gastric body wall width measured 0.40 cm.

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.



PATIENT

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

Desna Mondy

Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Siberian Husky

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

FS

- Generalized moderate to marked hepatomegaly exhibiting multiple complex masses
- Associated regional perihepatic reactive mesentery

AGE

Secondary Findings

12 years

- Mild chronic renal changes

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

33 kg

Although sampling is required for further clarification the hepatic masses are strongly suggestive of neoplastic criteria. The cavitated areas within the mid hepatic mass may indicate areas of necrosis or intra-mass hemorrhage.

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This case appears to be nonsurgical, given multiple hepatic masses, likely involvement of more than one liver lobe, and likely extension of the mid hepatic mass into the area of the porta hepatis. Unfortunately, an unfavorable prognosis is likely indicated.

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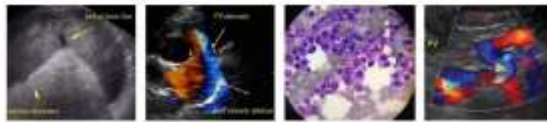
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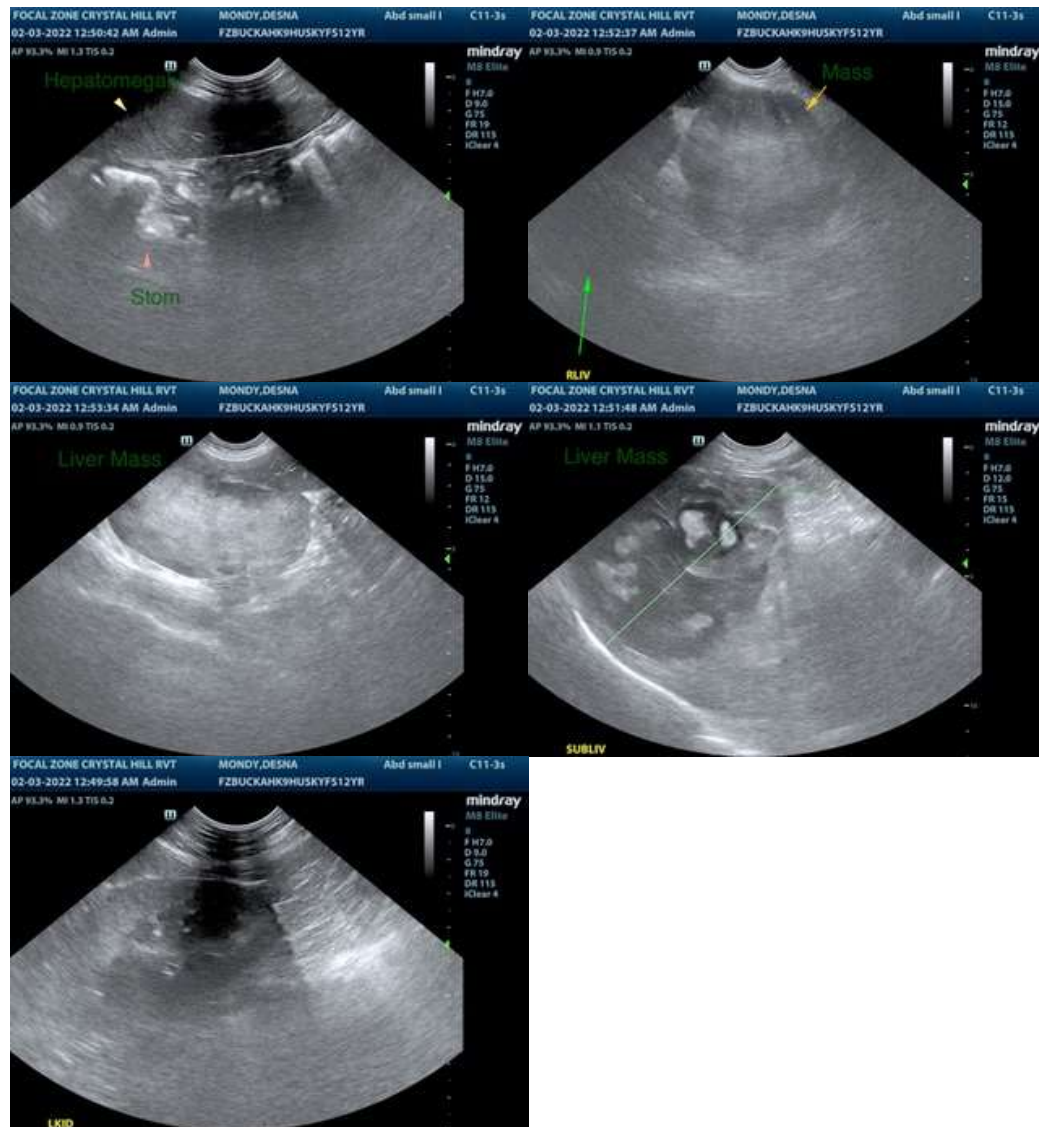
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com



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