



PATIENT PRESENTING CLINICAL SIGNS

Bob Morin History: Weight loss, muscle loss, reduced appetite of unknown origin. Concerned re: Hepatopathy vs neoplasia. Currently on Metacam

SPECIES Abnormal PE/Chem/CBC/UA Results: NAF on bloodwork in January 22,

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Golden Retriever

Urinary System

SEX

Neutered male

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.

AGE

13 years

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly 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 7.6 cm in length. The right kidney measured 7.3 cm in length.

WEIGHT

39.1 kg

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

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 at the cranial pole and 0.68 at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient confirmation, subjectively measuring 0.75 at the caudal pole.

Spleen

IMAGING PERFORMED BY

Crystal Hill

The spleen was overall normal in size and contour. The spleen exhibited subtle generalized parenchymal heterogeneity with a focal well demarcated spherical hyperechoic nodule present in the caudal spleen exhibiting mild distal acoustic shadowing.

HOSPITAL NAME

Westoak Animal
Hospital

Liver

The liver exhibited moderate generalized enlargement. Decreased hepatic parenchymal echogenicity exhibiting moderate coarse echotexture with multifocal variably echogenic to expansive nodules were present. An example of a hypoechoic nodule measured 1.2 cm in diameter.

REFERRING VET

Dr. Fisher

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

10061ag

Gastrointestinal

The stomach was ill visualized owing to hepatopathy along with regional peri hepatic increased omental artifact.

DATE

02/23/2022

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 mechanical or metabolic ileus, obstruction or foreign material.

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



PATIENT *Pancreas*

Bob Morin 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.

SPECIES

Canine

Free abdomen

The abdomen exhibited regional peri hepatic reactive mesentery. No overt lymphadenopathy or peritoneal effusion was noted.

BREED

Golden Retriever

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

- Hepatomegaly exhibiting hypoechoic diffuse variably echogenic nodular parenchyma.
- Associated regional peri hepatic reactive mesentery.
- Nonspecific solitary hyperechoic splenic nodule-myelolipoma, focal mineralization, previous infarct, nodular hyperplasia, primary vs metastatic neoplasia possible.
- Mild chronic renal changes.

AGE

13 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

39.1 kg

Although cytology is needed for further clarification and potential definitive diagnosis, the appearance of the liver is consistent with diffuse infiltrative neoplasia. Potential for early splenic involvement may be possible yet is not definitive. Assuming normal clotting status, an ultrasound guided FNA of the liver using a 25g needle is warranted for screening cytology and the potential for oncology consult.

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(Canine and Feline)

This case does not appear to be surgical as the diffuse liver appears to be involved.

IMAGING PERFORMED BY

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Concurrent screening splenic FNA using a 25g needle could also be considered for further clarification and additional staging, however a very guarded to likely unfavorable prognosis is unfortunately indicated.

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PATIENT

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SPECIES

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BREED

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Neutered male

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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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