



PATIENT

Louie Castelli

SPECIES

Canine

BREED

Cocker Spaniel

SEX

MN

AGE

12

WEIGHT

30

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Michelle Roche

INVOICE

13399

DATE

2/23/22

PRESENTING CLINICAL SIGNS

Hepatoid carcinoma-follow up Recent pain episodes-treated for IVDD Cancer progress
Abnormal PE/Chem/CBC/UA Results: Cataracts, inguinal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the residual prostate was free of overt pathology.

Marked, nonhomogeneous, medial iliac, and potential hypogastric lymphadenopathy was noted cranial and dorsal to the urinary bladder in the area of the iliac trifurcation. An example of a probable medial iliac lymph node measured 3.9 cm x 2.5 cm, and 4.9 cm x 2.0 cm. No overt impingement to vascular flow was evident.

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 4.6 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was not overtly 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 presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. A solitary, well-demarcated, uniform mildly hyperechoic intraparenchymal nodule was present in the subjective left ventral liver measuring 1.0 cm in diameter. A definitive liver mass was not obvious. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact yet mildly prominent wall layering with moderate retained anechoic fluid. The gastric body wall width measured 0.32 cm. No overt evidence of gastric foreign body or obvious mechanical pyloric outflow obstruction was noted.

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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.

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

SEX

Pancreas

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The pancreas exhibited subjective mildly prominent size and mildly asymmetrical contour with mildly hypoechoic to heterogeneous parenchyma compared to adjacent nonreactive omentum.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

30

- Marked nonhomogeneous medial iliac and potential hypogastric lymphadenopathy, potential for unspecified peri iliac mass
- Mild hepatomegaly with focal, nonspecific intraparenchymal nodule
- Mildly prominent to hypoechoic pancreas - nonspecific
- Bilateral mild chronic renal changes
- Mild hypomotile stomach

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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An overt hepatic mass was not present in this study. The noted intraparenchymal nodule was nonspecific with considerations including focal lipogranuloma, nodular hyperplasia, hematopoiesis, emerging primary or metastatic nodule possible.

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Assuming normal clotting status, ultrasound guided FNA of the probable marked medial iliac lymphadenopathy for screening cytology and potential oncology consultation is recommended.

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Potential for low-grade to chronic pancreatitis is possible with associated gastric hypomotility. As-needed gastrointestinal supportive care is suggested if recent evidence of vomiting or inappetence.

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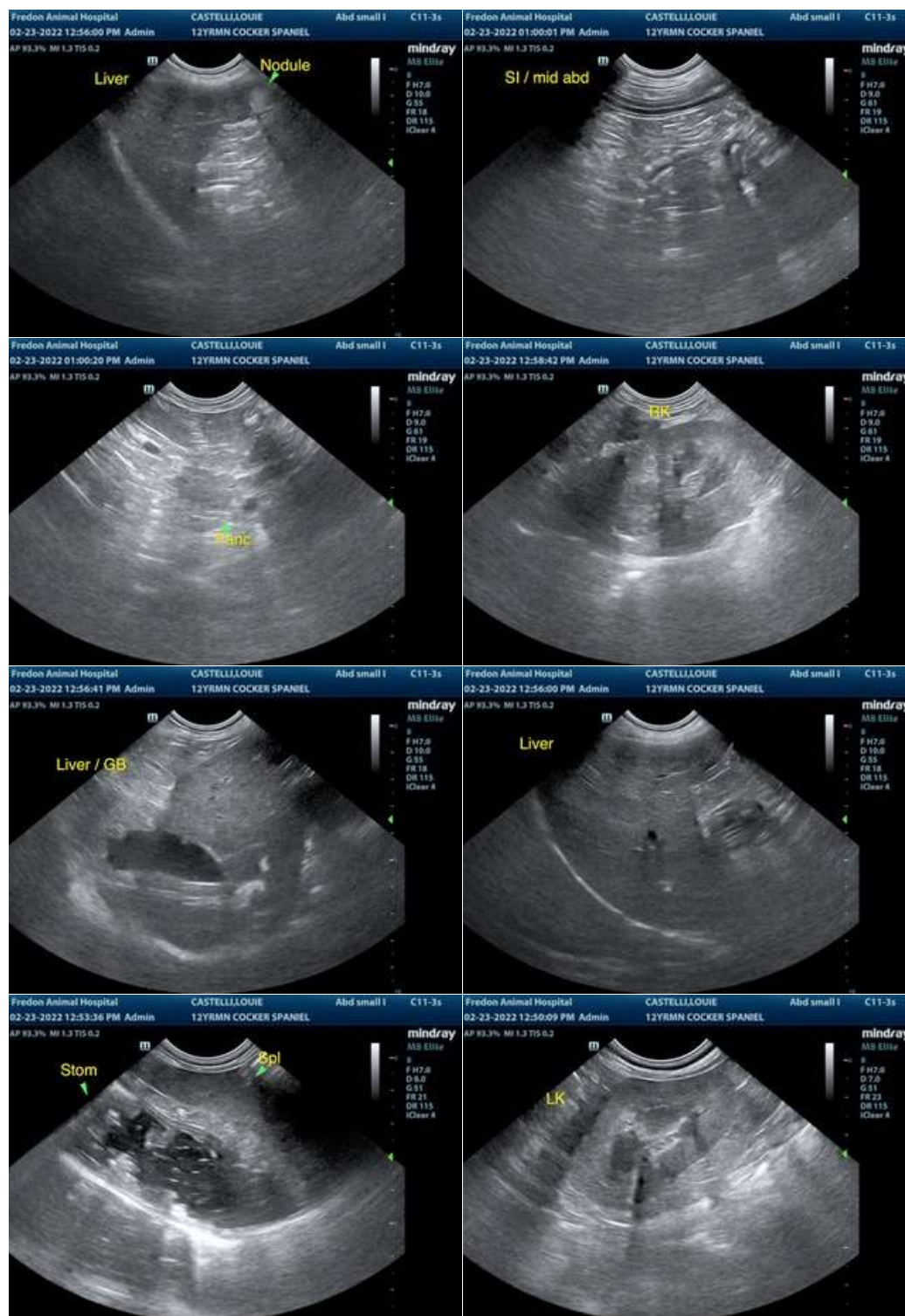
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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