



**PATIENT PRESENTING CLINICAL SIGNS**

Buddy Suarez Acute inappetance, vomiting, lethargy

ALT 9892, ALP 358, AST 1711, BUN 32, WBC 29.6, HCT 32

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Cavalier King Charles  
 Spaniel

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. Multiple small dependent calculi were present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

**SEX**

M/N

The residual prostate was free of pathology.

**AGE**

2015

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 5.3 cm in length. The right kidney measured 5.7 cm in length.

**WEIGHT**

34

**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 2.3 cm length x 0.53 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.55 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**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.

**HOSPITAL NAME**

Mill Pond VC

**Liver/ Gallbladder**

**REFERRING VET**

Dr. Schnolis

A large, expansive, irregular nonhomogeneous nodular caudal liver mass extending into the cranial abdomen and area of the gastric axis was present measuring approximately 10.0 cm in diameter. Mild regional perihepatic hyperechoic omentum was noted around the mass. Overall generalized hepatomegaly was noted. The intact hepatic parenchyma deep to the mass exhibited normal parenchyma echogenicity with mild to moderate coarse echotexture. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

16294

**DATE**

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**PATIENT** ***Gastrointestinal***

Buddy Suarez The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. A mild amount of retained anechoic fluid was present.

**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***

Cavalier King Charles Spaniel 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** ***Free Abdomen***  
 M/N

**AGE** Scant peritoneal free fluid was noted primarily in the lateral abdomen. No omental masses or overt lymphadenopathy was noted.

2015 **ULTRASONOGRAPHIC FINDINGS**

- WEIGHT** 34
- Multiple small dependent cystic calculi
  - Hepatomegaly with nonhomogeneous nodular irregular caudal mass extending into cranial abdomen and area of gastric axis
  - Mild gastritis pattern, sonographically unremarkable small bowel
  - Scant peritoneal free fluid
  - Mild age-related kidneys

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling or histopathology is required for further assessment, the hepatic mass was sonographically most suggestive of neoplastic criteria.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

Mill Pond VC

Screening FNA cytology of the mass is warranted for further assessment. Potentially the mass may be amendable to surgical resection based on location. No overt evidence of intraabdominal metastasis. Three-view chest radiographs are recommended. As-needed gastrointestinal supportive care is recommended.

**REFERRING VET**

Dr. Schnolis

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**PATIENT**

Buddy Suarez

**SPECIES**

Canine

**BREED**

Cavalier King Charles  
Spaniel

**SEX**

M/N

**AGE**

2015

**WEIGHT**

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**HOSPITAL NAME**

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**REFERRING VET**

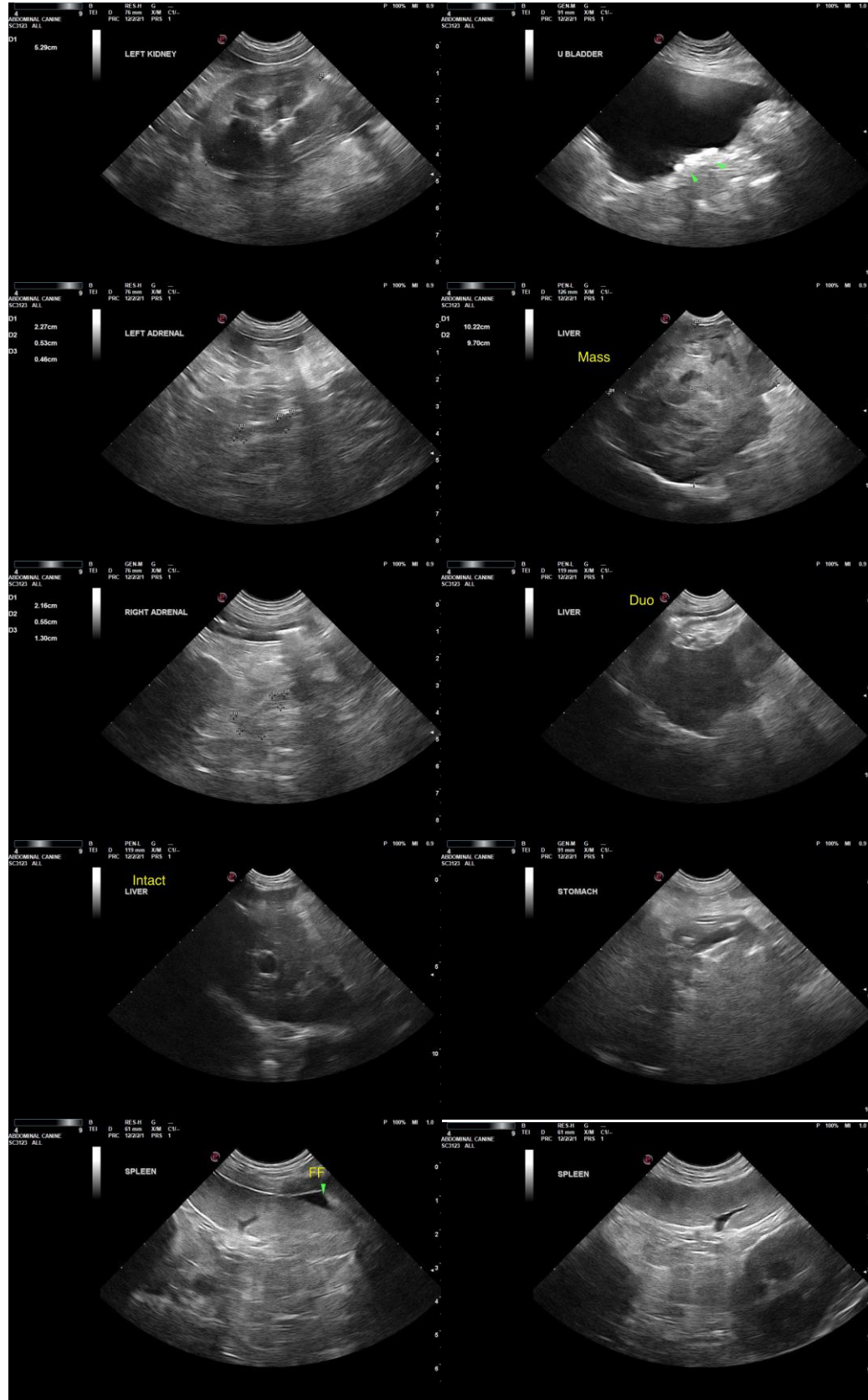
Dr. Schnolis

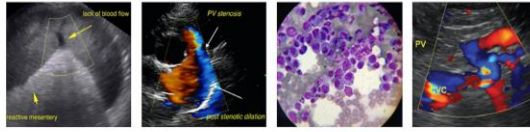
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**PATIENT**

Buddy Suarez

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.

**SPECIES**

Canine

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.

**BREED**

Cavalier King Charles  
Spaniel

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

M/N

**AGE**

2015

**WEIGHT**

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