



**PATIENT**

Yogi Bear Jones

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

87.4 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kely Vazquez

**HOSPITAL NAME**

Legacy AH

**REFERRING VET**

Dr. Kristin Potenzzone

**INVOICE**

14118

**DATE**

2/28/22

**PRESENTING CLINICAL SIGNS**

History: Patient has a history of cardiac disease. Hepatopathy - was chronic low grade, in 2 months labs doubled. Current meds: ALT 505, ALP 2,799, ProBNP 986. Current meds: benazapril, Denamarin Advanced, Vetmedin, and CBD.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 were noted. Aortic trifurcation was normal.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

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 6.4 cm in length. The right kidney measured 6.6 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.2 cm in length x 0.68 width in the caudal pole. The right adrenal gland measured 2.0 cm in length x 0.92 cm width in the caudal pole.

**Spleen**

The spleen exhibited normal overall size and contour with generalized mild splenic parenchyma heterogeneity. Solitary, small yet mildly expansive uniform hypoechoic nodule noted in the caudomedial spleen, measuring 1.1 cm in diameter.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Moderately sized to expansive nonhomogeneous mass, exhibiting mild cystic criteria present in the caudal liver, subjectively mid to right caudal liver. The mass was noted caudal to the gallbladder without overt evidence of gallbladder impingement or disruption of bile outflow. The mass measured potentially 9-10 cm in diameter. Subtle evidence of regional perihepatic reactive mesentery was noted. No evidence of perihepatic or peritoneal free fluid or overt lymphadenopathy. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

**Gastrointestinal**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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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.

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

**Pancreas**

**BREED**

Labradoodle

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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

- Nonhomogeneous to moderately expansive caudal liver mass with associated regional mild perihepatic reactive mesentery
- Solitary, mildly expansive, hypoechoic splenic nodule
- Bilateral mild chronic renal changes

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Given the nonhomogeneous to cystic presentation of the liver mass, neoplastic criteria is favored. Non-neoplastic etiologies may be possible yet considered less likely. Assuming normal clotting status, ultrasound guided FNA of the hepatic mass, using a 25-gauge needle, could be considered for screening cytology. Subjectively, the surgical resectability of the mass appears to be questionable with potential for involvement of more than one liver lobe and location adjacent to the gallbladder. Further assessment with abdominal CT could be considered for additional clarification and potential surgical planning, if surgical options are a possibility.

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Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or primary or metastatic neoplasia.

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Concurrent ultrasound guided FNA of the splenic nodule could be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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Three-view chest radiographs recommended, if not done.

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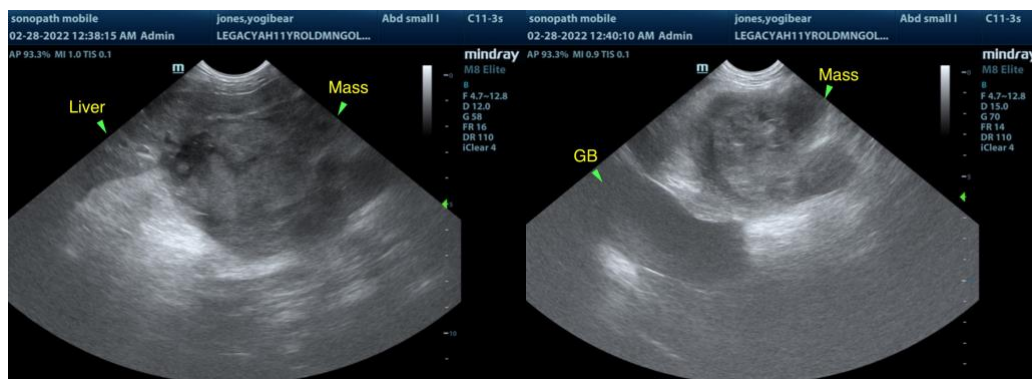
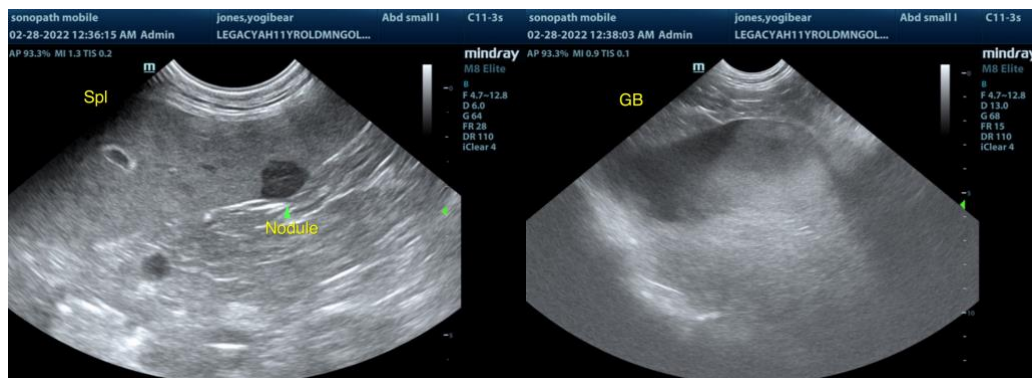
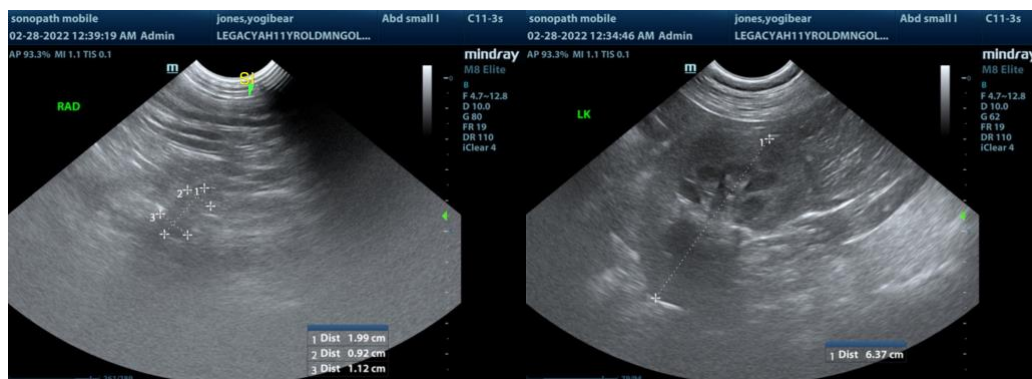
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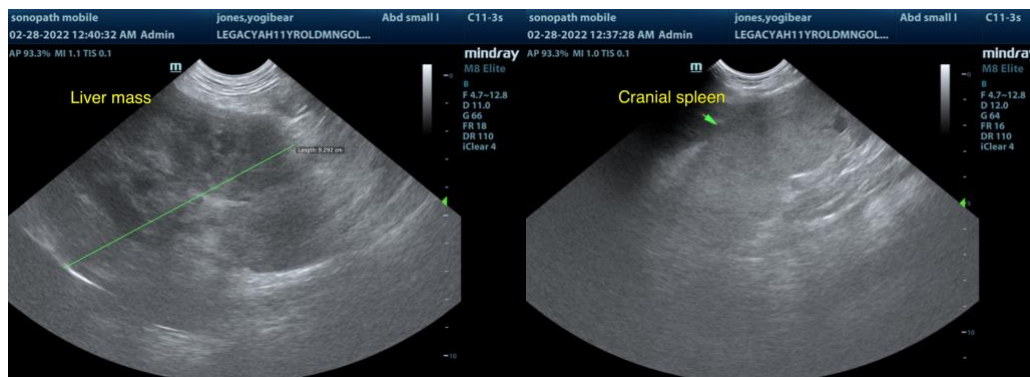
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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