



PATIENT

Dempsey Mazin

SPECIES

Canine

BREED

Boxer

SEX

MN

AGE

9 years

WEIGHT

62 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Ho-Ho-Kus VH

REFERRING VET

Dr. Dan Eisenberg

INVOICE

DATE

2/9/22

PRESENTING CLINICAL SIGNS

Last echo performed by SonoPath 12/3/2020. Patient presents today for follow up echo. (Possible abnormal area seen during echo, abdominal scan was done today as well.

Abnormal PE/Chem/CBC/UA Results: Bloods: pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No overt pathology was noted in the area of the residual prostate.

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 6.3 cm in length. The right kidney measured 6.3 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 0.56 cm width in the cranial pole and 0.56 cm width in the caudal pole. The right adrenal gland measured 0.75 cm width in the cranial pole and 0.72 cm width in the caudal pole.

Spleen

The spleen exhibited normal size and contour with generalized splenic parenchyma heterogeneity. Intermittent non-expansive, subtle, hypoechoic splenic nodules were present. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver exhibited subjective potential for generalized enlargement with normal hepatic parenchyma echogenicity noted in the left to mid liver with mild to moderate coarse echotexture. A moderately expansive, nonhomogeneously echogenic mass occupying the right lateral to caudate liver, measuring approximately 11.0 cm in diameter, was present. Several, variably sized, intra-mass cystic lesions were present, an example measuring 5.0 cm in diameter. The cystic lesions contained subjective anechoic fluid. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The visualized gastric walls were normal. The lumen of the stomach contained moderate to marked ingesta exhibited progressive distal acoustic shadowing.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, nonshadowing digesta / chyme was present.

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

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Heterogeneous splenic parenchyma exhibiting intermittent discreet hypoechoic nodules
- Right lateral to caudate liver mass exhibiting intra-mass cystic lesions
- Moderate to marked gastric ingesta
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with the most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

Assuming normal clotting status, ultrasound guided FNA of the liver mass, as well as the spleen, using a 25-gauge needle, is recommended for screening cytology. Three view chest radiographs if not done are recommended.



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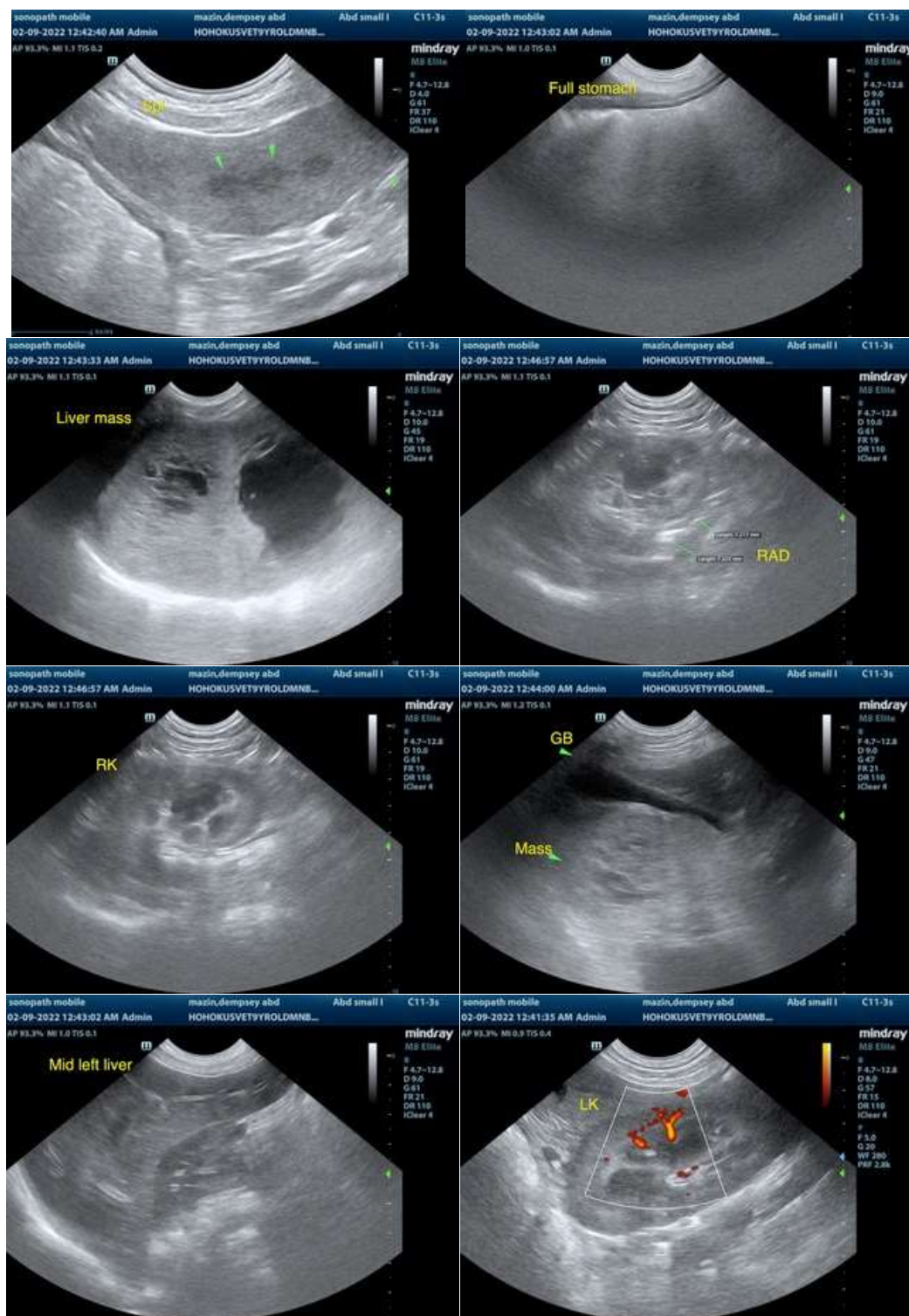
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com