



**PATIENT**

Nahlah Ralston

**SPECIES**

Canine

**BREED**

Pitbull Terrier

**SEX**

FS

**AGE**

11 years

**WEIGHT**

28 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**HOSPITAL NAME**

Resolution Vet  
Ultrasound LTD

**REFERRING VET**

Dr. Tony Gerrow

**INVOICE**

**DATE**

3/15/22

**PRESENTING CLINICAL SIGNS**

Vomiting ++. Very high liver enzymes especially AlkPhos. Very painful abdomen with guarding. Dog not doing well.

**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. Primarily anechoic urine was present in the lumen. Minor, nondependent, particulate sediment was present without evidence of calculus formation. This is likely consistent with minor cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 5.4 cm in length. The right kidney measured 7.0 cm in length.

**Adrenal Glands**

The left adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.92 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

**Spleen**

The spleen exhibited generalized enlargement exhibiting nonuniform hyperechoic parenchyma with multifocal, variably sized to expansive hypoechoic nodules to small masses. An example of a splenic hypoechoic nodule measured 2.5 cm in diameter.

**Liver/ Gallbladder**

The liver exhibited generalized enlargement. Nonuniform to remodeled parenchyma exhibiting multifocal, variably sized, primarily hypoechoic to nonhomogeneous nodules with mid ventral nonhomogeneous mass was present. The mass measured approximately 4.6 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach exhibited generalized to variably hypoechoic mural hypertrophy with indiscernible gastric wall layering. The ventral gastric body wall width measured up to 1.1 cm. Empty gastric lumen with mild luminal gas was noted.

The duodenum exhibited intact yet mildly prominent wall layering and subtle duodenal corrugation. The jejunum and ileum to the level of the colon were overtly normal.



**PATIENT**

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

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**Pancreas**

**SPECIES**

The pancreas was normal in size and contour with heterogeneous to hyperechoic, indistinctly nodular pancreatic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Canine

**Free Abdomen**

**BREED**

Mild volume peritoneal free fluid was present. No overt omental lymphadenopathy was noted.

Pitbull Terrier

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Multicentric hepatosplenic neoplasia pattern - multicentric round cell neoplasia i.e., lymphoma or other, sarcoma or other neoplasia possible

FS

**AGE**

- Thickened stomach with suspected duodenitis
- Heterogeneous to hyperechoic Indistinctly nodular pancreas

11 years

**WEIGHT**

- Mild chronic renal changes
- Mild volume peritoneal free fluid

28 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Although sampling is required for further clarification and potential definitive diagnosis, the presentation of the spleen and liver was consistent with multicentric neoplasia. Non-neoplastic etiologies such as infection / inflammation, nodular hyperplasia, hematopoiesis or similar are thought unlikely. Potential for early upper gastrointestinal involvement is suspected vs. secondary upper gastrointestinal inflammation.

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Remodeled pancreas consistent with age-related changes or potential concurrent chronic pancreatitis is possible.

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Assuming normal clotting status, ultrasound-guided FNA of the liver and spleen using a 25-gauge needle with the potential for oncology consultation could be considered. However, unfortunately, an unfavorable prognosis is likely indicated.

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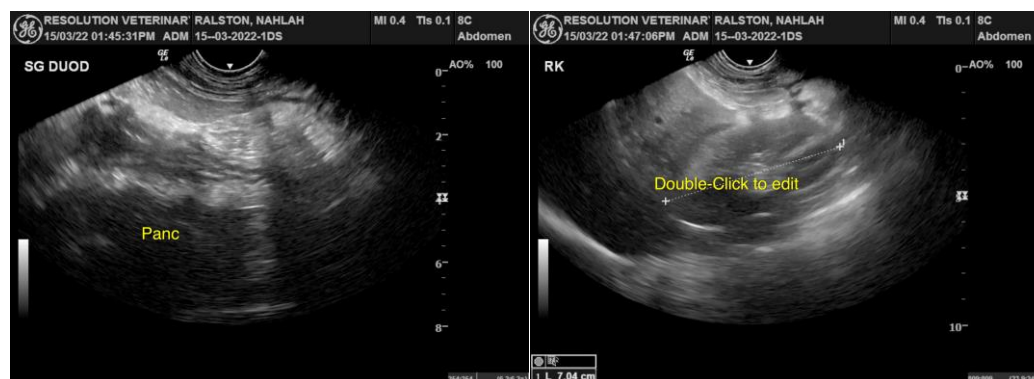
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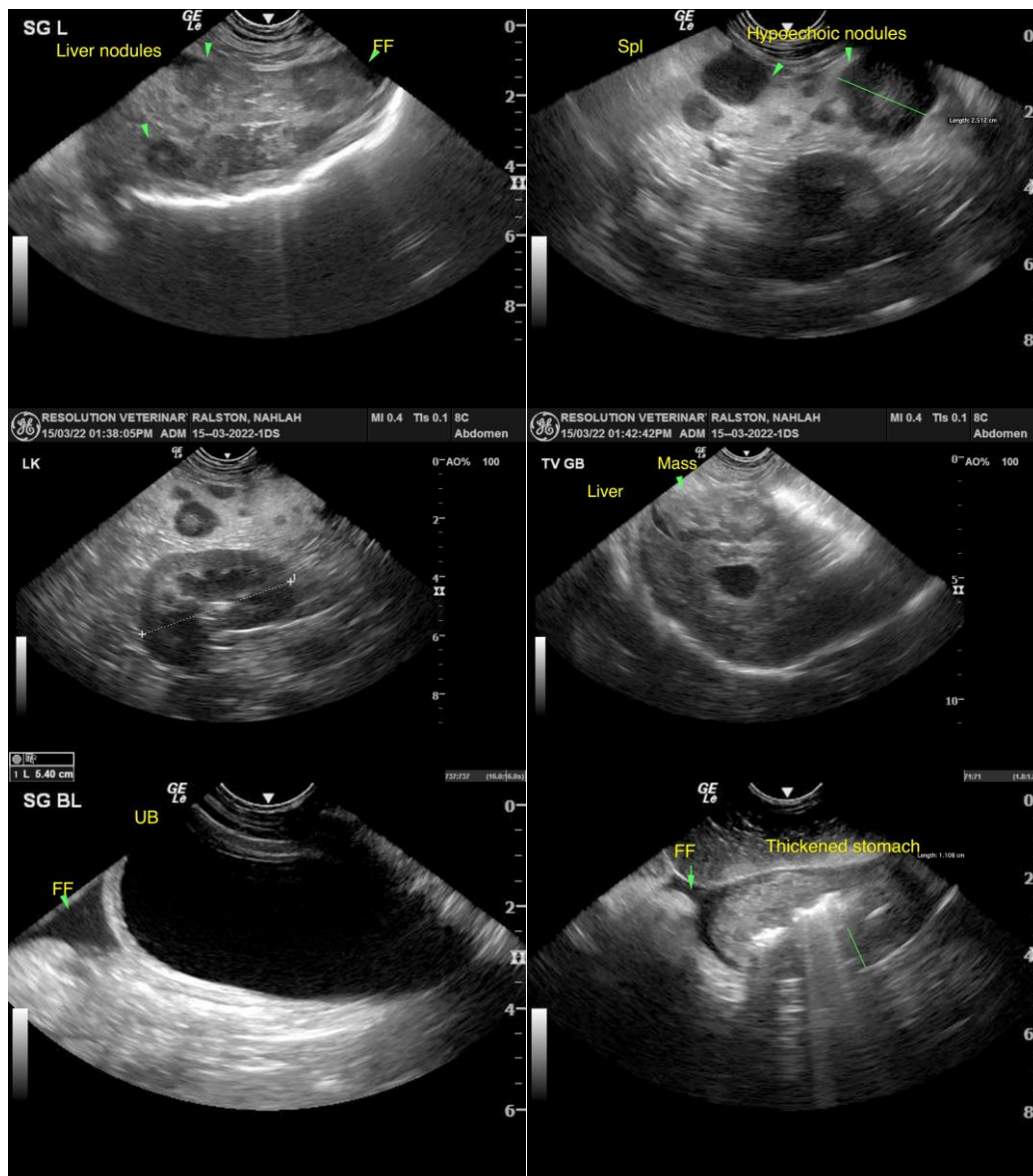
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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