



PATIENT PRESENTING CLINICAL SIGNS

Zeeva Germaine

Zeeva presented to Wilvet South on 2/27/23 for a 4-5 day history of not eating. Bloodwork was done and the patient was sent home on a bland diet. She continued to eat poorly for another week or so.

SPECIES

Canine

Entyce was started on 3/2/23 and her appetite improved after switching from a prescription GI diet to Orijen. The main clinical concern is now intermittent vomiting. Current Medications Cerenia 60 mg SID started 3/14/23. Previous history of being on Hill's i/d for several years. Radiographic Findings There is a loss of serosal detail mid-abdomen, caudal to the liver. The stomach is small and empty. The small intestine is diffusely gas-filled. There is no pattern suggestive of GI obstruction. The liver appears enlarged but has normal margins. The spleen is normal in shape and size. The kidneys appear normal. Primary Question/Differential to Be Answered in This Exam r/o causes of inappetance and intermittent vomiting.

BREED

Golden Retriever

SEX

FS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

6yr

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

WEIGHT

67.4lb

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.1 cm in length. The right kidney measured 7.7 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Jenna Walsh CVT

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The area of the uterine remnant appeared normal and free of pathology.

HOSPITAL NAME

Pleasant Hill AH

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 2.9 cm width at the cranial pole.

The mid to cranial right adrenal gland was mild to variably enlarged exhibiting asymmetrical contour and subtle non-homogenous hypoechoic parenchyma. The right adrenal gland measured 0.89 cm width at the caudal pole and 5.0 cm length.

REFERRING VET

Dr. Sundholm

Spleen

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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.

DATE

03/16/2023

Liver/Gallbladder



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The liver presented mild to moderately 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. 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 common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented overall 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. Possible mild cranioventral gastric displacement secondary to the mid to cranial abdominal mass was present.

The visualized segments of small intestine presented intact wall layering. 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

Definitive pancreas was not overtly visualized owing to the mid to cranial abdominal mass.

Free Abdomen

Large irregular asymmetrical non-homogenous to mixed echogenic nodular mass occupying the mid to cranial abdomen was present measuring ~ 12 cm in diameter, potentially larger as the entire mass would not fit into a single viewing window. The mass appeared to extend cranially into the area of the caudal right liver and did not appear to definitively connect to the spleen. The mass did not appear to involve the left/right kidney or the left adrenal gland. Peripheral to regional hyperechoic omentum was present with intermittent scant pocket of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Large irregular nodular mid to cranial abdominal mass with associated hyperechoic omentum and scant free fluid.
- Overtly normal spleen.
- Hepatomegaly
- Mildly enlarged to irregular right adrenal gland.
- Non-distended GI tract, possible gastric displacement secondary to the abdominal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size of the abdominal mass with extension into the area of several organs with direct effacement to the caudal right liver, definitive origin of the mass was difficult to ascertain. The mass is most consistent with neoplastic criteria with potential origins including omental, lymphatic, pancreatic, non-obvious GI, hepatic or less likely splenic origin. Concern for possible regional omental seeding and/or mild regional peritonitis is warranted.

Assuming normal clotting status and using a 25g needle, an abdominal mass FNA for screening cytology is warranted for further assessment. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Abdominal CT for further clarification and assessment of the mass would be ideal.



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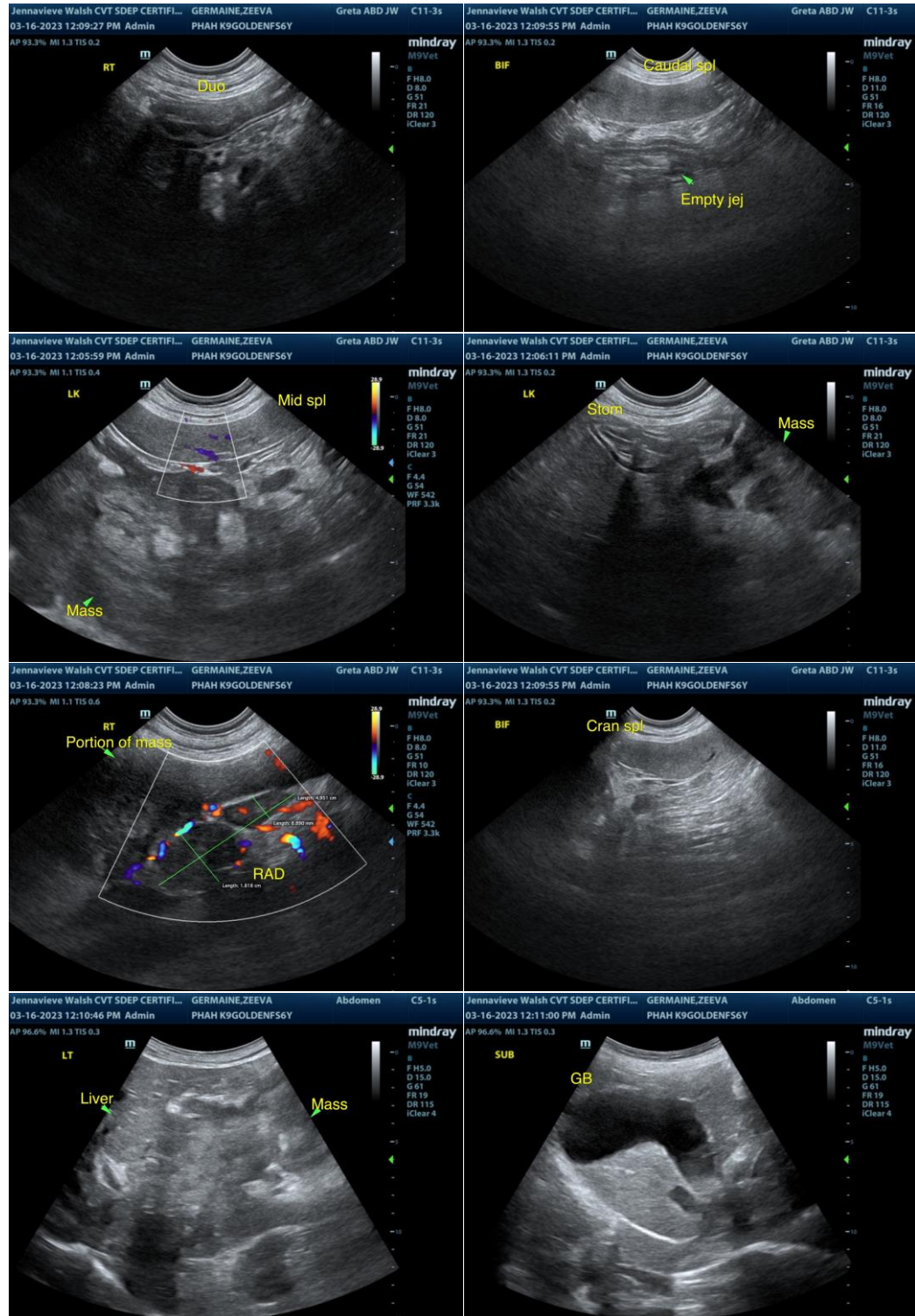
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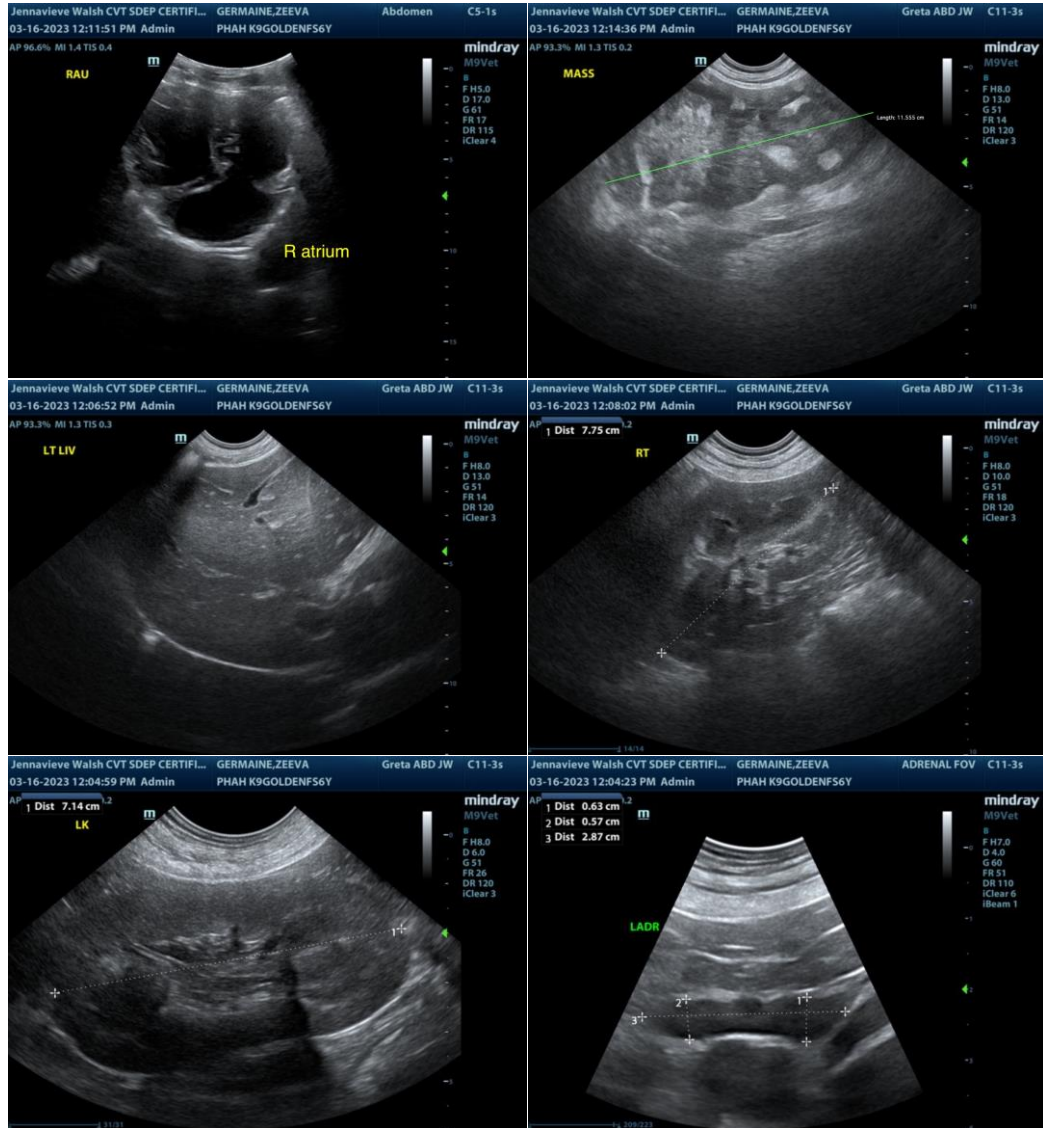
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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