



PATIENT

Wilson Hurley

SPECIES

Canine

BREED

Cockapoo

SEX

MN

AGE

11yr

WEIGHT

28.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Brenda King
Veterinary Services

REFERRING VET

Brenda King

INVOICE

13216ag

DATE

03/17/2023

PRESENTING CLINICAL SIGNS

Patient presents for distended, pendulous abdomen, mass effect seen on radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 5.1 cm in length. The right kidney measured 5.6 cm in length.

The area of the aortic trifurcation was free of pathology.

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 2.0 cm length and 0.76 cm width in the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited irregular enlargement with capsule asymmetry and variable non-homogenous parenchyma. Caudal splenomegaly was present measuring ~ 7.0 cm in diameter with ill-defined mass lesion to intraparenchymal nodular lesions.

Liver/Gallbladder

The liver exhibited generalized enlargement with areas of capsule asymmetry and multifocal variably sized to expansive non-homogenous nodules to masses. An example of a mass lesion measured ~ 6.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly prominent to hyperechoic walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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.

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

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.



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Free Abdomen

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Several to multiple mildly prominent to enlarged mid abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.2 cm.

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Moderate volume peritoneal effusion exhibiting echogenic changes consistent with fluid cellularity was present.

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ULTRASONOGRAPHIC FINDINGS

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- Infiltrative hepatosplenic pattern with multifocal hepatic masses/nodules and variable asymmetrical splenomegaly.
- Generalized non-uniform/nodular omentum with hypoechoic to swollen mesenteric lymphadenopathy.
- Moderate volume echogenic peritoneal effusion.

Secondary findings

- Mild chronic renal changes.
- Mild gallbladder debris (non-mucocele)
- Possible concurrent low-grade pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary findings in this case are consistent with multicentric neoplastic criteria involving the liver, spleen, mesenteric lymph nodes and sonographic evidence of mesenteric infiltration. Correlation with hepatosplenic FNA cytology and effusion analysis recommended. Oncology consult could be considered for immediate chemotherapeutic intervention. A poor prognosis is unfortunately indicated.

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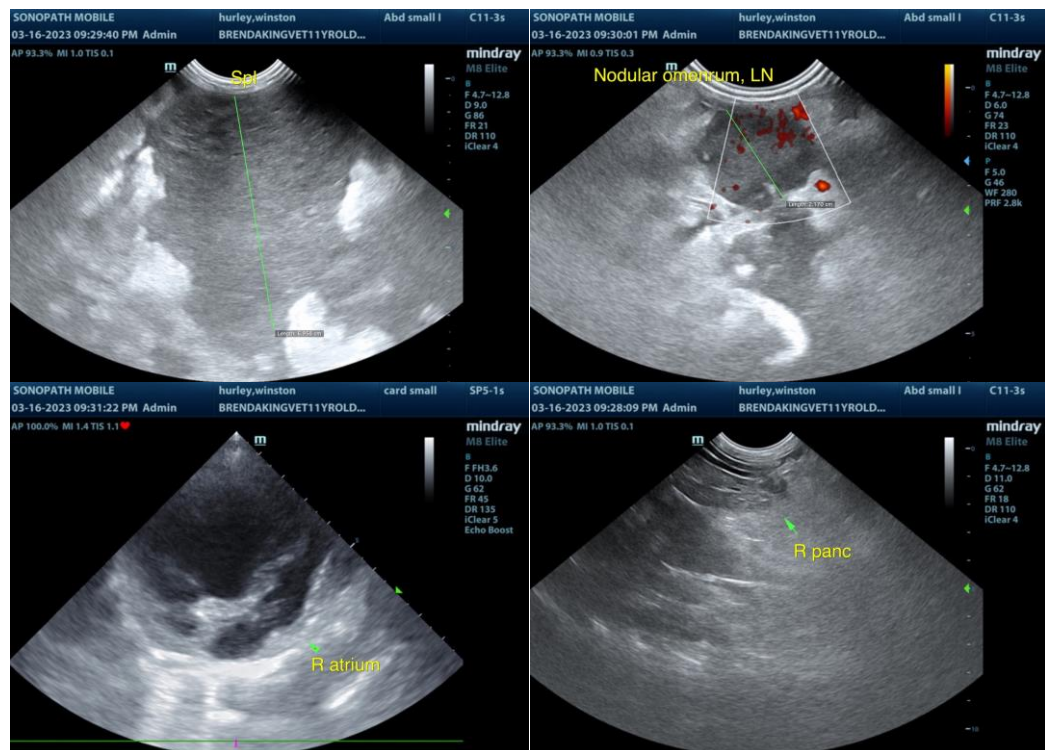
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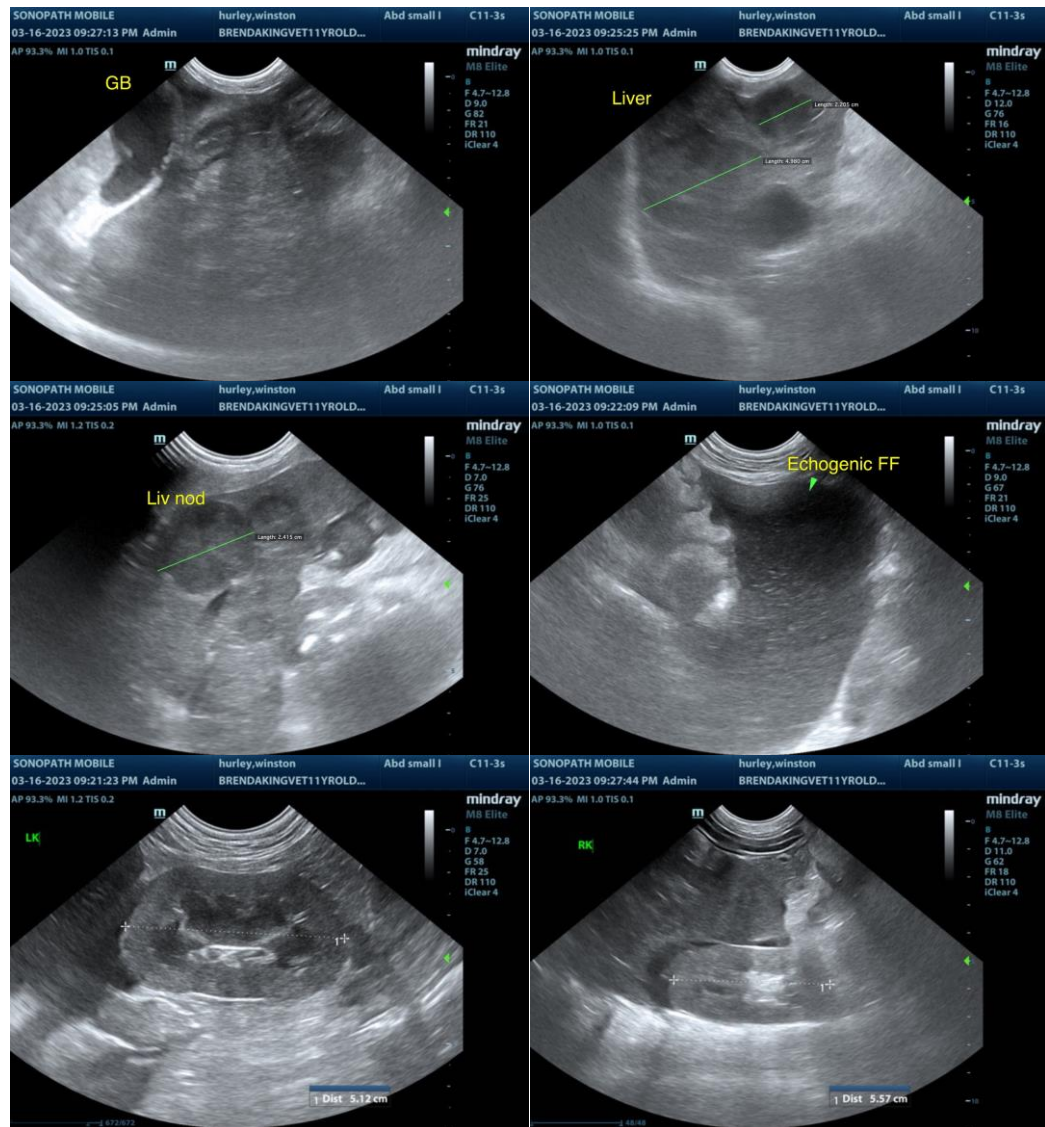
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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