



**PATIENT**

Tucker Betsy

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

92 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. Taylor McConnell

**INVOICE**

14344

**DATE**

3/18/22

**PRESENTING CLINICAL SIGNS**

History: Severely firm, distended abdomen. R/O FB vs. intuss, vs. other.  
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 were noted. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.1 cm in length.

The right kidney was indistinctly visualized owing to patient size as well as presence of large intraabdominal mass.

**Adrenal Glands**

The left adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 2.9 cm in length x 0.55 cm at the caudal pole in width.

The right adrenal gland was not definitively visualized.

**Spleen**

The spleen was ill-visualized owing to the presence of the large intraabdominal mass. The portions of the visualized spleen exhibited subtle parenchymal heterogeneity with subjective maintained symmetrical capsule contour.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver exhibited subjective mild hyperechoic parenchyma with mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with nondependent, yet nonorganized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach was not distinctly visualized, owing to potential displacement, secondary to the intraabdominal mass.

The small intestine was not distinctly visualized aside from the upper duodenum, which exhibited intact wall layering and maintained 1:3 muscularis to mucosa ratio.

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



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***Pancreas***

Tucker Betsy

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.

**SPECIES**

Canine

***Free Abdomen***

**BREED**

Shepherd Mix

A large, expansive nonhomogeneous cystic to cavitated mass, occupying the majority of the peritoneal cavity was noted, measuring 18-20 cm in diameter, but potentially larger as the entire mass would not fit into a single viewing window. The mass extended laterally into the area of the bilateral kidneys and spleen cranially to directly efface the caudoventral liver as well as caudally into the area of the iliac trifurcation.

**SEX**

Neutered Male

Subtle evidence of regional reactive mesentery was noted around the mass. No evidence of peritoneal free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

9 Years

- Large expansive cystic to cavitated mass, occupying the majority of the peritoneal cavity
- Mild hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Subjective mild chronic renal changes

**WEIGHT**

92 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

Given the size and expansiveness of the intraabdominal mass, definitive origin of the mass was not overtly evident. Higher suspicion of splenic origin, although not definitive, as the mass did not appear to involve or overtly originate from the liver, bilateral kidneys or overtly from the gastrointestinal tract. Non-splenic origin, such as large unspecified omental or lymphatic mass could also be possible.

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Assuming normal clotting status, ultrasound guided FNA of the mass, using a 25-gauge needle, could be considered for screening cytology. Alternatively, exploratory laparotomy for gross assessment and potential for resection versus further clarification with abdominal CT as well as surgical planning could be considered. Three-view chest radiographs recommended prior to any potential surgical considerations.

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**SonoPath CT Services** are offered at the [Blairstown Animal Hospital](#). Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at:

**REFERRING VET**

Dr. Taylor McConnell

<https://sonopath.com/resources/sonopath-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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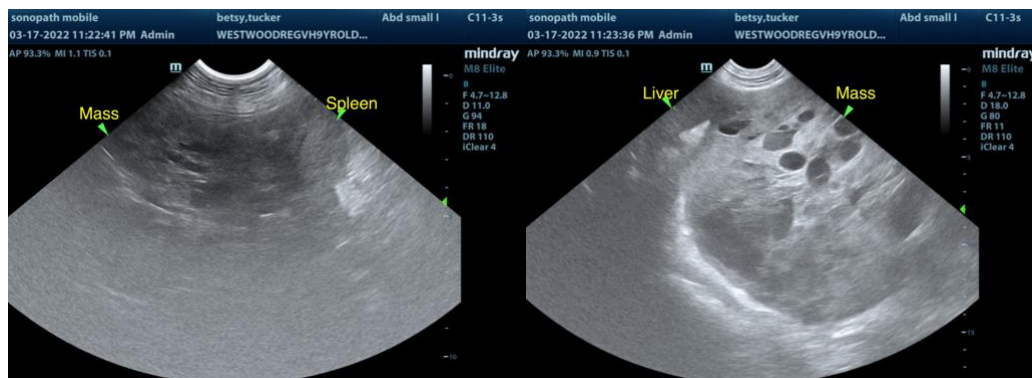
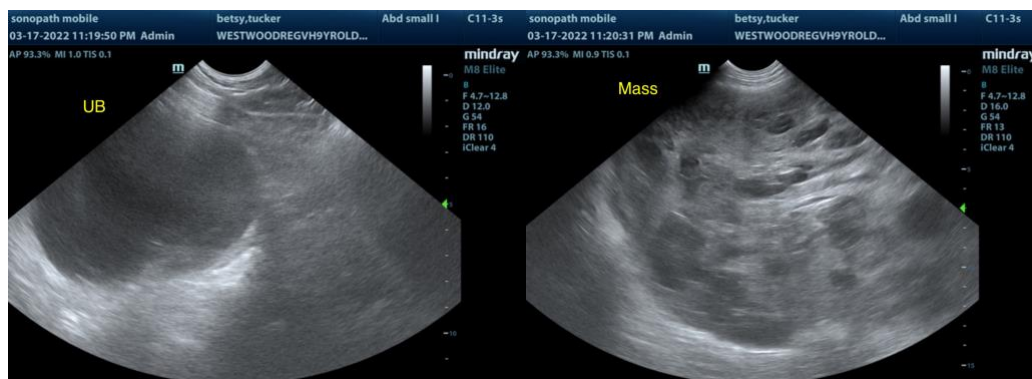
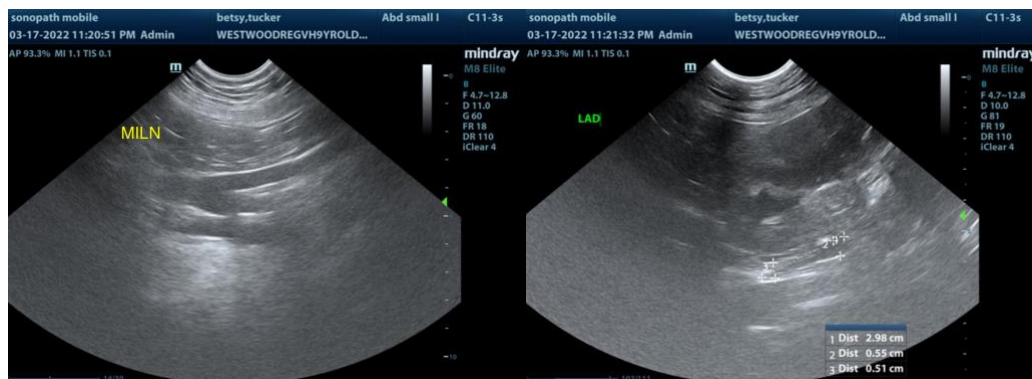
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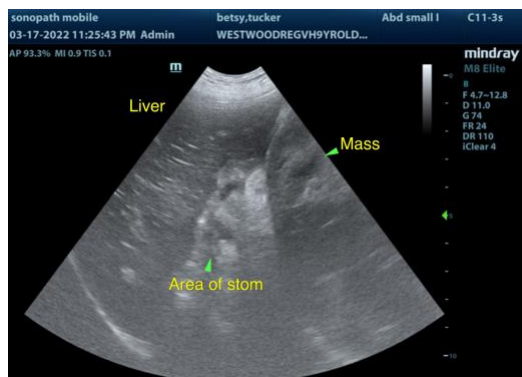
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**AGE**

9 Years

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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92 Pounds

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

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