



PATIENT	PRESENTING CLINICAL SIGNS
Mona Mathers	Inappetance and vomiting, in clinic AFAST ultrasound showed suspicion of hepatic mass. Was given 3mls Cerenia yesterday.
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC WNL, Chem - ALP 512, ALT 2904, normal GGT, normal Bilirubin all other values within normal limits. U/A Protein 3+, blood 1+, cysto sample, 3+ fat droplets, rare cocci, very rare WBCs Sp. Grav 1.021.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Golden Retriever	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
12 years	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 8.0 cm in length. The right kidney measured 7.5 cm in length.
WEIGHT	
47.5 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.81 cm width at the caudal pole. The right adrenal gland measured 0.62 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Crystal Hill	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.
HOSPITAL NAME	
New Hamburg VC	
REFERRING VET	Liver/ Gallbladder
Dr. Findlater	The liver exhibited mild to possible moderate generalized enlargement yet maintained a symmetrical capsule contour. A moderately sized, mildly irregular, nonhomogeneous intraparenchymal mass was present in the subjective mid to left liver measuring approximately 10.0 cm in diameter. The mass did not appear to distort the hepatic capsule. 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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PATIENT	<i>Gastrointestinal</i>
Mona Mathers	The stomach was non-distended in size containing a subjective mild amount of strongly shadowing ingesta primarily in the gastric body extending into the pyloric outflow. No evidence of obstruction to pyloric outflow, given the lack of gastric distention. Overtly normal gastric wall layering was present.
SPECIES	
Canine	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonobstructive ileus was present.
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Golden Retriever	<i>Pancreas</i>
SEX	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.
FS	
AGE	<i>Free Abdomen</i>
12 years	Intermittent, mildly prominent, isoechoic, homogeneous hepatic lymph nodes were present without evidence of peripheral inflammation and maintained a normal width: length ratio (<0.5). An example of a hepatic lymph node measured 2.1 cm in diameter. No evidence of additional omental lymphadenopathy or peritoneal effusion was noted.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
47.5 kg	<ul style="list-style-type: none"> • Hepatomegaly with moderately sized, nonhomogeneous, intraparenchymal mass • Normal gallbladder • Possible mild gastroenteritis pattern with nonspecific mild shadowing gastric ingesta • Mild chronic renal changes
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP	The liver mass was nonspecific with considerations including both benign vs. neoplastic etiologies. Neoplastic criteria for the hepatic mass is favored, although not definitive. If accessible, FNA cytology of the hepatic mass, assuming normal clotting status, could be considered for further clarification. Core surgical biopsy is likely required for a definitive diagnosis.
IMAGING PERFORMED BY	
Crystal Hill	
HOSPITAL NAME	
New Hamburg VC	
REFERRING VET	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
Dr. Findlater	The mild shadowing, subjective nonobstructive gastric ingesta is nonspecific and may indicate retained dense ingesta or medication. However, given the patient history of inappetence and vomiting, concern for nonobstructive gastric foreign material may be indicated. Following documented 12-14/hour fast, a sonographic reassessment of the stomach for evidence of persistent shadowing ingesta vs. gastric emptying is recommended. Endoscopy, if available, could be considered for further clarification. If not done, three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor.
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PATIENT

Mona Mathers

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

12 years

WEIGHT

47.5 kg

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R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

New Hamburg VC

REFERRING VET

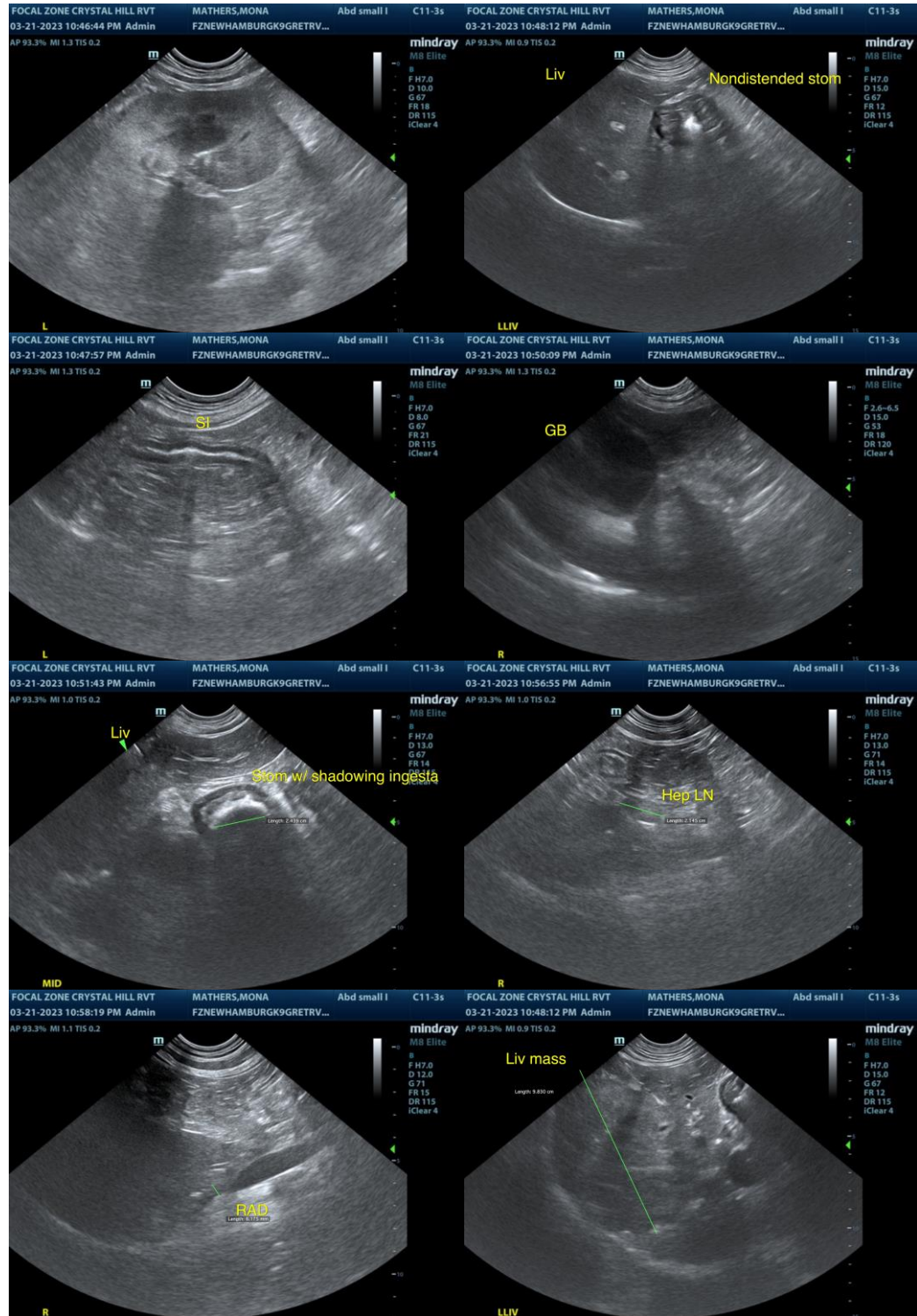
Dr. Findlater

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PATIENT

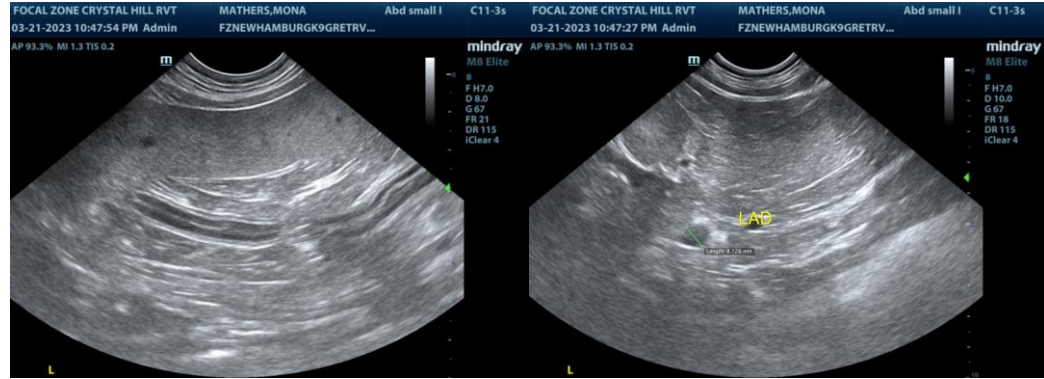
Mona Mathers

SPECIES

Canine

BREED

Golden Retriever



SEX

FS

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.

AGE

12 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.

WEIGHT

47.5 kg

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INTERPRETED BY

R. McKenzie Daniel,
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