



PATIENT PRESENTING CLINICAL SIGNS

Jake Moyer Anal sac carcinoma, weight loss, decreased appetite, lethargic.
 Medication: Cerenia

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, and cystourethral junction 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.

SEX No overt pathology associated with the residual prostate.

MN A mildly prominent, solitary visualized medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.2 cm diameter. No other evidence of additional medial iliac or sublumbar lymphadenopathy was noted.

AGE 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 7.4 cm in length. The right kidney measured 7.2 cm in length.

WEIGHT 92

INTERPRETED BY Adrenal Glands

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.83 cm width at the caudal pole and 0.70 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet overtly normal in size, position and shape, subjectively measuring 0.69 cm width at the caudal pole.

IMAGING PERFORMED BY Spleen
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME The spleen was not definitively visualized potentially owing to previous splenectomy, if clinically applicable. If no previous history of splenectomy, splenic volume contact or possible displacement may be indicated. No overt pathology was noted in the are of the spleen.

Mill Pond VC **Liver/ Gallbladder**

REFERRING VET The liver was mildly enlarged. A moderately expansive, irregular, mixed echogenic, likely mineralized intraparenchymal mass was present in the deep to mid liver dorsal to the gallbladder measuring approximately 8.0-9.0 cm in diameter. Secondary mild ventral gallbladder displacement was noted.

INVOICE Overall, the gallbladder was normal in size containing anechoic content with mild nonorganized echogenic debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

16412

DATE
 3/21/23



PATIENT

Gastrointestinal

Jake Moyer

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.

SPECIES

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.

Canine

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

BREED

Pancreas

Lab Mix

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.

SEX

MN

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

AGE

2012

ULTRASONOGRAPHIC FINDINGS

- Moderately sized to expansive, irregular, nonhomogeneous / mineralized liver mass
- Mildly displaced gallbladder containing nonorganized gallbladder debris (non-mucocele)
- Age-related kidneys
- Focal mild medial iliac lymphadenopathy - not overtly suggestive of neoplastic / metastatic lymphatic criteria

WEIGHT

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INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, primary concern for primary or metastatic hepatic neoplastic mass is indicated with benign etiologies considered less likely. Assuming normal clotting status, FNA cytology of the hepatic mass is recommended for further clarification and potential for an oncology consult.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Sonographic monitoring of the medial iliac lymph nodes, given the patient's history, for evidence of progressive lymphadenopathy is recommended.

HOSPITAL NAME

Mill Pond VC

No obvious evidence of gastrointestinal pathology is present. As-needed gastrointestinal support would be reasonable.

REFERRING VET

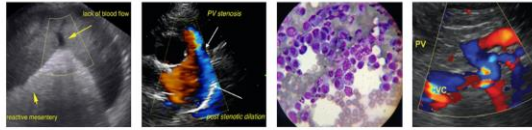
Dr. Thayer

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HOSPITAL NAME

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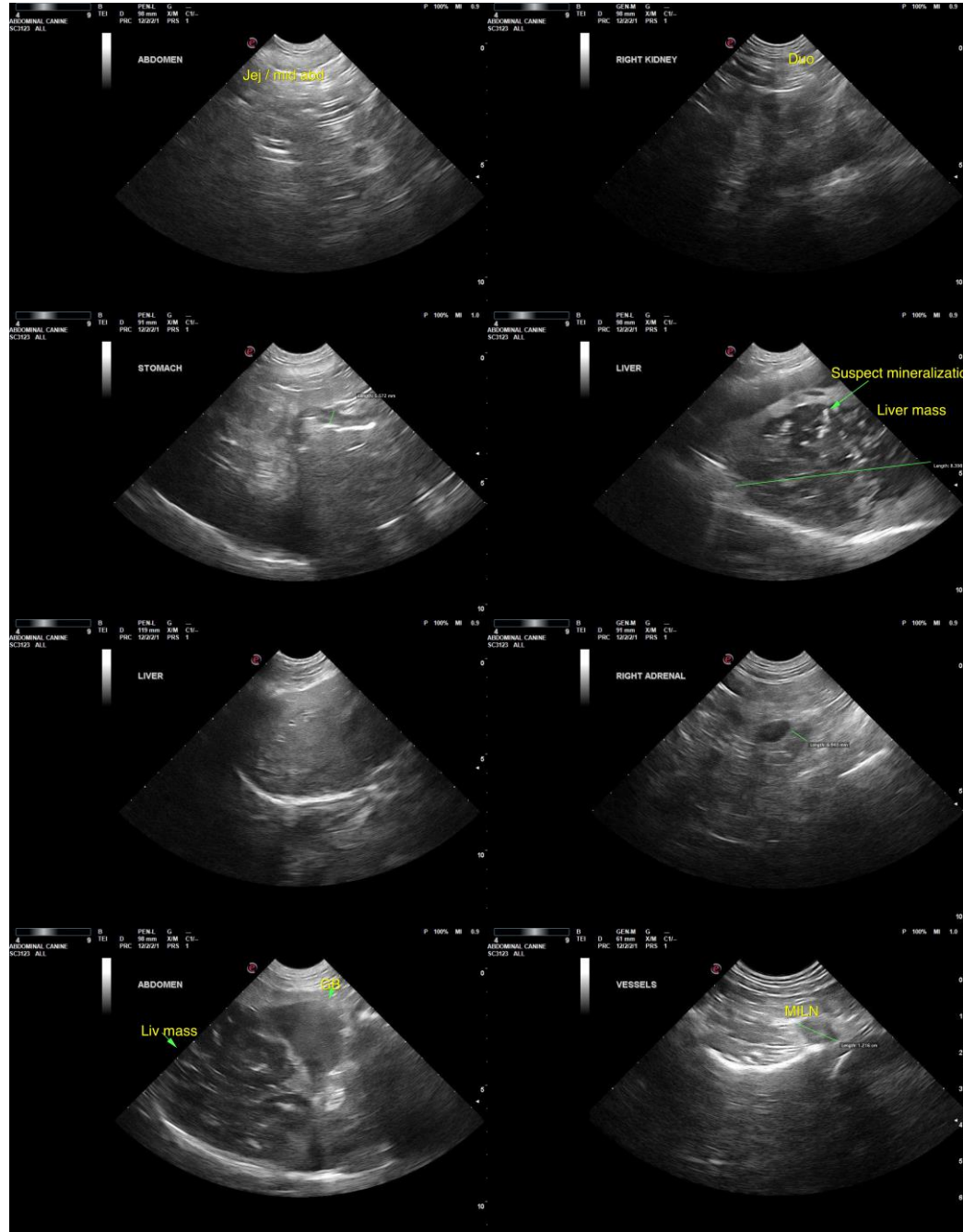
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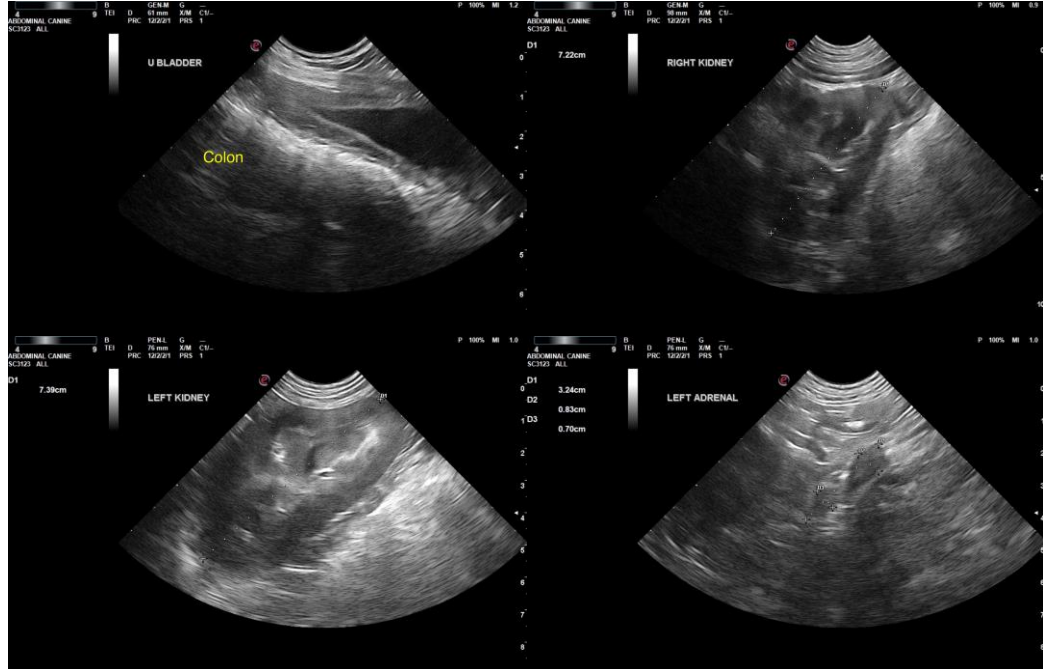
Lab Mix

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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.

INTERPRETED BY

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

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

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