



PATIENT PRESENTING CLINICAL SIGNS

Bella Kresge History: 24 hour duration lethargy, vomiting, decreased appetite, hind end weakness, abdominal pain SQF, Cerenia, Gabapentin

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC-HCT 32.9 WBC 198 w/neutrophilia BUN 77 CREAT 3.6 ALP 596 ALT 149 TBIL 0.2 CPL abnl

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Labrador X The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.

SEX

Spayed female No overt pathology in the area of the uterine remnant.

AGE

The area of the aortic trifurcation was free of pathology.

10 years

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was observed. The left kidney measured 9.7 cm in length.

WEIGHT

112 pounds

The right kidney was not definitively visualized.

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 0.70 cm width at the caudal pole and 1.0 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

IMAGING

Spleen

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The spleen exhibited normal overall size with areas of asymmetrical medial and lateral capsule contour. Regional areas of uniform hypoechoic splenic parenchyma in the mid to caudal lateral spleen were noted. Mild evidence of perisplenic free fluid was observed.

HOSPITAL NAME

Liver/ Gallbladder

Lehigh Valley Animal
Hospital

The liver presented moderately increased in size. The parenchyma of the liver was subjectively mildly increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was mildly remodeled extending into the caudate liver with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate nondependent mildly congealed gallbladder debris and normal walls without evidence of inflammatory changes. The cystic and common bile ducts was not definitively visualized yet was without overt evidence stasis or obstruction.

REFERRING VET

Dr. Meyer

INVOICE

10228ag

DATE

03/23/2022



PATIENT

Gastrointestinal

Bella Kresge

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

Canine

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.

BREED

Labrador X

Pancreas

The pancreas base and the right pancreatic limb were ill visualized owing to the presence of the right cranial abdominal mass.

SEX

Spayed female

Free Abdomen

Moderately sized asymmetrical mixed echogenic to complex mass was present in the right cranial abdomen in the area of the caudate liver, pancreas base, right kidney, right adrenal and adjacent upper gastrointestinal tract. The mass measured approximately 11 cm in diameter. Associated regional non uniform hyperechoic mesentery in the right cranial to mid abdomen was present. No evidence of concurrent lymphadenopathy was visualized.

AGE

10 years

WEIGHT

112 pounds

ULTRASONOGRAPHIC FINDINGS

- Unspecified complex mass in the right cranial abdomen with associated peritonitis.
- Nonspecific hepatopathy.
- Mild gallbladder debris-not consistent with overt mucocele.
- Left kidney mild chronic renal changes.
- Nonspecific regional hypoechoic splenic parenchyma.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential sampling is required for clarification, the complex right cranial abdominal mass meets neoplastic criteria with potential for primary or concurrent associated abscessation or necrosis. Given the size of the mass adjacent to multiple structures definitive origin of the mass was unable to be determined. The regional areas of hypoechoic splenic parenchyma may indicate inflammation, infection, acute infarct or emerging primary vs metastatic neoplasia.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Assuming normal clotting status an ultrasound guided FNA of the complex abdominal mass or ideally abdominal CT for further assessment is recommend. Three view chest radiographs are suggested if not done.

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Labrador X

SEX

Spayed female

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HOSPITAL NAME

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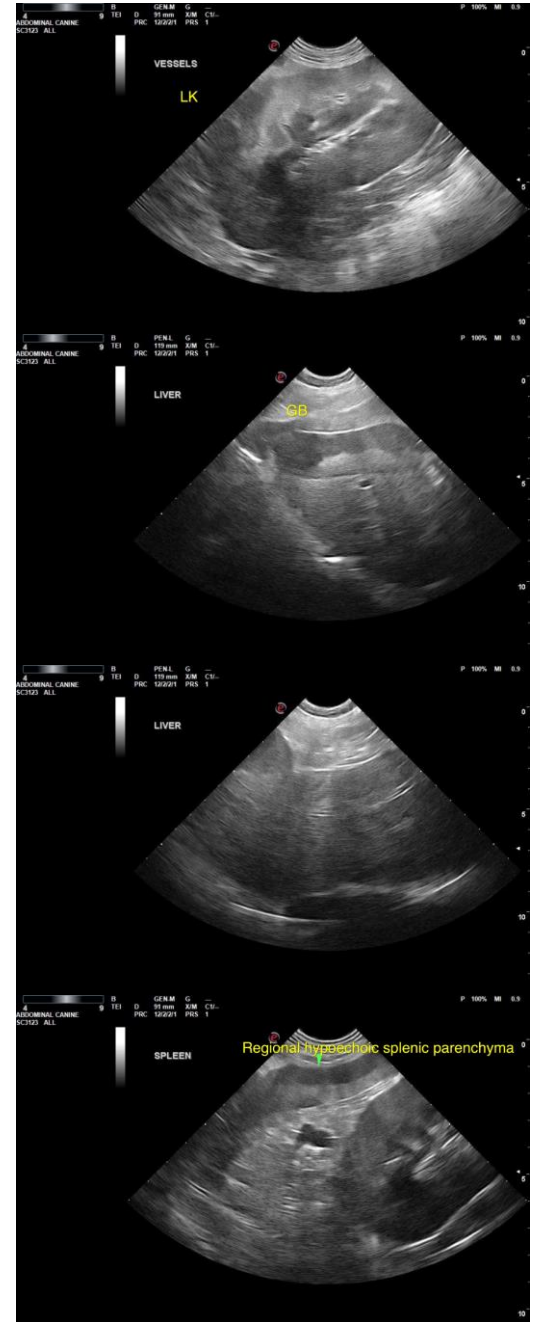
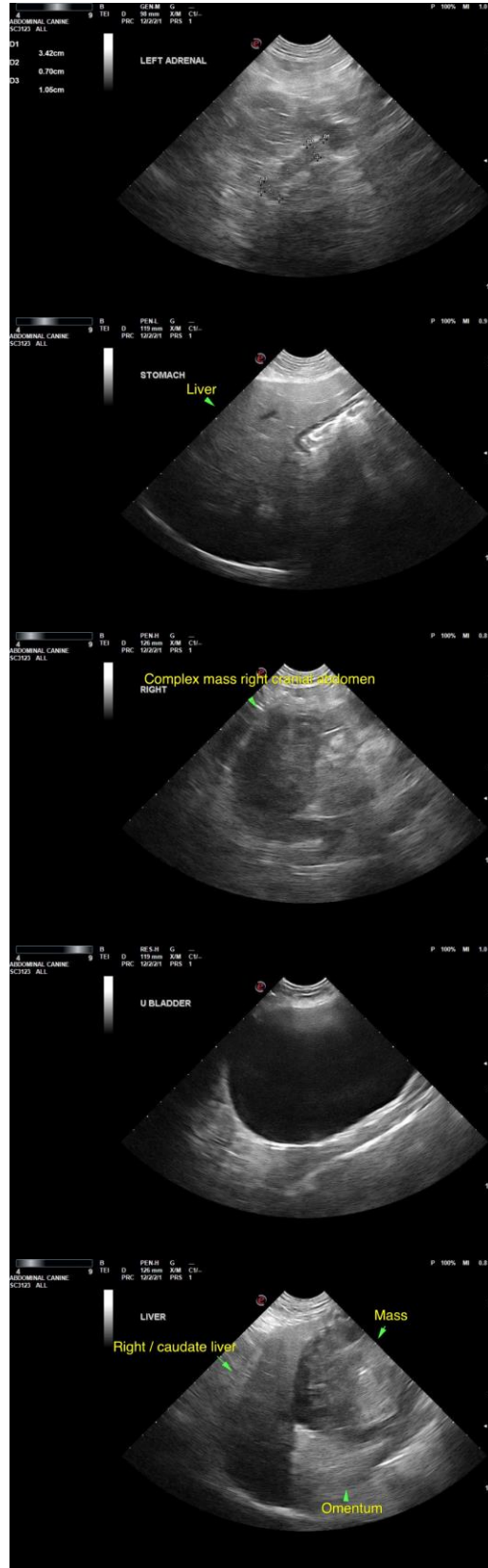
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Labrador X

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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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