

**PATIENT**

Bella Taipalus

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

10 years

WEIGHT

90 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Bianco

INVOICE

13536

DATE

3/23/22

PRESENTING CLINICAL SIGNS

Hemoabdomen; suspected liver and splenic masses

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.5 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited subjective generalized enlargement with parenchyma heterogeneity. A mildly expansive, cystic to mildly cavitated mass was present in the subjective mid to potential caudal spleen measuring 3.2 cm in diameter, resulting in mild distortion of the splenic capsule.

Liver/ Gallbladder

A moderately sized, mixed echogenic mass primarily involving the mid to left liver, measuring approximately 6.0-7.0 cm in diameter, was present. The mass appeared to extend into the area of the gallbladder with effacement of the caudal aspect of the gallbladder yet without evidence of impingement on bile outflow. Non-associated, nonspecific hyperechoic nodule was noted in the right liver lobe measuring 2.0 cm in diameter. This nodule was nonspecific and may indicate non-associated lipogranuloma, nodular hyperplasia, while the possibility of intrahepatic metastasis cannot be excluded. The gallbladder was normal in size containing primarily anechoic content with mild echogenic, nonorganized luminal debris.

Gastrointestinal

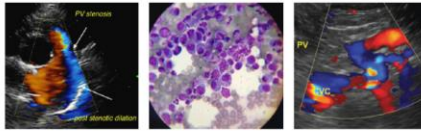
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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.

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PATIENT

Pancreas

Bella Taipalus

The pancreas was not definitively visualized owing to the liver mass and peritoneal free fluid.

SPECIES

Free Abdomen

Canine

Moderate volume peritoneal free fluid was present. Mild perisplenic to perihepatic hyperechoic mesentery was noted. No overt lymphadenopathy was present.

BREED

ULTRASONOGRAPHIC FINDINGS

German Shepherd

Primary Findings

SEX

- Hepatosplenic masses
- Moderate volume peritoneal free fluid - consistent with hemoabdomen

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10 years

Unfortunately, the sonographic findings in this case are consistent with multicentric neoplasia with primary concern for multicentric sarcoma. This case is nonsurgical. An unfavorable prognosis is unfortunately indicated.

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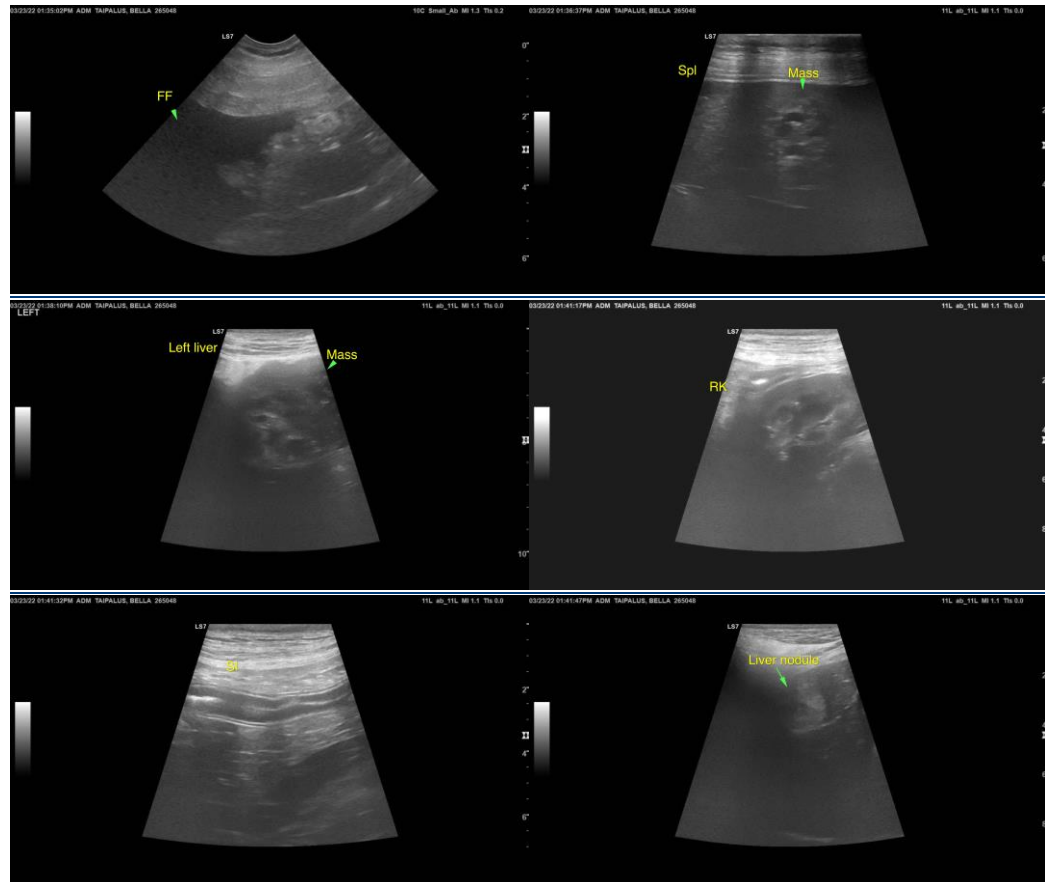
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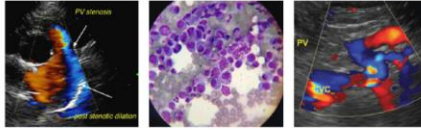
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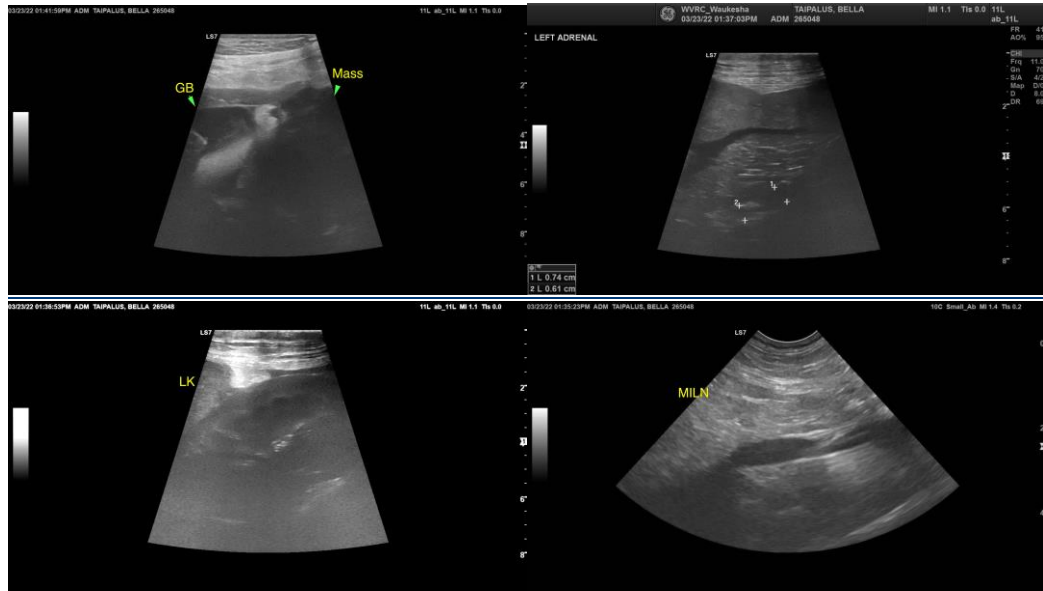
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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