



PATIENT PRESENTING CLINICAL SIGNS

Shadow Loris 3.24 presented for distended abdomen, 3.6 liters fluid tapped, benign mammary mass removed 2.2022

SPECIES ALT 789, ALP 131

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Afghan Hound 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.

SEX FS The area of the aortic trifurcation was free of pathology.

AGE 2011 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 6.3 cm in length. The right kidney measured 7.4 cm in length.

WEIGHT 51.5 *Adrenal Glands*

No overt pathology was noted in the area of the left or right adrenal glands, although not definitively visualized owing to patient conformation and regional peri adrenal omental artifact.

INTERPRETED BY

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

Spleen

The spleen was mildly enlarged yet maintained symmetrical capsule contour with 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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Mill Pond VC

The liver was enlarged with asymmetrical contour and generalized nonuniform mixed echogenic to nodular parenchyma. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Thayer

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction, or foreign material.

INVOICE

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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.

DATE

3/25/22

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



PATIENT *Pancreas*

Shadow Loris 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.

SPECIES

Canine

Free Abdomen

Generalized hyperechoic mesentery was primarily noted in the cranial abdomen around the liver. Mild volume peritoneal free fluid was present. No overt evidence of significant lymphadenopathy was noted.

BREED

Afghan Hound

ULTRASONOGRAPHIC FINDINGS

SEX

- Hepatomegaly exhibiting diffuse nonuniform nodular parenchyma

FS

- Mild chronic renal changes

AGE

- Generalized reactive mesentery and mild volume peritoneal free fluid

2011

- Mildly thickened stomach - nonspecific, possible mild gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Although sampling is required for further clarification, the hepatic presentation is consistent with neoplastic criteria. Diffuse severe chronic active hepatitis with significant parenchymal remodeling and nodular changes including; regenerative to nodular hyperplasia, hematopoiesis, or less likely hepatocutaneous syndrome, if concurrent cutaneous lesions, is possible yet thought less likely.

51.5

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Assuming normal clotting status, ultrasound-guided FNA of the liver is recommended for screening cytology with potential for oncology consultation.

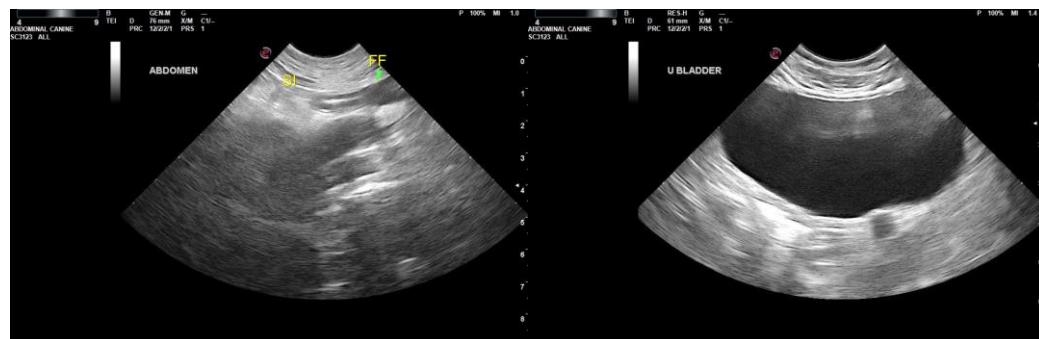
IMAGING

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ARDMS/RVT

The effusion in this case may be owing to significant hepatopathy or secondary portal hypertension, although given the strong potential for hepatic neoplastic process, effusion secondary to nonobvious lymphatic obstruction or carcinomatosis / lymphomatosis presentation could be present. Correlation with effusion analysis cytology +/- culture and sensitivity if not done is suggested.

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PATIENT

Shadow Loris

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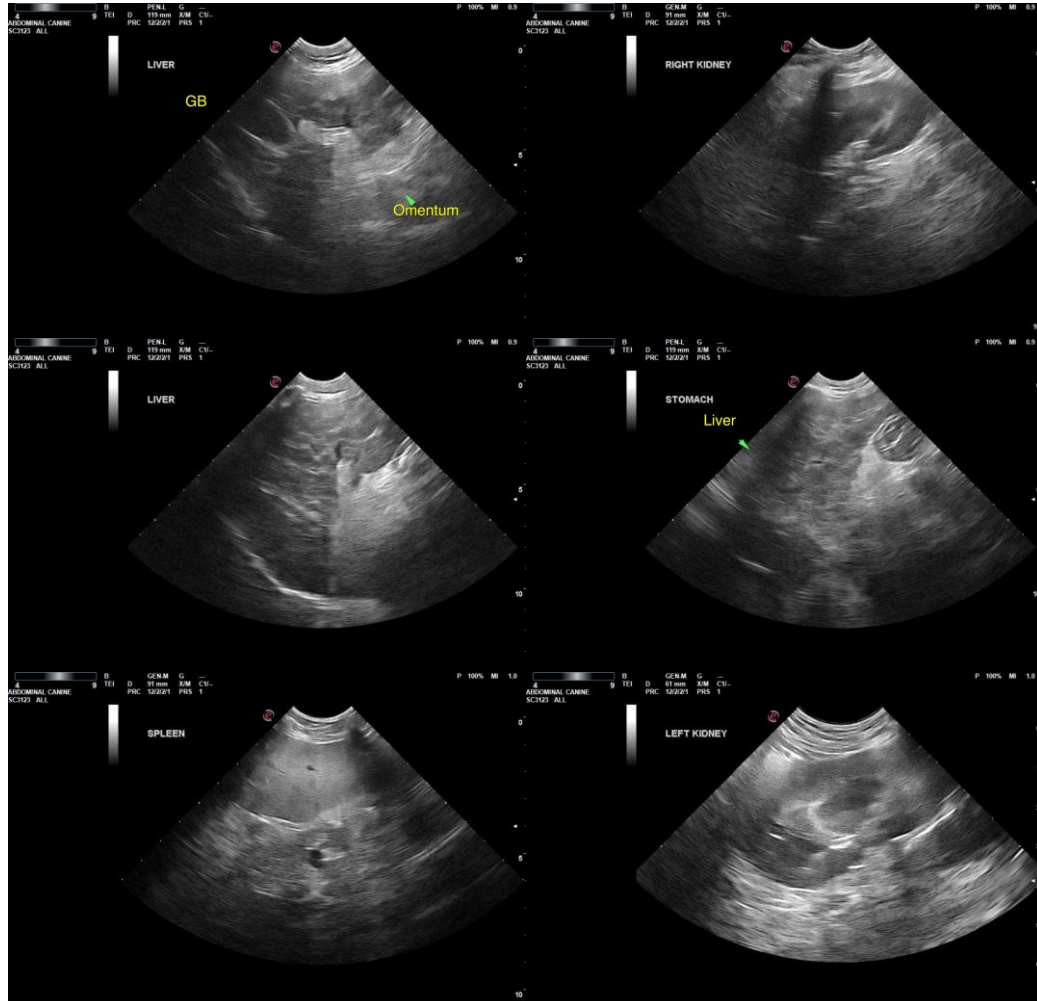
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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