

**PATIENT**

Diesel Holmes

SPECIES

Canine

BREED

Aust Shep

SEX

NM

AGE

12 years

WEIGHT

63 lbs.

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

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Doerscher

INVOICE

13566

DATE

3/29/22

PRESENTING CLINICAL SIGNS

Inappetence, lethargy, possible hind end pain starting 3/25/22. One episode V after O gave 1 dose aspirin.

Abnormal PE/Chem/CBC/UA Results: Large what appears to be a lipoma upper right abdomen. P is also obese, Body score 5/5. Abdomen tense, small amt soft stool in rectum. Rads: Likely intraabdominal mass causing displacement of bowel Labs: Regenerative anemia, Thrombocytopenia, Inflamm LG

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.1 cm in diameter.

The area of the aortic trifurcation was free of pathology.

The discernable left kidney exhibited normal size with moderate loss of corticomedullary border demarcation, yet primarily maintained a 1:3 cortex/medulla ratio with mild asymmetrical margination. An expansive, nonhomogeneous to mixed echogenic mass appearing to arise from the caudal lateral aspect of the left kidney extending into the left retroperitoneal space measuring approximately 7.5 cm x 4.0 cm was present. Associated mild left retroperitoneal fluid and increased retroperitoneal tissue echogenicity was present extending caudally to the approximate level of the urinary bladder. The left kidney measured 6.8 cm.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. A solitary, mildly expansive to disruptive nodule was noted in the caudal lateral right kidney measuring 1.2 cm in diameter. No evidence of pelvic dilation was present. The right kidney measured 8.0 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 0.44 cm width at the caudal pole and 0.41 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole and 0.47 cm width at the cranial pole.

Spleen

The spleen was normal in overall size exhibiting primarily finely textured homogeneous parenchyma with multiple, mildly expansive, nonhomogeneous to hypoechoic nodules. An example of a splenic nodule measured 1.7 cm in diameter. The nodules appeared to mildly distort the associated splenic

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capsule yet without evidence of parenchymal escape. Very scant pockets of concurrent peritoneal free fluid were present.

Liver/ Gallbladder**SPECIES**

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal**SEX**

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The stomach presented intact yet subjective mild prominent wall layering. The lumen of the stomach was empty with no signs of obstruction or foreign material and without evidence of mechanical / metabolic ileus.

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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 mechanical / metabolic ileus, obstruction, or foreign material.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

Nonhomogeneous to hypoechoic masses were noted in the cranioventral abdomen to caudoventral thorax potentially in the subcutaneous space with associated regional inflammation. An example of a cranial abdominal to caudal thorax mass measured approximately 4.0 cm in diameter. Likely concurrent probable cranioventral abdominal to caudal ventral thorax lipoma was noted measuring approximately 7.0 cm in diameter. No overt lymphadenopathy was present.

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ULTRASONOGRAPHIC FINDINGS**HOSPITAL NAME**

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- Left kidney expansive to nonhomogeneous mass with associated left retroperitonitis
- Right kidney chronic renal changes with solitary caudal mildly expansive nodule
- Multiple, mildly expansive to nonhomogeneous splenic nodules
- Cranioventral abdominal / caudoventral thorax to possible subcutaneous masses
- Concurrent probable cranial abdominal to caudoventral lipoma
- Mild hepatic parenchymal remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, sonographic findings in this case are consistent with multicentric neoplasia with multicentric sarcoma considered the primary differential diagnosis.

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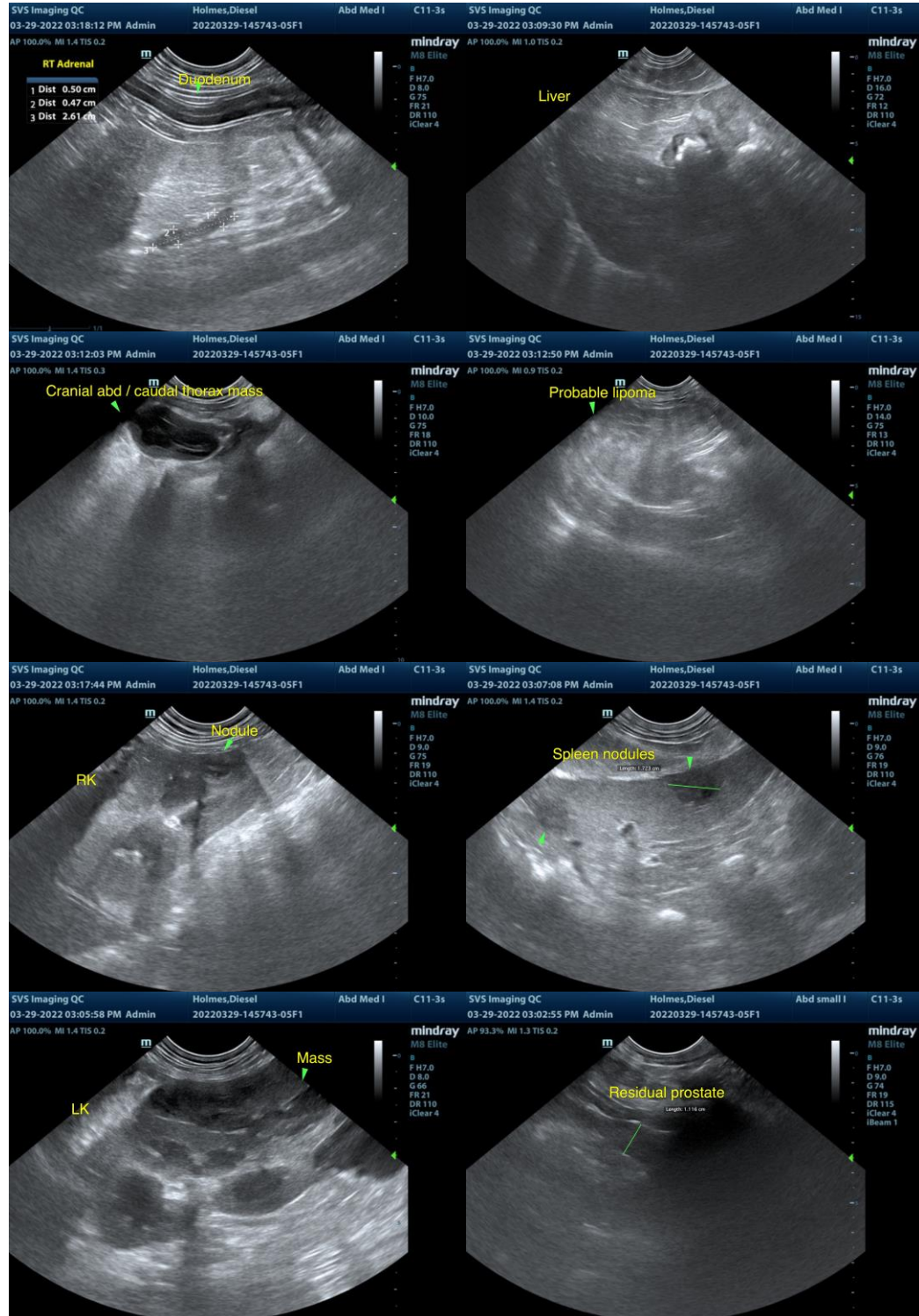
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Assuming normal clotting status, ultrasound-guided FNA of the left kidney mass, cranial abdominal to caudal thoracic possible subcutaneous masses for further clarification, and potential for oncology consultation could be considered. This case appears to be nonsurgical.



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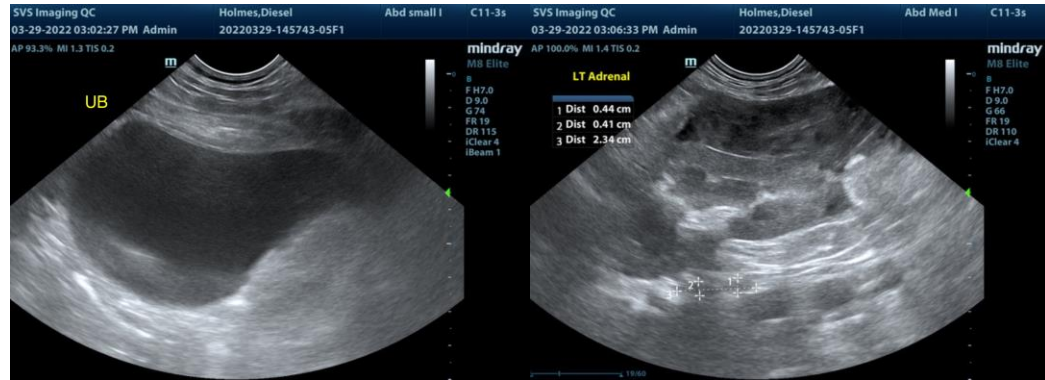
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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