



PATIENT PRESENTING CLINICAL SIGNS

Roy Powell History: Inappetence and D+ since 3/24/22, possible abdominal mass palpated

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine

BREED

German Shorthair Pointer

SEX

Neutered male

AGE

13 years

WEIGHT

58.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Linn Veterinary Hospital

REFERRING VET

Dr. Braat

INVOICE

10244ag

DATE

03/29/2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture and a cortical cyst observed in the left kidney. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 8.0 cm in length. The right kidney measured 7.5 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology observed in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.7 cm width in the cranial pole and 0.73 cm width in the caudal pole. The right adrenal gland was indistinctly visualized owing to regional periadrenal pathology yet without overt evidence of right adrenal pathology and subjectively measured 0.75 cm width at the caudal pole.

Spleen

The spleen exhibited potential for mild enlargement yet maintained symmetrical capsule contour. Mild splenic parenchyma heterogeneity with hyperechoic nondisruptive nodules primarily in the medial parenchyma adjacent to the hilus were observed. The splenic nodules are consistent with benign myelolipomas with potential for associated areas of medial capsule fibrosis possible. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No overt evidence of splenic neoplastic criteria noted.

Liver

The liver revealed an extensive asymmetrical nonhomogeneous to mixed echogenic mass involving the majority of the mid to caudal liver extending caudally past the level of the gastric axis into the area of the mid abdomen. The mass measured at least 12 cm in diameter but likely larger as the entire mass would not fit into a single viewing window. The hepatic parenchyma not involved with the mass exhibited generalized parenchymal remodeling. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT *Gastrointestinal*

Roy Powell The stomach was indistinctly visualized due to gastric displacement owing to the extensive liver mass. Moderate retained ingesta was subjectively present in the stomach with unremarkable visualized gastric wall layering.

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.

BREED

German Shorthair Pointer The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

SEX

Pancreas

Neutered male The pancreas was not definitively visualized owing to the extensive liver mass.

Free Abdomen

AGE

13 years An unspecified spherical mixed echogenic multifocal cystic to possibly encapsulated mass was present in the mid abdomen measuring 6-7 cm in diameter. Generalized primarily perihepatic mid to cranial abdominal hyperechoic mesentery with scant pockets of peritoneal free fluid were noted. Evidence of significant lymphadenopathy was not observed.

WEIGHT

58.5 pounds

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Extensive nonhomogeneous to mixed echogenic liver mass extending caudally into the mid abdomen.
- Concurrent unspecified spherical potentially encapsulated mixed echogenic mass mid abdomen.
- Bilateral chronic renal changes with left kidney cortical cyst.
- Generalized primarily perihepatic mid to cranial abdominal hyperechoic mesentery and scant peritoneal free fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further assessment, the extensive liver mass is consistent with neoplastic criteria. The concurrent unspecified nonhomogeneous to potentially encapsulated mass in the mid abdomen may represent a non-visualized extension of the hepatic mass although a separate mass of intestinal, omental or lymphatic origin with the possibility of consolidated omental abscess, necrosis or other is possible. Assuming normal clotting status and using a 25g needle an ultrasound guided FNA of the liver mass as well as the unspecified mid abdominal mass could be considered for screening cytology +/- tissue C/S if clinically indicated. However, given the extensive pathology present in the study, surgical options appear to be precluded. A likely unfavorable long-term prognosis is indicated.

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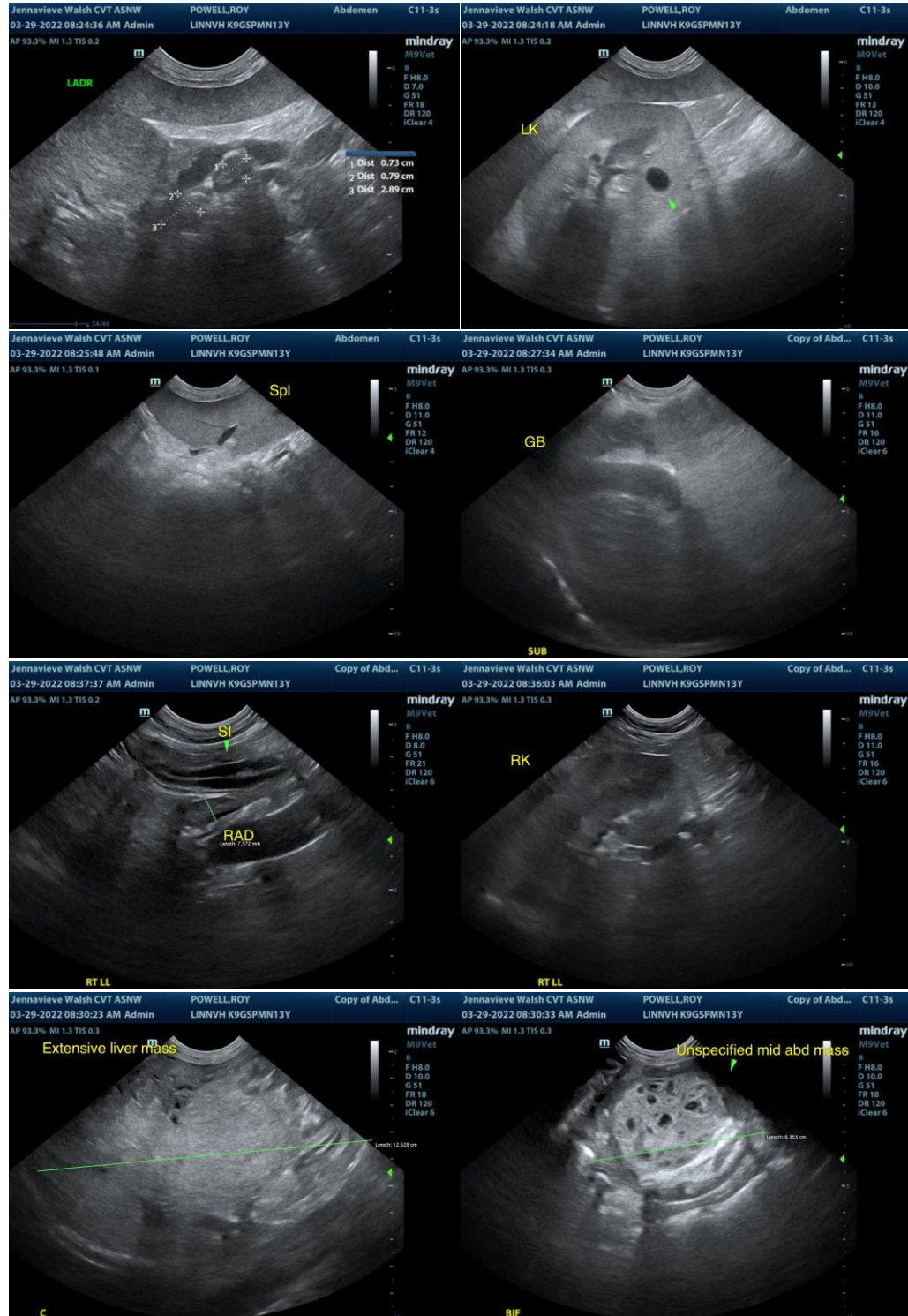
Dr. Braat

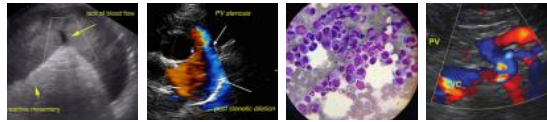
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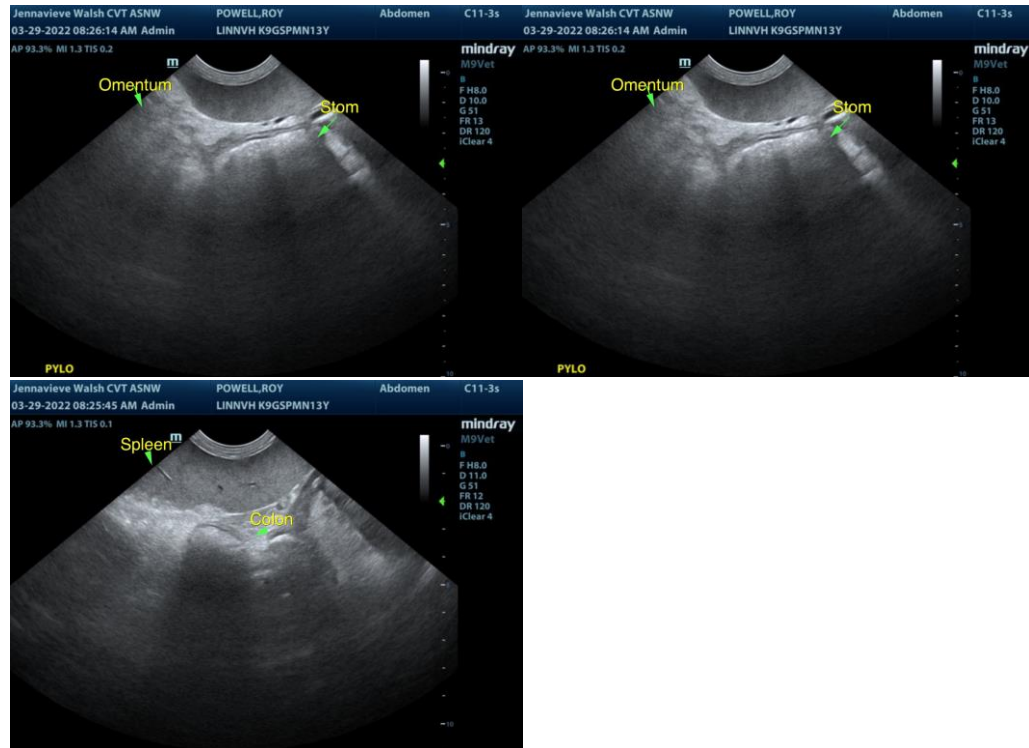
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com