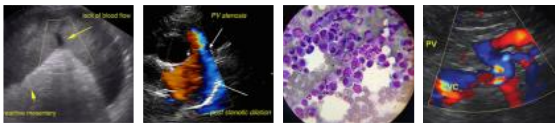

PATIENT

Zoey Schmidt

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

10 years

WEIGHT

62.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Whole Pet Vet Care

REFERRING VET

Dr. Demarco

INVOICE

13597

DATE

3/31/22

PRESENTING CLINICAL SIGNS

concerned about possible mass
Abnormal PE/Chem/CBC/UA Results: Current Medications simplicef 200mg * doxycycline 100mg(stopped3/30) * dasuquin chews * has been on carprofen and tramadol post surgery

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 and without evidence of sublumbar or medial iliac lymphadenopathy.

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 7.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.3 cm length x 0.47 cm width in the caudal pole. The right adrenal gland measured 2.3 cm length x 0.68 cm width in the caudal pole.

Spleen

The spleen was not present owing to previous splenectomy. No overt pathology was noted in the area of the previous spleen.

Liver/ Gallbladder

The liver was subjectively normal in size and structure. Subtle areas of caudal capsule asymmetry were noted. The liver parenchyma was mildly nonuniform and hypoechoic to the falciform fat with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, well-demarcated, nondisruptive, hyperechoic nodule, as well as focal thinly walled probable intraparenchymal cyst present in the deep liver, were noted. The hyperechoic nodule measured 2.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. No overt pathology was noted in the area of the gallbladder and common bile duct.

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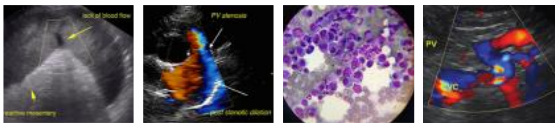

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild Ingesta exhibiting focal distal acoustic shadowing. The stomach was otherwise normal.

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.

Pancreas

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.

Free Abdomen

No omental masses, lymphadenopathy or evidence of peritoneal effusion were present.

A solitary hypoechoic to nonhomogeneous subcutaneous nodule to small mass was present in the subjective ventral midline adjacent to the xiphoid, measuring approximately 3.0 cm in diameter.

Brief sonographic assessment of the heart revealed a nonhomogeneous mass in the area of the lateral right ventricle to right atrioventricular groove potentially extending into the area of the right atrium free wall, as well as mildly into the area of the tricuspid valve measuring approximately 3.5 cm x 3.0 cm. An additional spherical nonhomogeneous mass was present at the cranial thorax to mediastinum measuring 6.4 cm in diameter. No evidence of obvious pleural free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatic parenchymal remodeling exhibiting focal nonspecific yet suspected benign hyperechoic intraparenchymal nodule, as well as probable concurrent intraparenchymal cyst
- Mild chronic renal changes
- Hypoechoic to nonhomogeneous subcutaneous nodule to small mass ventral midline adjacent to xiphoid
- Mass in area of the lateral right ventricle to right atrioventricular groove
- Cranial thoracic / mediastinal mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling Is required for further clarification, the multiple masses noted in the ventral midline subcutaneous space within the heart, as well as within the cranial thorax to mediastinum are consistent with multicentric neoplasia, which may Indicate primary neoplastic process unrelated to previous splenic pathology, or possible metastasis if previous splenic pathology was malignant.

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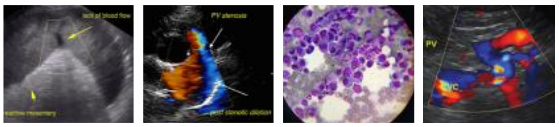

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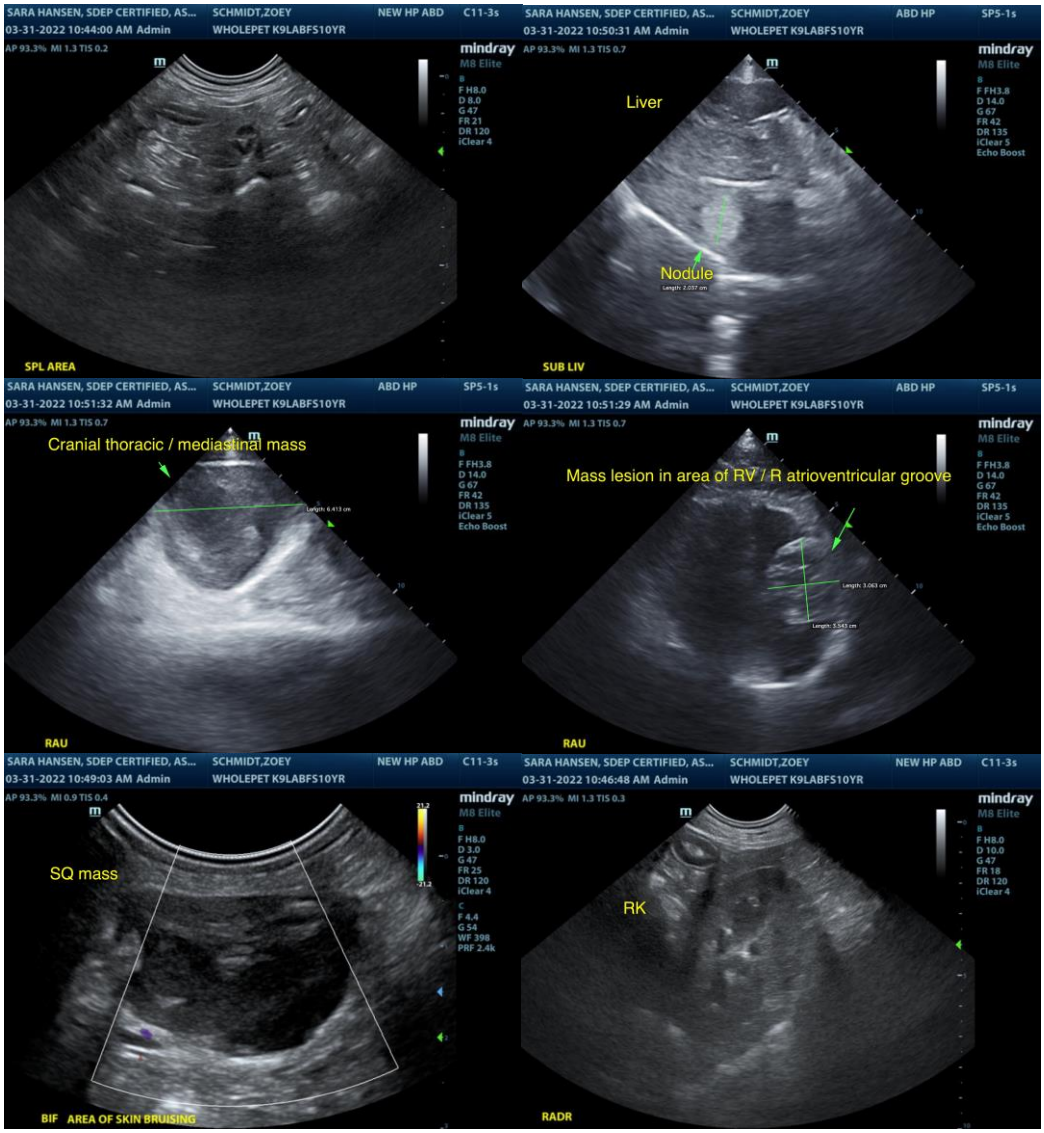
Assuming normal clotting status, ultrasound-guided FNA of the subcutaneous nodule to small mass +/- cranial thoracic / mediastinal mass if accessible for screening cytology and potential for oncology consultation is suggested. Correlation with three view chest radiographs Is recommended. However, an unfavorable prognosis is likely indicated.



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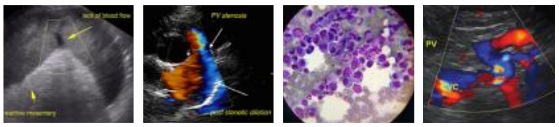

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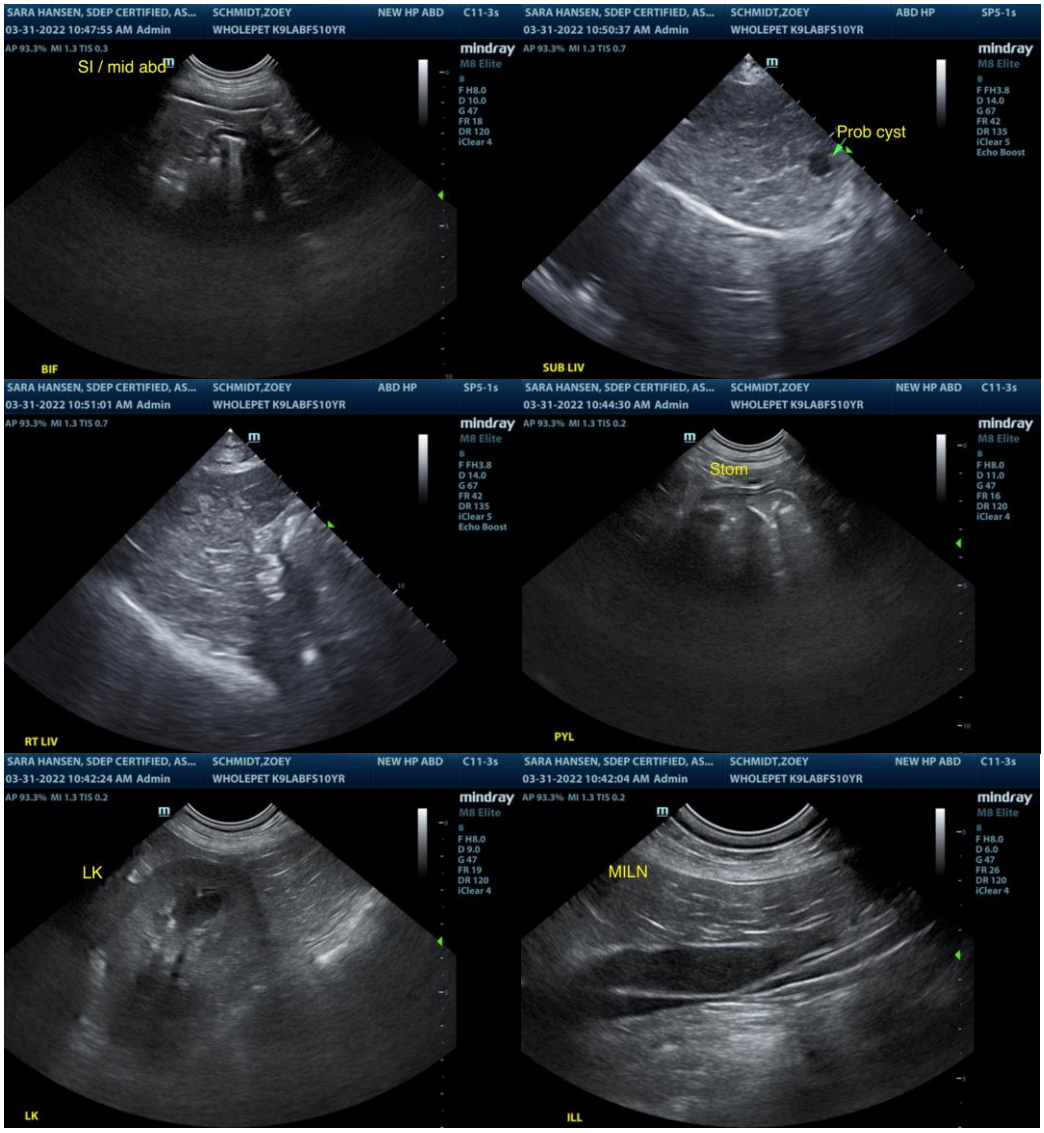

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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