



PATIENT PRESENTING CLINICAL SIGNS

Lancaster Steele
History: Presented for vomiting, lethargy, trembling, heavy breathing, not himself. GPE: tachycardic at 120-180 bpm, increased RR (18-36) and RE. Suspect some discomfort on abd palpation. Was given 300mg Gabapentin, started IVF, Cerenia, Pantoprazole. Very tense on abdominal pressure during scan especially over liver areas.

SPECIES

Canine
Abnormal PE/Chem/CBC/UA Results: ALT - 705, ALT - 217, BUN - 12.1, Crea- 194, M1 inc WBC and neuts Lepto witness test - neg

BREED

Labradoodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 were noted.

AGE

11 years

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 8.7 cm in length. The right kidney measured 8.5 cm in length.

WEIGHT

98 pounds

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

No overt pathology in the area of the residual prostate.

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

Adrenal Glands

Both adrenal glands were indistinctly visualized given the patient's size yet without overt pathology. The left adrenal gland subjectively measured 3.5 cm in length and 0.99 cm width at the caudal pole. The right adrenal gland measured 2.7 cm in length and 0.83 cm width at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

Spleen

HOSPITAL NAME

Southside Pet Hospital

The spleen exhibited generalized enlargement with a mildly rounded to swollen splenic capsule contour with regions of asymmetry. Generalized nonhomogeneous to mildly mixed echogenic splenic parenchyma was observed. No distinct masses or nodules were noted. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

REFERRING VET

Dr. Hughes

Liver

The liver presented with the potential for subjective mild generalized enlargement. The hepatic parenchyma revealed generalized diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

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DATE

03/07/2022



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach exhibited mild to moderate retained anechoic to mildly echogenic fluid and chyme 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.

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 was evident.

Free Abdomen

No overt lymphadenopathy, omental masses or peritoneal effusion was present.

Rapid view of the heart revealed moderate volume pericardial effusion. No overt evidence of left or right heart chamber enlargement, heart base or right atrium/auricle mass was noted. Potential minor subjective myocardial thickening in the area of the right atrioventricular groove. No overt evidence of cardiac tamponade.

INTERPRETED BY

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy-subjectively acute, acute hepatitis, reactive/vacuolar hepatopathy, mild congestion, occult neoplasia or other hepatopathy possible.
- Splenomegaly exhibiting nonhomogeneous to mild mixed echogenic parenchyma-age related splenic changes, hyperplasia, hematopoiesis, splenitis or infiltrative neoplasia possible.
- Hypomotile stomach.
- Moderate volume pericardial free fluid, no overt cardiac tamponade.

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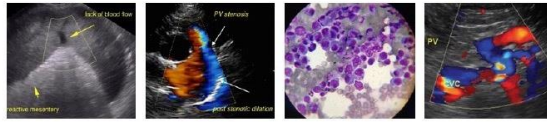
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status a hepatosplenic FNA using a 25g needle is warranted for screening cytology.

Given the presence of pericardial effusion, higher possibility of splenic or potential multicentric neoplasia is of concern. Although a definitive mass was not noted around the heart, the potential for non-visualized primary or metastatic cardiac neoplasia is possible. Referral for pericardiocentesis with effusion analysis cytopsin cytology is recommended.

Very guarded prognosis for this patient pending hepatosplenic sampling and pericardiocentesis.



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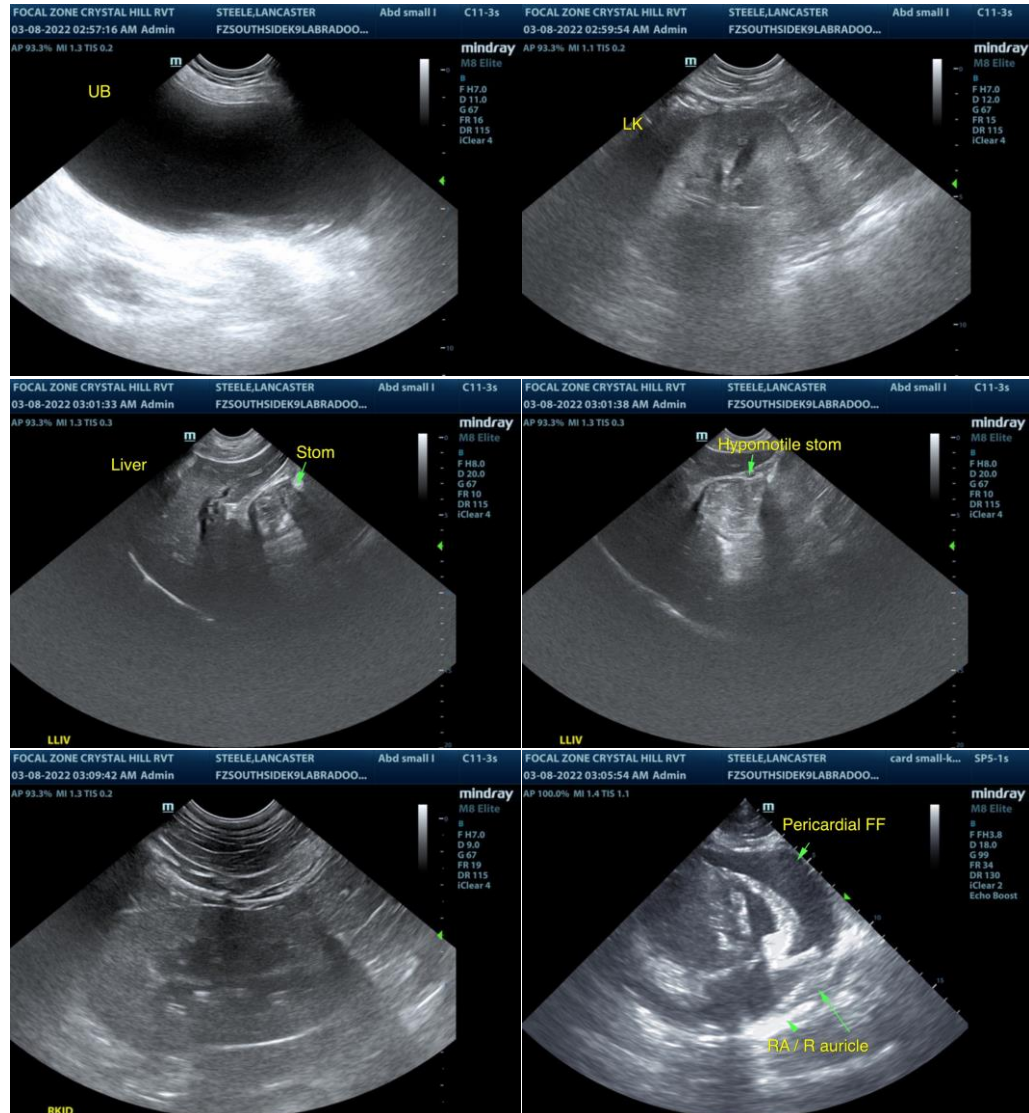
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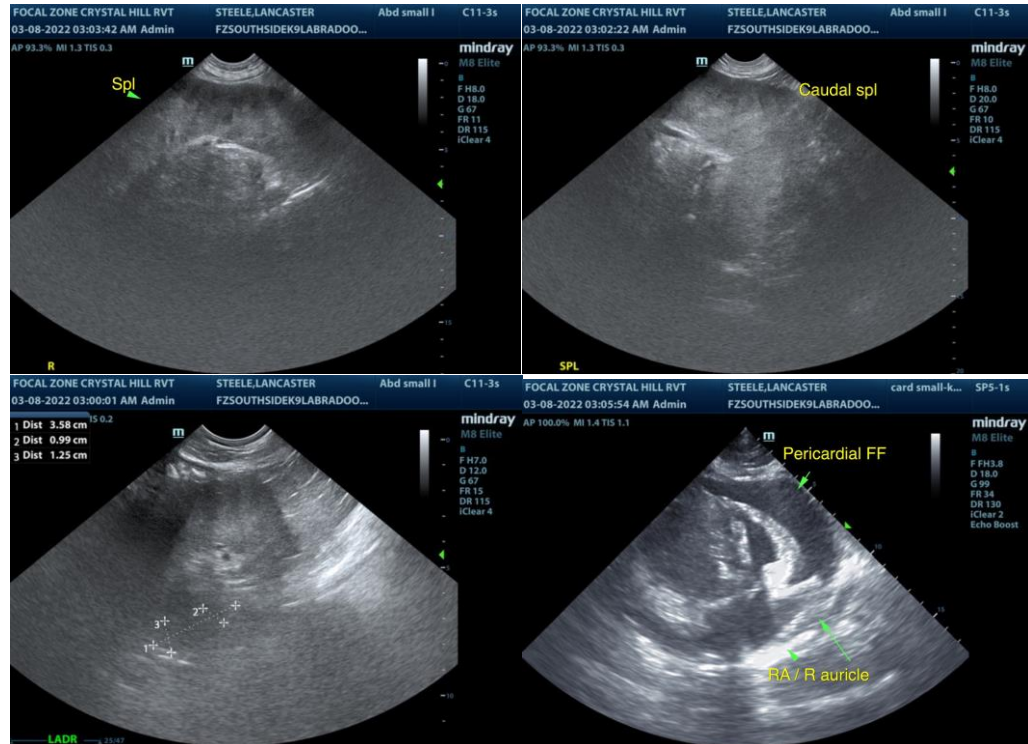
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com