



PATIENT

Petey Parker

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

16.5 Years

WEIGHT

26 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken AH and
UC

REFERRING VET

Shannon Heintz

INVOICE

14817

DATE

4/18/22

PRESENTING CLINICAL SIGNS

History: P presented for "slowing down" and panting. Within the last two weeks O noted P had difficulty rising, had lost muscle mass on the hind limbs, and was panting more.

Abnormal PE/Chem/CBC/UA Results: Cranial organomegaly, mildly uncomfortable on abdominal palpation, delayed placing right hind leg, severe muscle wasting hind limbs, periodontal disease stage III, nuclear sclerosis, and a new grade III/VI left sided, apical, systolic heart murmur. Bloodwork reveals a hematocrit of 28%, neutrophilia 21.32k/UI [2.95-11.64], monocytosis 3.64K/uL [0.16-1.12], platelets 651K/uL [148-484], glucose 51mg/dL [70-143], creatinine 2.1mg/dL [0.5-1.8], BUN 50mg/dL [7-27], phosphorus 8mg/dL [2.5- 6.8], ALT 198U/L [10-125], ALP 326U/L [23-212], amylase >2500U/L [500-1500], and lipase >6000U/L [200-1800].

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended yet normal tone and anechoic urine was present. No overt pathology in the area of the residual prostate or visible proximal urethra to a depth of 4.0 cm. Aortic trifurcation was normal.

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 6.8 cm in length. The right kidney measured 5.7 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 2.9 cm x 0.83 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm x 0.59 width at the caudal pole.

Spleen

The spleen was overall normal in size with mild capsule asymmetry and generalized mild parenchyma heterogeneity. Several to multiple mildly hypoechoic to expansive splenic nodules were present, an example measured 1.5 cm in diameter.

Liver

The liver exhibited marked hepatomegaly, primarily secondary to large expansive nonhomogeneous focally cystic to cavitated mass and appearing to involve the majority of the left to mid liver, measuring approximately 13-14 cm diameter. Discernable hepatic parenchyma was noted in the mid to right deep liver, adjacent to the gallbladder, exhibiting moderate coarse echotexture and minor parenchymal remodeling. Concurrent, mildly expansive nonhomogeneous to cystic masses noted in the right lateral to caudate liver with associated capsule distortion. An example of a cystic caudate lobe mass measured 7-8 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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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.

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

Pancreas

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*See free abdomen

Free Abdomen

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Mild perihepatic reactive mesentery noted. Mild to moderate volume peritoneal free fluid noted.

Several enlarged mid abdominal mesenteric lymph nodes were present medial to the spleen and within the area of the left pancreatic limb. Potential for focally inflamed or nodular distal left pancreatic limb cannot be definitively excluded. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Multifocal to potential coalescing nonhomogeneous to cavitated liver masses with secondary marked hepatomegaly
- Nonspecific yet suspicious splenic nodules
- Prominent to hypoechoic mid abdominal mesenteric lymphadenopathy
- Mild to moderate volume peritoneal free fluid

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Secondary Findings

- Bilateral chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the hepatic masses are consistent with neoplastic criteria. Concern for multicentric neoplasia, involving the spleen and mesenteric lymph nodes with potential for concurrent pancreatic inflammation or less likely pancreatic metastasis is warranted.

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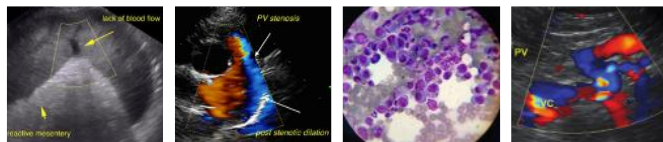
Assuming normal clotting status, hepatosplenic FNA could be considered for screening cytology and potential for oncology consult. However, given the extent of hepatic pathology and suspicion for multicentric neoplasia, surgical options appear to be precluded. Unfortunately, a likely unfavorable long-term prognosis is indicated.

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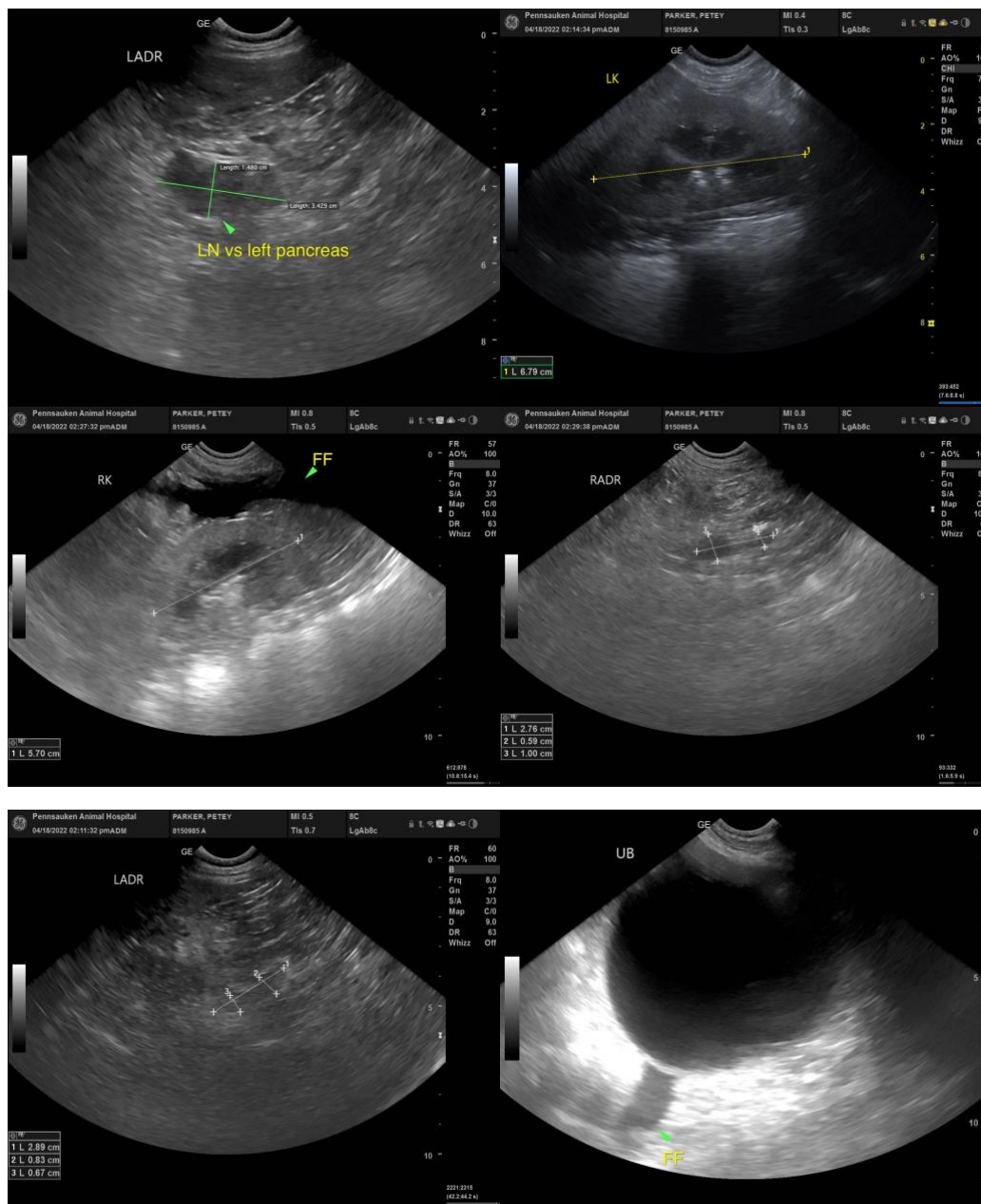
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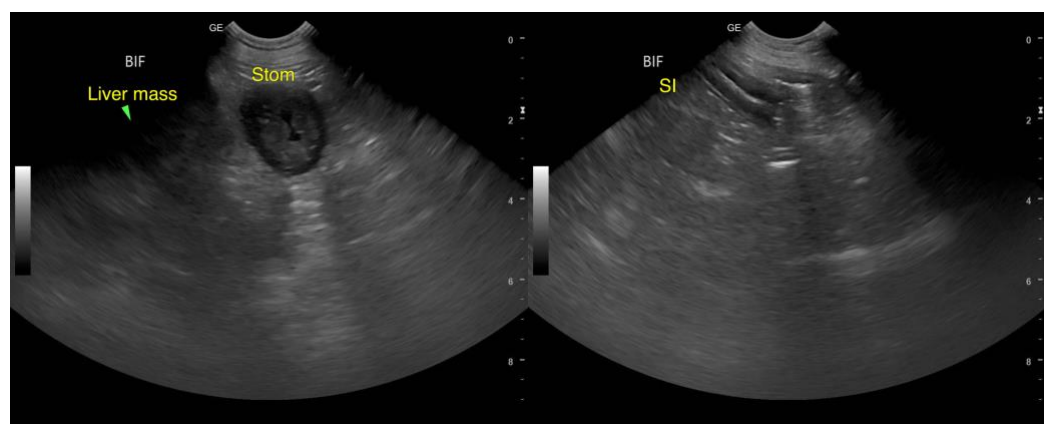
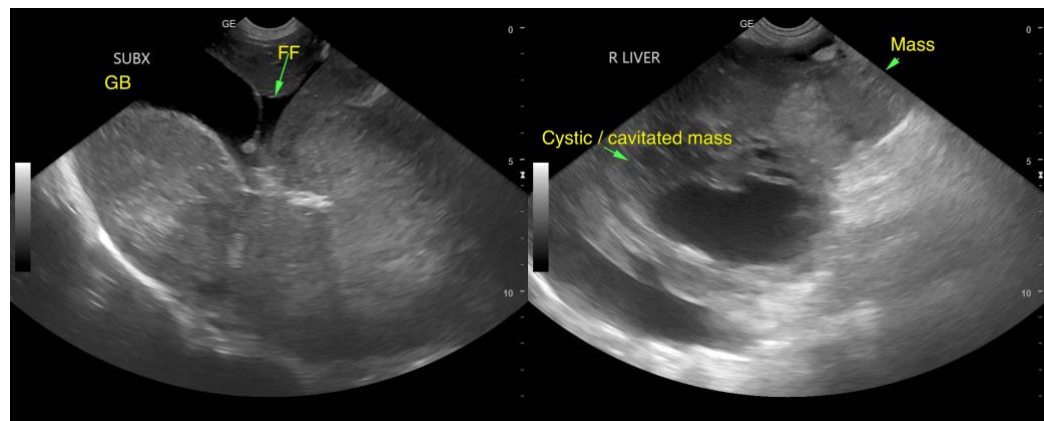
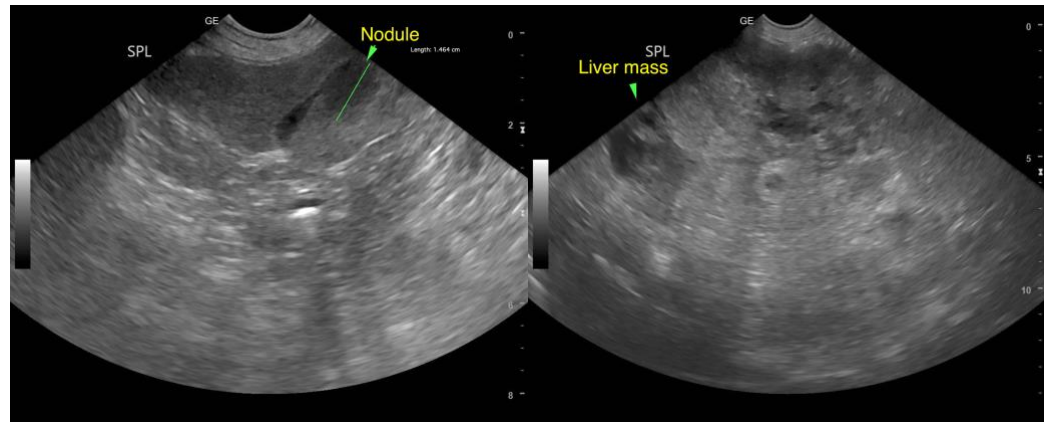
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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