



PATIENT

Hollywood Becker

SPECIES

Canine

BREED

Mastiff

SEX

Neutered Male

AGE

10 Years

WEIGHT

102.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr, Sundholm

INVOICE

22110

DATE

4/20/23

PRESENTING CLINICAL SIGNS

History: Vomiting, hyporexia, and diarrhea since 4/8/23. Last episode of diarrhea was on 4/17/23. Ate well after getting Cerenia and SQ fluids at ER on 4/9/23. Will now only eat if there is chicken/rice mixed in his food. No known toxin or FB ingestion. Exam 4/19/23: mild icterus, normal skin turgor, abdomen soft and non-painful, mildly enlarged submandibular LNs, Temp 102.3, HR 140, RR 30, CRT <2. O reported no additional vomiting as of 4/20/23 after re-starting Cerenia. Current Medications Levothyroxine, Cerenia Primary Question/Differential to Be Answered in This Exam Cause of elevated liver enzymes, hyporexia, and vomiting

Abnormal PE/Chem/CBC/UA Results: ALT 3708, ALP 1686, AST 489, TBili 0.9, Glob 3.9, TP 8.1, Na+ 159, Chol 639

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.

The residual prostate was normal in size with symmetrical capsule mild nonhomogenous parenchyma, likely consistent with patient variant or age-related parenchymal changes. N evidence of residual prostate pathology.

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 8.1 cm in length. The right kidney measured 7.9 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 3.4 cm length x 0.71 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.51 cm width at the caudal pole.

Spleen

A moderately sized irregular nonhomogenous to nodular caudal splenic mass was noted with associated mild distortion of the splenic capsule, measuring approximately 5- 5.5 cm in diameter. Mild peripheral hyperechoic perisplenic omentum was noted. The remainder of the spleen was normal.

Liver

The liver was normal in size with areas of minor capsule asymmetry. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Subtle increased yet indistinct prominence of portal vascular borders



PATIENT	was noted. Normal hepatic vascular volume was noted. No visualized hepatic masses or nodules were noted.
Hollywood Becker	
SPECIES	The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
Canine	
BREED	<i>Gastrointestinal</i>
Mastiff	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.
SEX	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.
Neutered Male	The colon revealed sonographically unremarkable wall layering with subjective semi-formed to soft fecal matter present in lumen.
AGE	<i>Pancreas</i>
10 Years	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.
WEIGHT	<i>Free Abdomen</i>
102.5 Pounds	A solitary, mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum and maintained a normal width: length ratio (<0.5). The lymph node measured 3.2 cm x 1.4 cm width. The lymph node was not sonographically consistent with neoplastic or inflammatory criteria. No omental masses, lymphadenopathy or peritoneal effusion was noted.
INTERPRETED BY	<i>Other</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Probable homogenous pericardial fat was present.
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HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
West Eugene AH	<ul style="list-style-type: none"> • Caudal splenic mass • Nonspecific hepatopathy- vacuolar hepatopathy, nonspecific inflammatory/immune mediated disease, toxic hepatopathy (i.e., copper), nonobstructive cholestasis, infiltrative/metastatic neoplasia (less likely), or other hepatopathy is possible • Mild gallbladder debris (non-mucocele) • Structurally unremarkable stomach/small bowel • Semi-formed/soft feces in colon • Mild chronic renal changes
REFERRING VET	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
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The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria is favored.

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Sonographic definitive evidence of intraabdominal or cardiac metastasis was not obvious. No overt evidence of structural gastrointestinal pathology as an obvious cause of the gastrointestinal signs. Low grade to concurrent inflammatory gastroenteropathy or possible gastrointestinal signs, secondary to chronic hepatopathy could be possible.

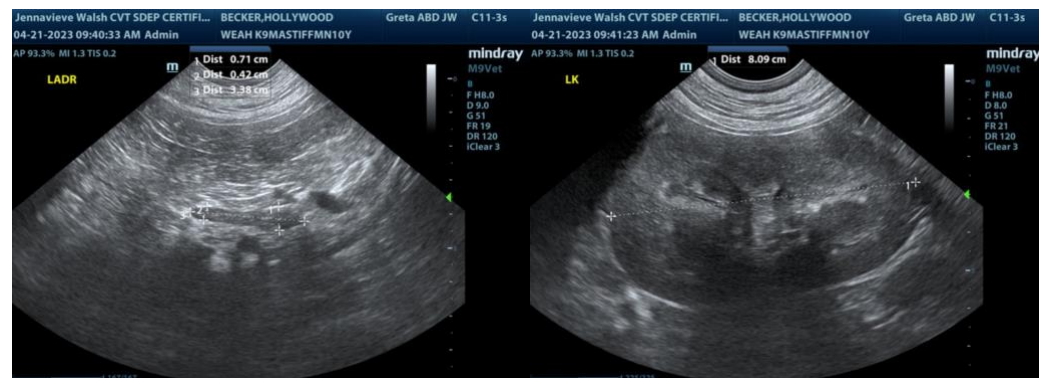
Canine

BREED

Assuming no evidence of pathology on three view chest radiographs, splenectomy with potential hepatogastrointestinal biopsies could be considered, assuming normal clotting status.

Mastiff

SEX



Neutered Male

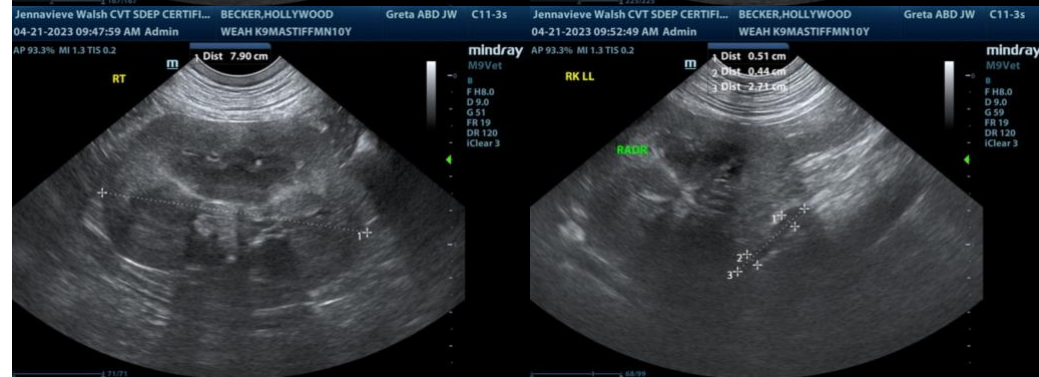
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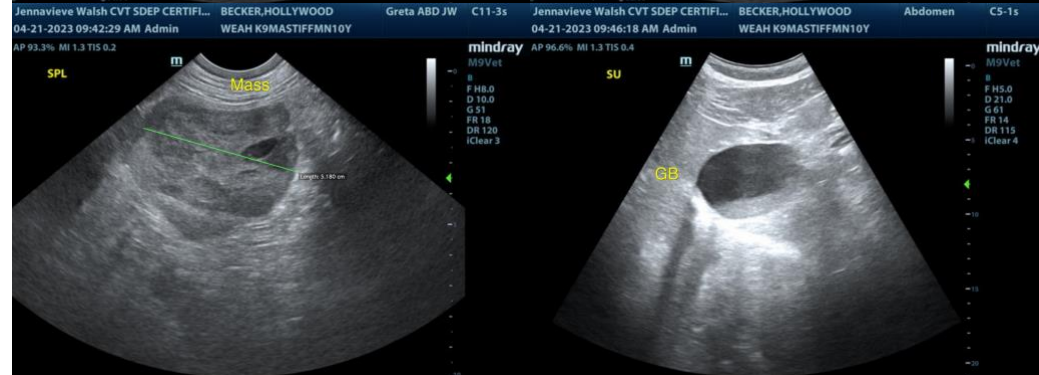


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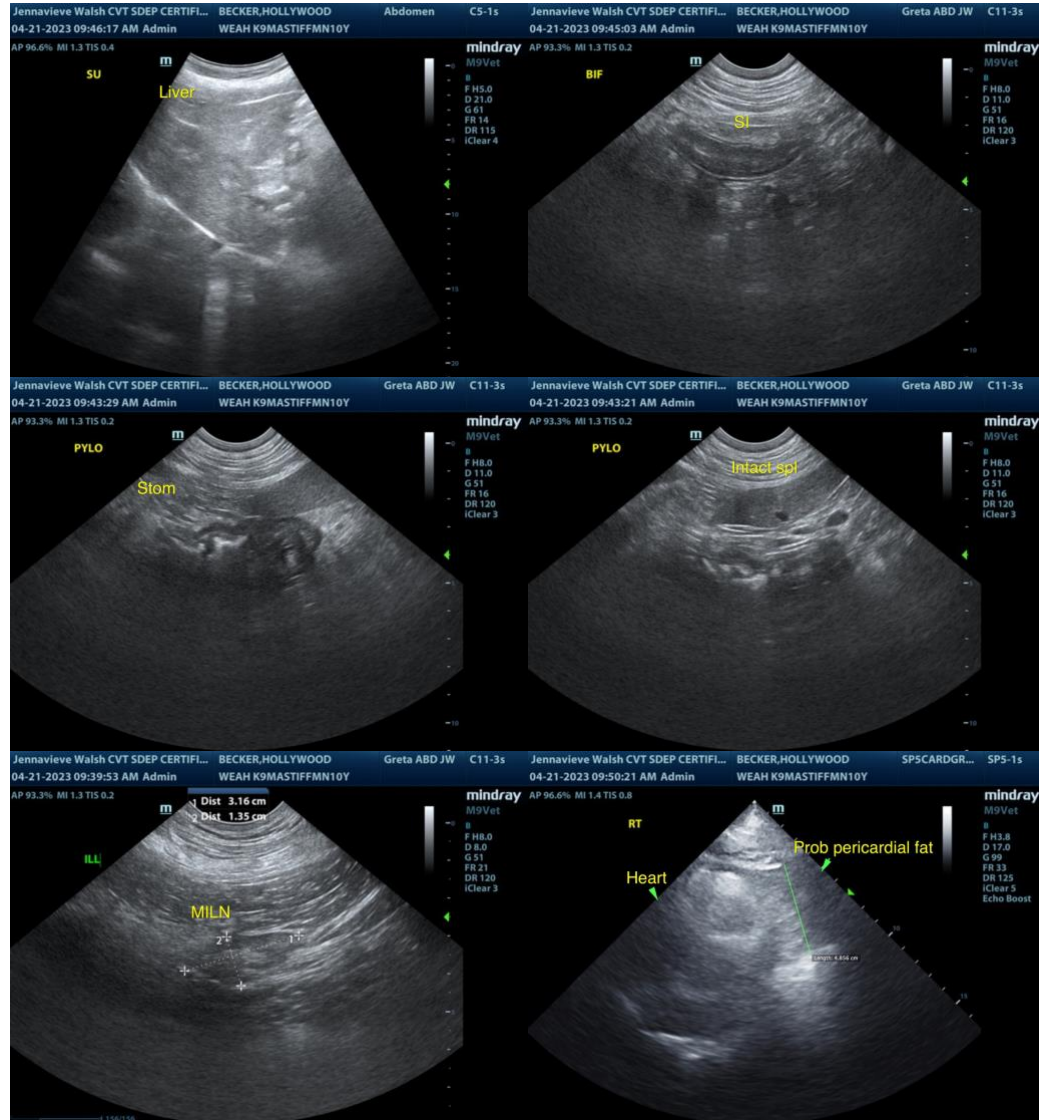
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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