



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Yogi Drechsler
SPECIES Canine
BREED Pomeranian
SEX
MN
AGE 15yr
WEIGHT 13.2lb

Yogi presented on 4/21/23 for worsening PU/PD. The urinary issues started over 3 weeks ago. They have been worsening to the point he is now having accidents inside the house. He has had decreased appetite. On exam his gums were slightly pale and his cranial abdomen was tense and uncomfortable. Vetprofen was started 2 weeks ago PRN for mobility loss. P has stopped giving it as it didn't seem to help. Primary Question/Differential to Be Answered in This Exam r/o causes of PU/PD and urinary accidents, anemia, and increased liver values

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA done in-hospital 4/21/23: ALP (690); TBIL (0.6 - high-normal); ALT could not be read (recheck results pending from lab); BUN (46); CRE (0.8); HCT (29%); UA unremarkable except 2+ proteinuria and moderate amt amorphous debris (free-catch). USG 1.024

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of minor medullary mineral and intermittent small cortical cysts. The left kidney measured 5.0 cm in length. The right kidney measured 4.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology measuring 0.56 cm in diameter.

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 1.8 cm length and 0.61 cm width in the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology measuring 0.57 cm width in the caudal pole.

Spleen

The spleen exhibited overall normal size with areas of lateral and medial capsule asymmetry. Generalized non-homogenous hypoechoic parenchyma with pinpoint to focal hyperechoic foci was present. A solitary non-disruptive discrete hypoechoic nodule was present measuring 0.65 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

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

13593ag

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04/24/2023



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The left to mid liver parenchyma exhibited non-homogenous to nodular changes with moderate coarse echotexture and overtly normal size extending into the right to caudate liver. A large irregular to expansive non-homogenous hyperechoic mass deriving from the caudal aspect of the mid to right liver was present extending past the level of the right kidney and gastric axis measuring ~13-14 cm in diameter but potentially larger as the entire mass would not fit into a single viewing window. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate non-organized variably hyperechoic debris. The common bile duct was not definitively visualized.

Gastrointestinal

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. Some degree of gastroduodenal displacement owing to the hepatic mass possible.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Non-homogenous/nodular liver with large irregular to expansive caudal mid to right liver mass.
- Moderate gallbladder debris (non-mucocele).
- Chronic renal changes with minor medullary mineral and cortical cysts.
- Age related adrenal changes-no evidence of adrenal tumors.
- Non-homogenous spleen with hyperechoic foci and non-specific nodule-splenic microinfarction, fibrosis, mineralization, hyperplasia, potential for early neoplastic or metastatic criteria thought less likely yet cannot be excluded.
- Sonographically unremarkable urinary bladder and residual prostate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a liver mass FNA for screening cytology is warranted for further assessment. Neoplastic criteria is favored. The liver mass does not appear to be amendable to resection given the location within the area of the porta hepatis.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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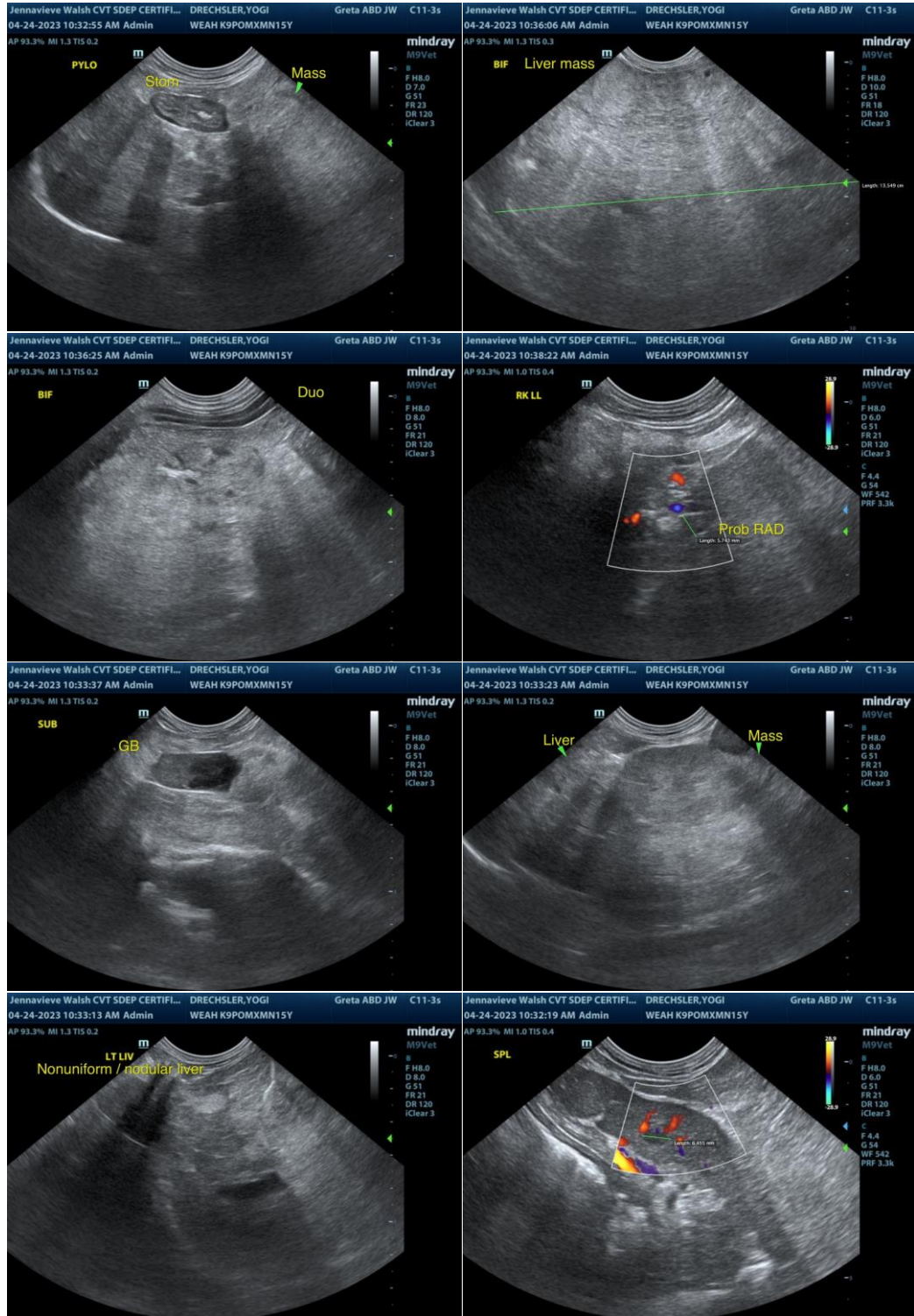
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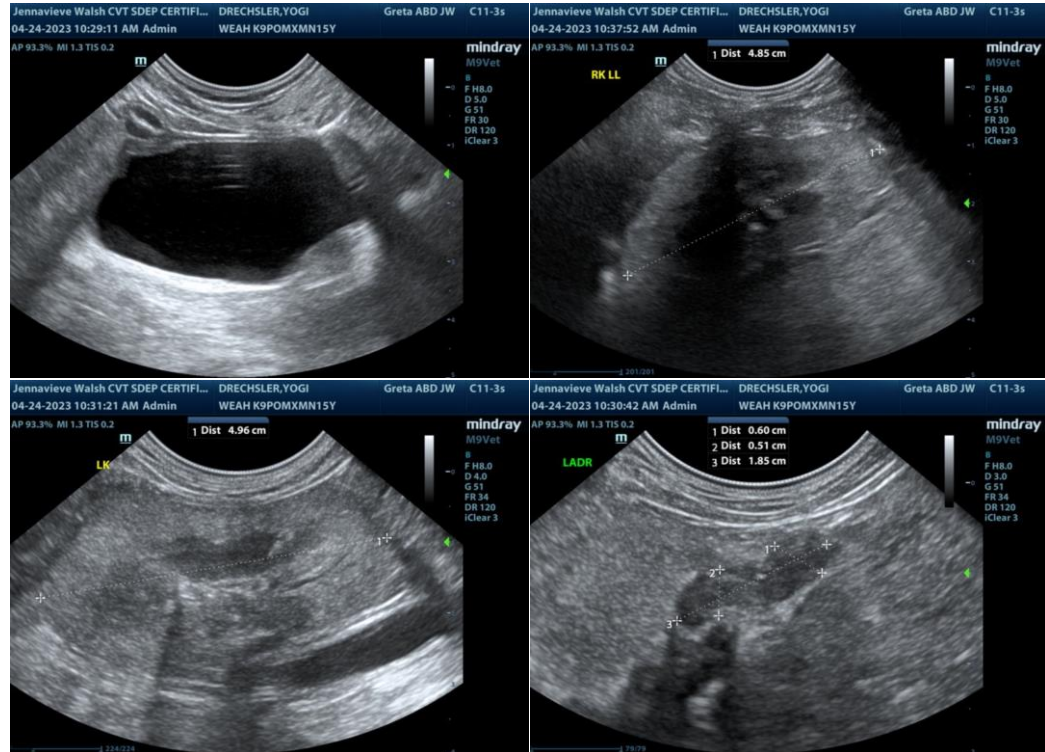
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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