



PATIENT PRESENTING CLINICAL SIGNS

Sam Vergamini collapse with apparent respiratory distress 4/21 evening , exam 4/22 unremarkable except for pale mucous membranes

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC - anemia (rbc 4.5, Hct 30) & leukocytosis (wbc 180) with L shift Chem - alk Phos 847, ALT 248, AST 83, and slightly low TP (5.4) Current Medications started Prednisone 20 mg BID 4/22

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Golden Retriever **Urinary System**

SEX 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 were noted.

Neutered Male

AGE The area of the residual prostate was free of pathology.

10 Years 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 8.2 cm. The left kidney measured 8.3 cm.

WEIGHT The area of the aortic trifurcation was free of pathology.

105 Pounds

INTERPRETED BY

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

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.5 cm length x 0.72 cm at the caudal pole. The left adrenal gland measured 3.2 cm length x 0.77 cm at the caudal pole.

IMAGING PERFORMED BY

Sara Hansen

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

The Vet Hospital

Liver

The liver exhibited generalized enlargement with variable lobar swelling to potential indistinct isoechoic mass present in the right lateral to caudate liver. Right lateral to caudate liver lobe measured approximately 8.0 cm x 5.0 cm. Concurrent non-homogeneous to hypoechoic indistinctly margined mass noted in the left cranioventral liver, measuring approximately 8-9 cm in diameter. Focal to intermittent, mildly expansive, well demarcated, uniform hypoechoic intraparenchymal nodules were present in the mid liver. Example of nodule measured 2.2 cm diameter. No overt pathology in the area of the gallbladder or common bile duct.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained non-shadowing ingesta/chyme.



PATIENT

Sam Vergamini

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.

SPECIES

Canine

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.

BREED

Golden Retriever

Free Abdomen

SEX

Neutered Male

No omental masses or overt lymphadenopathy. Small pockets of scant, primarily perihepatic free fluid noted along with regional perihepatic hyperechoic mesentery around the indistinct left liver mass.

AGE

10 Years

WEIGHT

105 Pounds

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting variable right lateral to caudate lobar swelling, non-homogeneous hypoechoic left liver mass, and focal to intermittent mildly expansive, hypoechoic intraparenchymal nodules – strongly suggestive of multicentric hepatic neoplasia. Vacuolar hepatopathy, inflammatory hepatopathy with areas of nodular to regenerative hyperplasia, hematopoiesis, and less likely potential for associated or concurrent left lateral lobe torsion possible yet considered less likely differential diagnoses.

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- Associated left perihepatic reactive mesentery and scant perihepatic free fluid
- Sonographically unremarkable spleen
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA recommended of the left liver mass, right lateral to caudate liver, and mildly expansive intraparenchymal nodule (if accessible) for screening cytology, and oncology consult if neoplastic process is confirmed. Prognosis is very guarded to potentially unfavorable pending cytology. 3-view chest radiographs suggested to assess for concurrent thoracic pathology or evidence of metastasis is not done.

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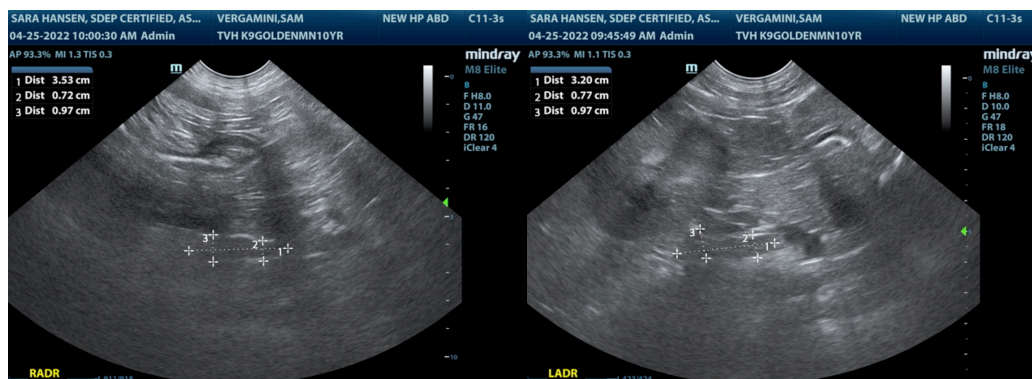
Dr. Johnson

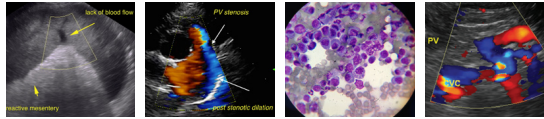
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Neutered Male

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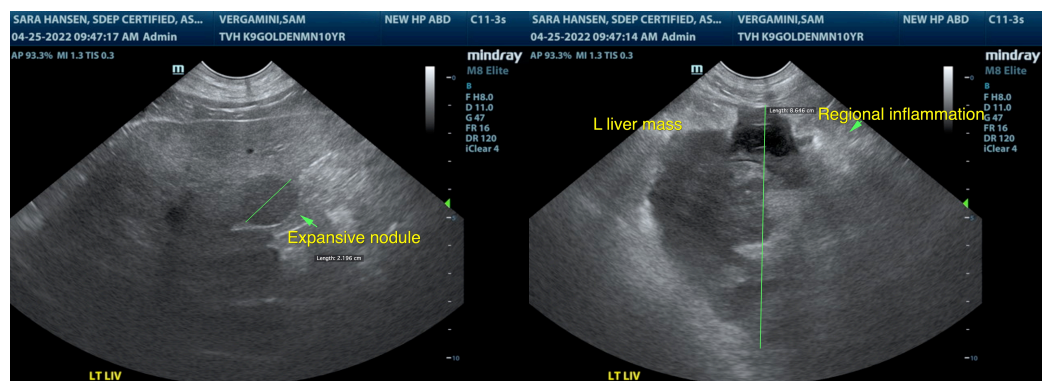
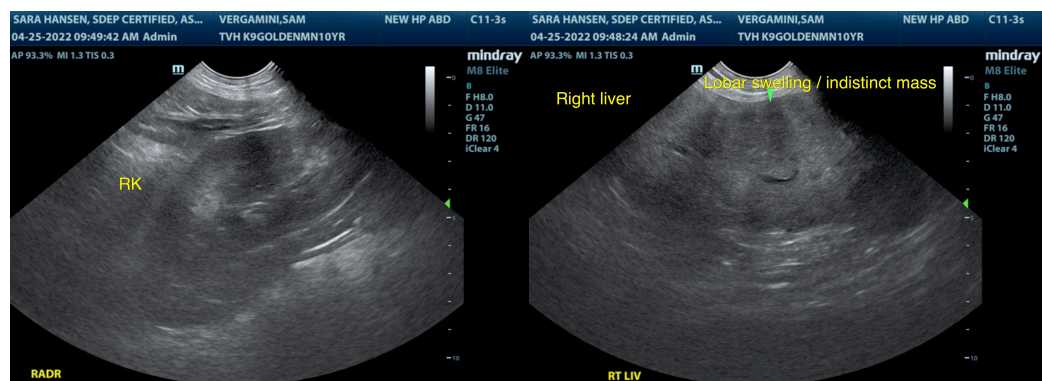
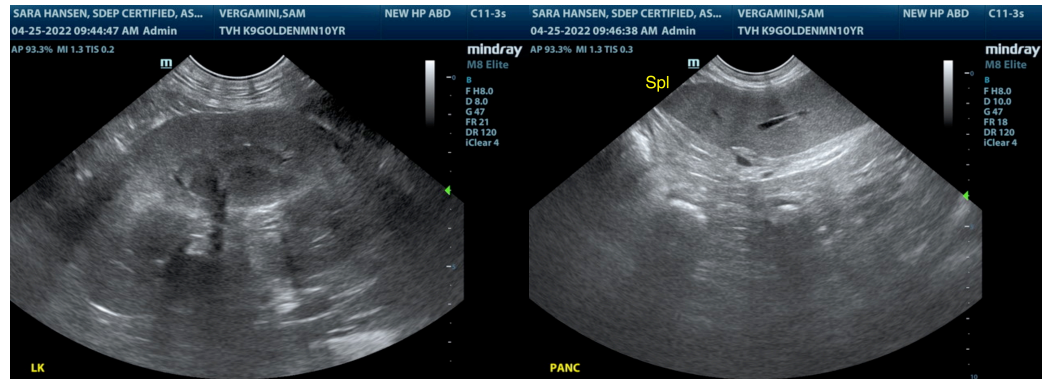
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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