



**PATIENT**

Dutch Thayer

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

MN

**AGE**

11 years

**WEIGHT**

95 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Albany Animal  
Hospital

**REFERRING VET**

Dr. Barlow

**INVOICE**

13757

**DATE**

4/28/22

**PRESENTING CLINICAL SIGNS**

Vomiting Inappetence/Fluctuating appetite Soft stool Pendulous abdomen and dough like upon palpation

Abnormal PE/Chem/CBC/UA Results: LYM 0.77 (1.05-5.10) PLT 100 (148-484) MPV 13.3 (8.7-13.2) PCT 0.13% (0.14-0.46) SDMA 24 (0-14) ALT 425 (10-125) ALKP 1310 (23-212) GGT 63 (0-11) LIPA 5454 (200-1800) Current Medications Apoquel

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 was noted.

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

The area of the aortic trifurcation was free of pathology and without evidence of medial iliac or sublumbar lymphadenopathy.

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 8.4 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 2.8 cm length x 0.95 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 3.0 cm length x 0.83 cm width at the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

**Liver/ Gallbladder**

The liver exhibited generalized enlargement with areas of capsule asymmetry and generalized nonuniform, mixed echogenic to nodular parenchyma. The gallbladder was non-distended in size



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with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**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. The gastric body wall width measured 0.40 cm.

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

**Pancreas**

The area of the pancreas base and right pancreatic limb were sonographically unremarkable.

**Free Abdomen and Small Intestine**

Unspecified hypoechoic to mildly nonhomogeneous mass was present in the mid to cranial abdomen medial to the spleen measuring approximately 5.0-6.0 cm in diameter. The mass was noted directly adjacent to mid to cranial abdominal small intestine and potential colon. Evidence of minor peripheral reactive mesentery around the mid to cranial abdominal mass. Segments of adjacent small Intestines exhibited intact yet thickened walls. The remainder of the small Intestine exhibited intact wall layering and subjective maintained 1:3 muscularis / mucosa ratio. Areas of thickened small intestine measured up to 0.7 cm wall width. By comparison, normal-appearing small Intestine measured 0.37 cm wall width. No effusion was noted.

Rapid view of the heart revealed suspect scant to minor pleural effusion.

**ULTRASONOGRAPHIC FINDINGS**

- Infiltrative hepatomegaly
- Unspecified mid cranial abdominal mass - primary suspicion for intestinal mural mass, potential for mid to cranial abdominal marked lymphadenopathy or left pancreatic mass possible
- Segmentally thickened intestine adjacent to mid to cranial abdominal mass - segmental intestinal inflammation with primary concern for segmental neoplastic infiltrative enteropathy
- Suspect scant to minor pleural free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification and potential definitive diagnosis, the sonographic findings in this case are most consistent with multicentric neoplasia involving the liver, segmental intestinal tract, with potential for lymphatic and / or left pancreatic involvement. Assuming normal clotting status, ultrasound-guided hepatic and mid to cranial abdominal mass FNA, if accessible, and is recommended for further assessment and potential for oncology consultation. Three view chest radiographs are suggested if not done. Unfortunately, a likely unfavorable prognosis is indicated.



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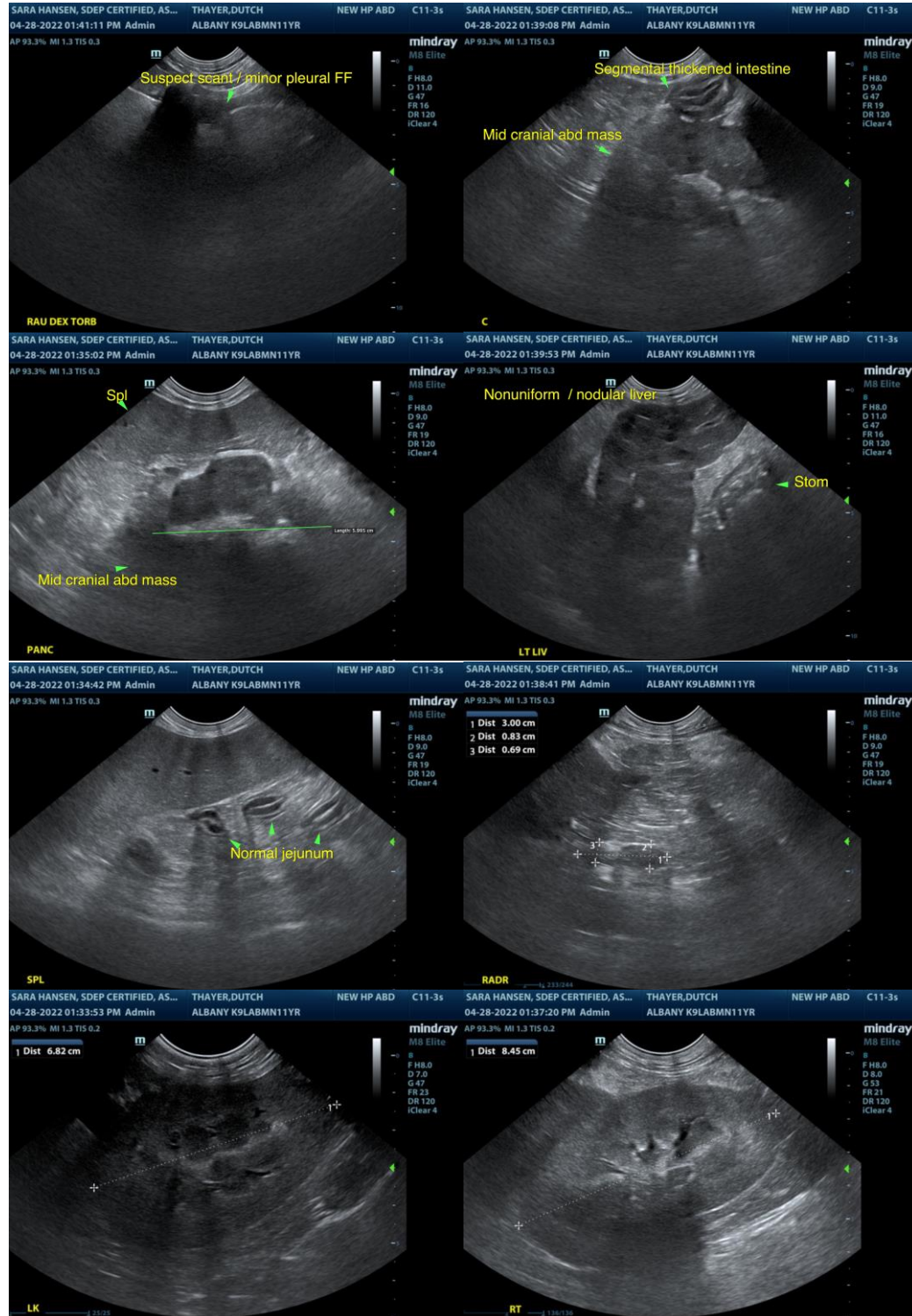
Dr. Barlow

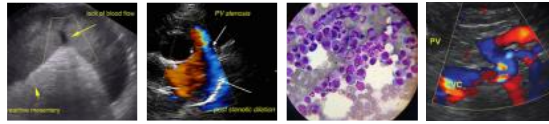
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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