



PATIENT

Banner Wilson

SPECIES

Canine

BREED

English Shepherd

SEX

MN

AGE

11yr

WEIGHT

26kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Emergency Veterinary
Hospital

REFERRING VET

Patti Mayfield DVM

INVOICE

13645ag

DATE

04/28/2023

PRESENTING CLINICAL SIGNS

Client reports cough has been present for ~ 1 month, but worsening with coughing throughout the night for the last 3-4 days. Clients had an appt. with primary care DVM several weeks ago, but Banner's cough had seemed to resolve for several days and so the appt. was canceled. Appetite has been reduced for several days and hyporexia noted in last 24 hours as Banner refused to eat his entire dinner. No V/D noted. No current meds. Sedation for AUS: Dexdomitor 5 mcg/kg (131 mcg) + Butorphanol 0.2 mg/kg (5.2 mg) mixed IV

Abnormal PE/Chem/CBC/UA Results: PE: Slightly dull, pale pink with slightly delayed CRT. Mild tachypnea, very subtle dyspnea at rest. Cough noted on tracheal palpation and spontaneously. Large, firm abdominal mass appreciated in the left cranial abdomen, but extends to the mid-abdominal region. Upon clipping the abdomen for AUS, moderate ecchymosis detected. 2.) CBC -- Microcytic, normochromic, highly regenerative anemia -- RBC: 3.8 M/uL (5.6-8.8) -- HCT: 22.1% (37-61) -- HGB: 7.6 g/dL (13-20) -- RETIC: 238.6 K/uL (10-110) -- Leucocytosis; WBC: 38,110/uL (5050-16,760) -- PMN: 31,030/uL (2950-11,640) -- MONO: 4040/uL (160-1120) -- PCV/TP: 25%/5.6 g/dL 3.) CHEM: -- ALT: 137 U/L (10-125) -- ALP: 284 U/L (23-212)

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.

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 6.3 cm in length. The right kidney measured 5.9 cm in length.

The area of the residual prostate appeared normal and free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 2.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole and 2.6 cm length.

Spleen

A large irregular mixed echogenic nodular mass primarily in the area of the spleen/mid abdomen measuring at least 12 cm in diameter was present. The mass appeared to extend cranially to efface portions of the mid to left caudal liver.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Several to multiple mildly expansive hypoechoic intraparenchymal nodules were present, an example measuring 2.2 cm in diameter. The



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liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

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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.

SEX

Pancreas

MN

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.

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Free Abdomen

Multiple variably sized irregular non-homogenous mesenteric lymph nodes were present, an example measuring 4.5 cm x 2.1 cm.

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Generalized primarily perisplenic to perilymphatic hyperechoic omentum was present with mild volume peritoneal effusion.

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Brief thoracic sonogram revealed pleural effusion and overtly normal cardiac structure/function without definitively visualized cardiac tumor or right atrial mass.

ULTRASONOGRAPHIC FINDINGS

- Mixed echogenic/nodular splenic mass.
- Hepatic parenchyma remodeling with several to multiple intraparenchymal nodules.
- Non-homogenous variably enlarged mesenteric lymphadenopathy.
- Non-cardiogenic bicavitary effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The sonographic findings are consistent with multicentric neoplastic criteria involving the spleen, liver, mesenteric lymph nodes and likely thoracic cavity given concurrent non-cardiogenic pleural effusion.

Surgical options are precluded given multicentric neoplastic criteria. An unfavorable prognosis is indicated.

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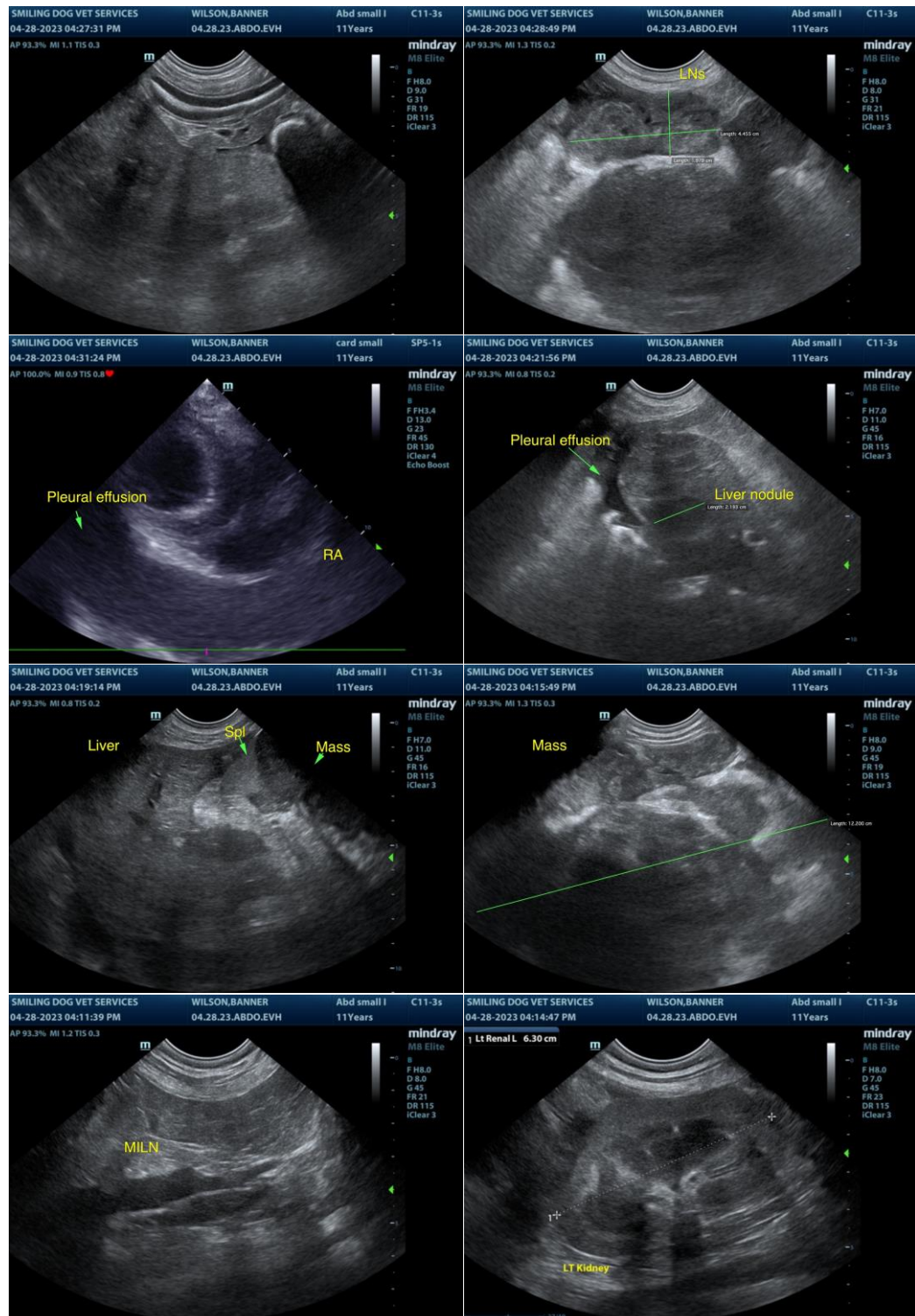
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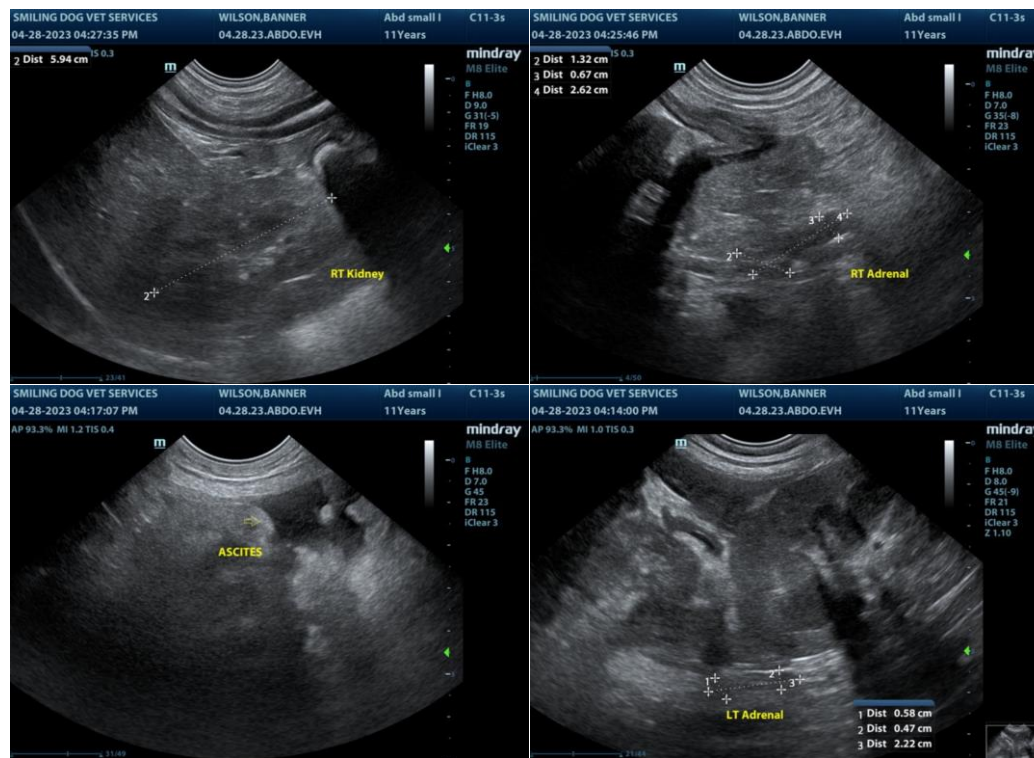
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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