



PATIENT

Casey Steffen

SPECIES

Canine

BREED

Rottweiler Mix

SEX

MN

AGE

13 Years

WEIGHT

79.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Silver Creek AC

REFERRING VET

Dr. Koch

INVOICE

13611

DATE

4/5/22

PRESENTING CLINICAL SIGNS

Pt presents for losing weight for the last 3 months. pet is eating fine and drinking normally. no v/d. pet is still interested in food. pet has a lump on back side of neck that appeared about 6 months ago. doesn't seem to bother pet much. pet has multiple other lumps. Current Medications apoquel
Abnormal PE/Chem/CBC/UA Results: albumin 2.5, globulin 4.9, alt 434, ast 75, alp 1,184, ggt 107, amylase 2,245, lipase 274, creatine kinase 564, RBC 4.75, hct 30.6, hemoglobin 9.2, mch 19.4, mchc 30.1, reti 21.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.1 cm in diameter.

The area of the aortic trifurcation was free of 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 7.2 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 3.6 cm length x 0.86 cm width at the caudal pole. The right adrenal gland measured 3.7 cm length x 0.65 cm at the caudal pole.

Spleen

The spleen exhibited primarily normal size, maintained symmetrical capsule contour and finely textured homogeneous parenchyma. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver exhibited generalized overall mild enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-



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distended in size 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. Mild retained gastric ingesta and chyme was present in the stomach. The stomach was otherwise normal.

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. No signs of active inflammation or neoplasia.

Free Abdomen

A large, nonhomogeneous mixed echogenic mass occupying the majority of the mid to cranial abdomen with direct effacement to the caudal aspect of the liver, as well as the medial aspect of the spleen was present. The mass measured at least 18.0 cm in diameter. The mass appeared to potentially extend into the area of the right pancreatic limb. Associated regional peripheral reactive mesentery and minor peritoneal free fluid was present.

Brief sonographic assessment of the heart revealed no overt evidence of pericardial effusion or obvious cardiac / pericardial masses.

ULTRASONOGRAPHIC FINDINGS

- Large nonhomogeneous to mixed echogenic mass occupying the majority of the mid to cranial abdomen
- Hepatopathy exhibiting minor parenchymal remodeling
- Heterogeneous pancreas - patient / age-related variant, parenchymal remodeling owing to previous inflammation, or low-grade pancreatitis, possible
- Mild chronic renal changes
- Scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size of the confirmed intra-abdominal mass, the definitive origin of the mass was difficult to ascertain yet hepatic origin is considered most probable, given the direct effacement and potential connection to the caudal aspect of the mid-liver, as well as concurrent elevated hepatic enzymes. Non-hepatic origin of the mass, however, cannot be definitively excluded. Although sampling of the mass is required for further assessment, the mass is most suggestive of neoplastic criteria.



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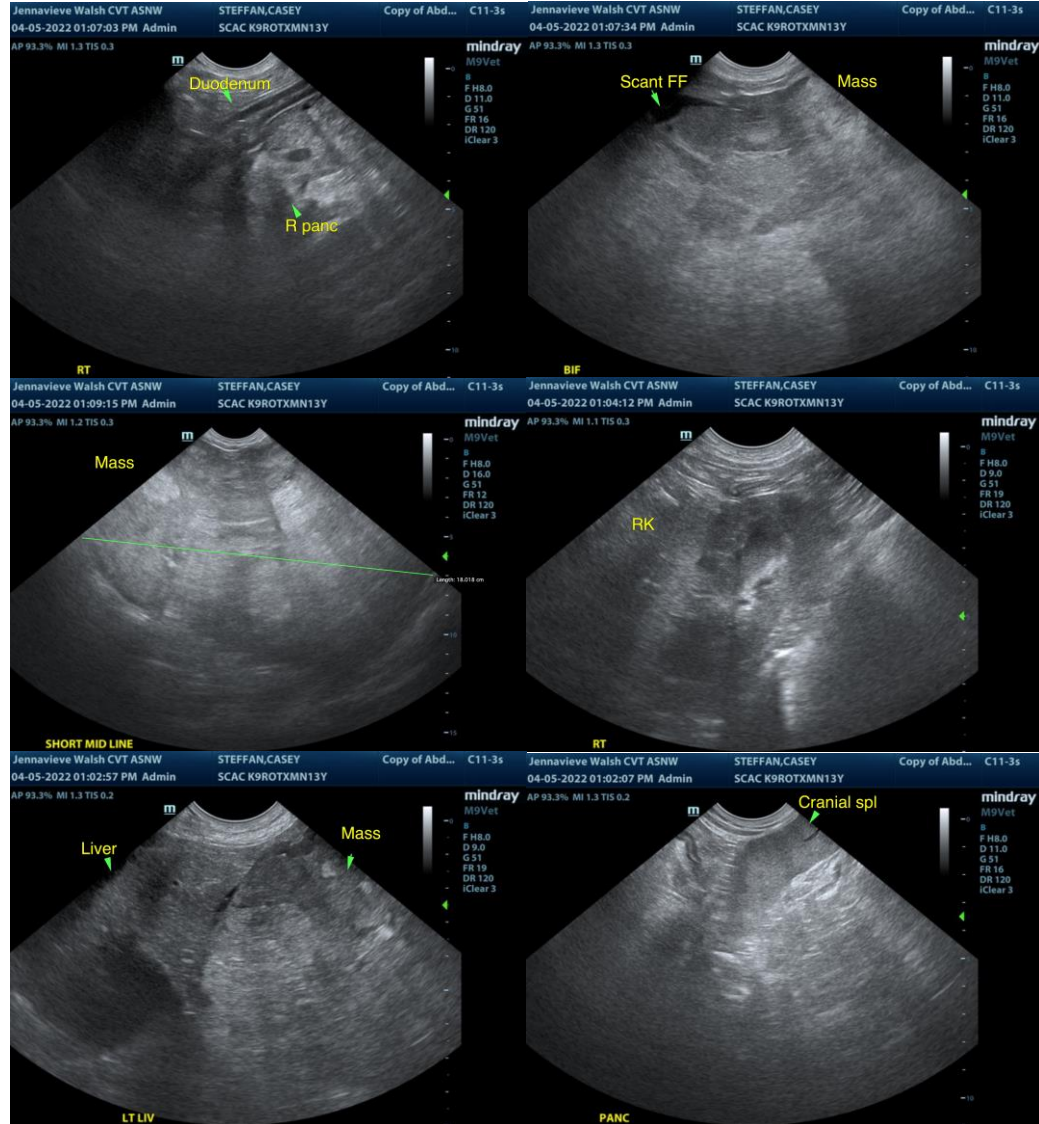
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Overt evidence of concurrent small intestinal disease or small intestine origin of the mass was not evident. Likely intra-abdominal gastrointestinal displacement is suspected given the size of the mass. Palliative gastrointestinal and hepatosupportive care would be reasonable. Three view chest radiographs are suggested if not done.





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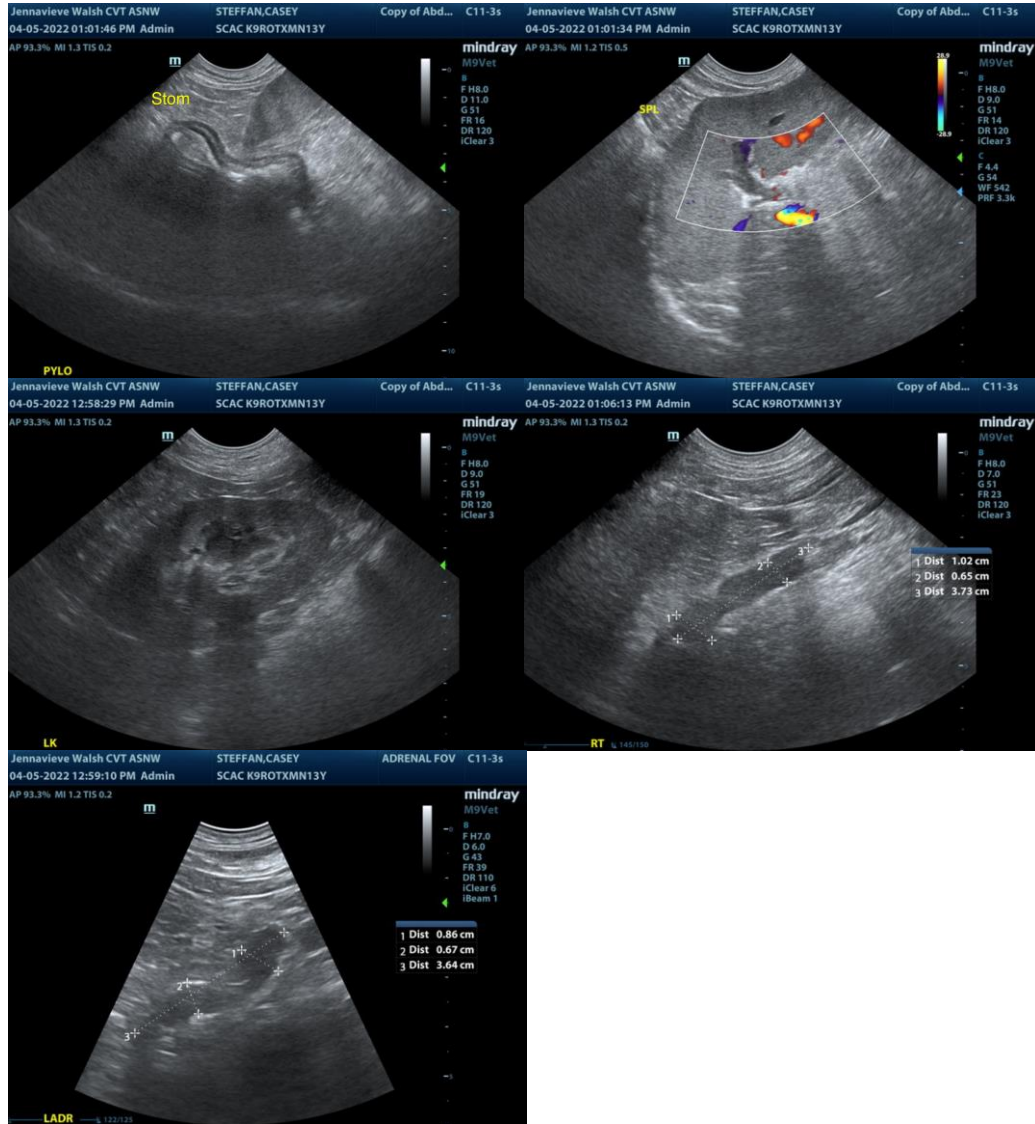
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com