



PATIENT	PRESENTING CLINICAL SIGNS
Bandido Kromm	History: Weight loss Inappetence for last 14 days . Lethargic and no bowel movements recently . Dog is outside.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Mild to mod elevation of liver enzymes, UA normal
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
Great Pyrenees	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.
SEX	
Neutered Male	The residual prostate was free of pathology.
AGE	Normal size and margination were present in the kidneys with adequate corticomedullary border demarcation and overall normal 1:3 cortex / medulla ratio. Both kidneys exhibited multiple variably sized well demarcated hypoechoic cortical to corticomedullary nodules. An example of right kidney nodule measured 2.0 cm in diameter. The left kidney measured 7.7 cm in length. The right kidney measured 8.4 cm in length.
WEIGHT	Adrenal Glands
40 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.44 cm width at the cranial pole.
INTERPRETED BY	No overt pathology in the area of the right adrenal gland.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Dr. Belan	Liver
HOSPITAL NAME	The liver revealed generalized enlargement and areas of capsule asymmetry. The hepatic parenchyma was primarily uniform and hypoechoic. An ill margined nonhomogenous hypoechoic intraparenchymal mass was present in the mid right liver, adjacent to and dorsal to the gallbladder, measuring approximately 8.0 cm x 8.0 cm.
Strathmore VC	
REFERRING VET	The gallbladder was non-distended in size with mild gallbladder debris. No evidence of posthepatic obstructive criteria. The cystic and common bile ducts were normal.
Dr. Paez	
INVOICE	Gastrointestinal
21895	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.
DATE	A segmental intestinal mural mass was noted in the mid abdomen, potentially at the level of the ileocolic junction and proximal colon, measuring approximately 3-4 cm with wall width up to 1.3 cm.
4/5/23	



PATIENT

Bandido Kromm

The intestinal mass consisted of hypoechoic segmental intestinal mural hypertrophy and loss of discernable wall layering. Concurrent segments of small intestine and colon exhibited intact wall layering with maintained normal wall layer ratio.

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

Great Pyrenees

Free Abdomen

Multiple, enlarged, hypoechoic mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example measured 5.0 cm x 4.0 cm.

SEX

Neutered Male

No overt peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

AGE

2

- Enlarged hypoechoic liver with intraparenchymal mass/potential masses
- Segmental intestinal mural mass
- Bilateral well demarcated hypoechoic kidney nodules
- Multiple hypoechoic to swollen mesenteric lymphadenopathy

WEIGHT

40 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Unfortunately, the sonographic abnormalities are consistent with multicentric round cell neoplasia criteria, involving the liver, bilateral kidneys, segmental intestinal tract and multiple mesenteric lymph nodes. Assuming normal clotting status, FNA cytology of an accessible lymph node, liver parenchyma/mass, +/- intestinal mural mass may be considered for further assessment, as well as potential for oncology consult and chemotherapeutic intervention. This case is nonsurgical.

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Strathmore VC

REFERRING VET

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SPECIES

Canine

BREED

Great Pyrenees

SEX

Neutered Male

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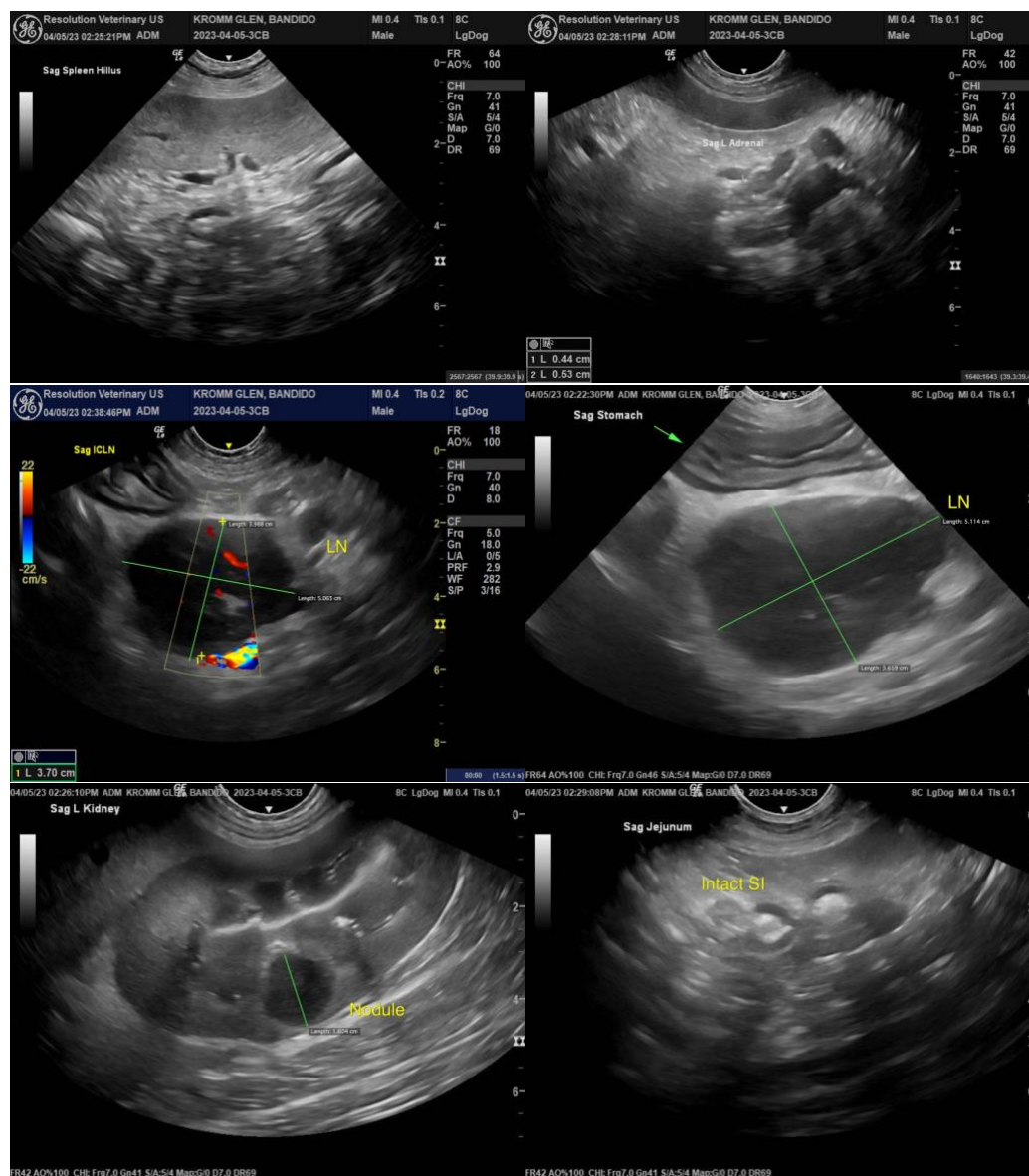
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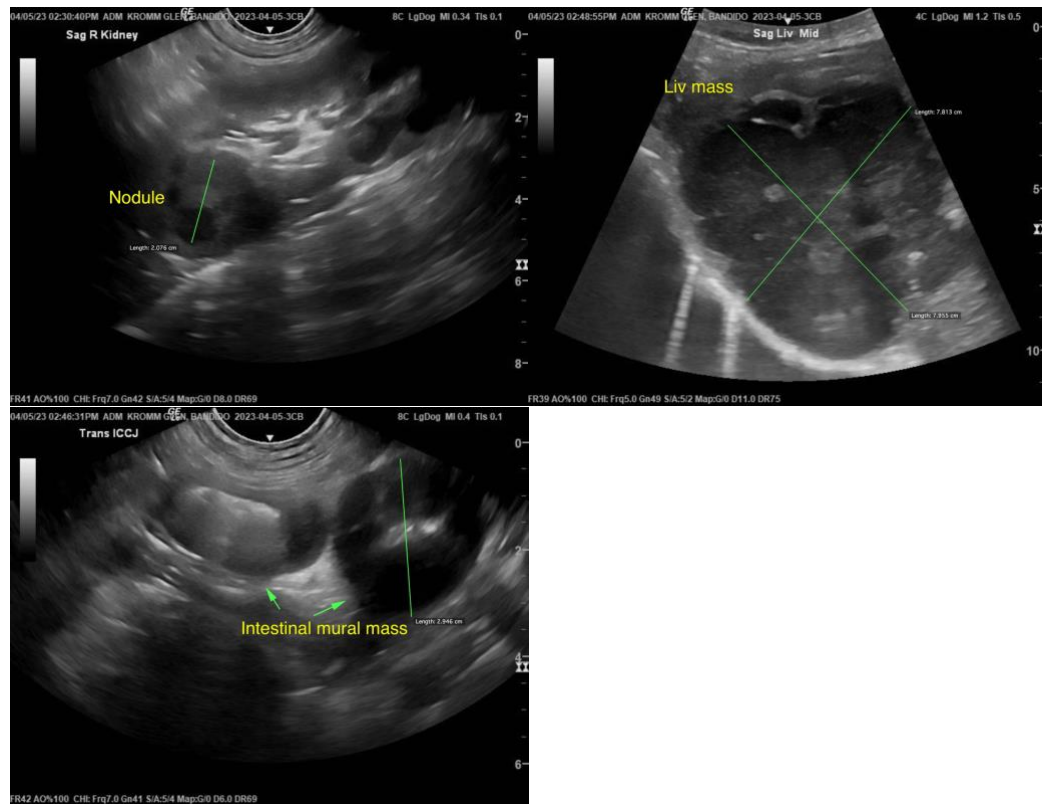
Dr. Paez

INVOICE

21895

DATE

4/5/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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