



**PATIENT**

Ollie Crawford

**SPECIES**

Canine

**BREED**

Mastiff Mix

**SEX**

MN

**AGE**

12 years

**WEIGHT**

103 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Wilson

**INVOICE**

13639

**DATE**

4/7/22

**PRESENTING CLINICAL SIGNS**

Originally presented for dysuria and stranguria. At 2 week recheck urinating more normally, but not eating as well. Torbugesic IV for pain relief/mild sedation.

Abnormal PE/Chem/CBC/UA Results: PE: muscle wasting along spine, pendulous abdomen.

\*\*Painful on pressure of mid and caudal abdomen\*\* BW (3-3-22) mild elevations in BUN, Creatinine, Phos, ALT and ALP. UA: well concentrated, pyuria ++ BW (3-17-22) BUN, Creatinine improved but slt. elevation remains. UA: improved, but still pyuria and abnormal looking cells. RADS: large bladder and suspected prostatomegaly. Chest rads: NSF.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone. The bladder appeared to be displaced somewhat dorsocaudally owing to the presence of the large mid to caudal abdominal mass. The mass appeared to impinge somewhat, as well upon the cranioventral aspect of the urinary bladder. The urethra was normal in structure and tone to a depth of 2.0 cm.

The residual prostate exhibited mild enlargement yet maintained symmetrical capsule contour and capsule differentiation from adjacent tissue. Nonhomogeneous to cystic residual prostatic parenchyma exhibiting nonspecific hyperechoic foci potentially indicative of parenchymal mineralization was present. The residual prostate measured 4.5 cm x 2.4 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Multiple cortical cysts and pinpoint medullary mineral were noted in the left kidney. The left kidney measured 7.2 cm in length. The right kidney was not definitively visualized owing to patient conformation and intra-abdominal pathology.

**Adrenal Glands**

The left and right adrenal glands were not visualized owing to regional periadrenal artifact / pathology.

**Spleen**

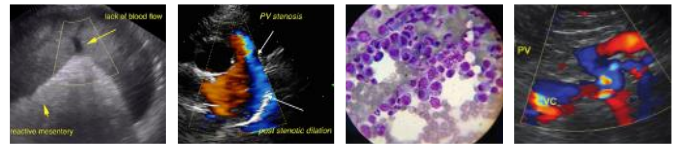
The discernable spleen exhibited nonhomogeneous parenchyma including multifocal pinpoint hyperechoic foci which may indicate areas of microinfarction, fibrosis, or mineralization. A mildly expansive primarily uniform hypoechoic nodule was present in the cranial aspect of the spleen measuring 2.8 cm in diameter.

**Liver/ Gallbladder**

The liver presented mildly enlarged in size exhibiting echogenic to nonuniform hepatic parenchyma with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended containing nondependent, nonmineralized, mildly congealed debris occupying the



<b>PATIENT</b>	majority of the gallbladder lumen. The gallbladder walls were overtly normal without overt evidence of gallbladder or peripheral gallbladder Inflammation.
Ollie Crawford	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	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.
<b>BREED</b>	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.
Mastiff Mix	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	
MN	
<b>AGE</b>	<b><i>Pancreas</i></b>
12 years	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 were evident.
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
103 lbs.	A large nonhomogeneous to complex expansive mass occupying the majority of the mid to caudal abdominal cavity was present measuring at least 17.0-18.0 cm In diameter. Associated regional peripheral nonuniform hyperechoic mesentery and small pockets of scant free fluid were noted.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Large unspecified mid to caudal abdominal mass - consistent with neoplastic criteria</li> <li>• Residual prostatomegaly exhibiting nonhomogeneous to cystic pinpoint hyperechoic parenchyma - suspect residual prostatic mineralization</li> <li>• Mildly expansive cranial splenic nodule</li> <li>• Hepatopathy exhibiting echogenic parenchymal remodeling</li> <li>• Noninflamed gallbladder mucocele</li> <li>• Chronic left kidney changes with cortical cysts</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Dr. Ebersole	The primary finding in this case is the unspecified large mid to caudal abdominal mass with strong concern for regional omental seeding, as well as splenic metastasis. Additional areas of metastasis consistent with multicentric neoplasia are likely including potential residual prostatic Involvement. Residual prostatitis, as well as concurrent cystitis with some contribution to the patient's dysuria and stranguria potentially owing to gallbladder displacement secondary to the abdominal mass, is possible.
<b>HOSPITAL NAME</b>	
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<b>DATE</b>	Given the size of the patient and extended pathology, abdominal CT is likely required for further clarification. However, an unfavorable prognosis is unfortunately and likely indicated.
4/7/22	



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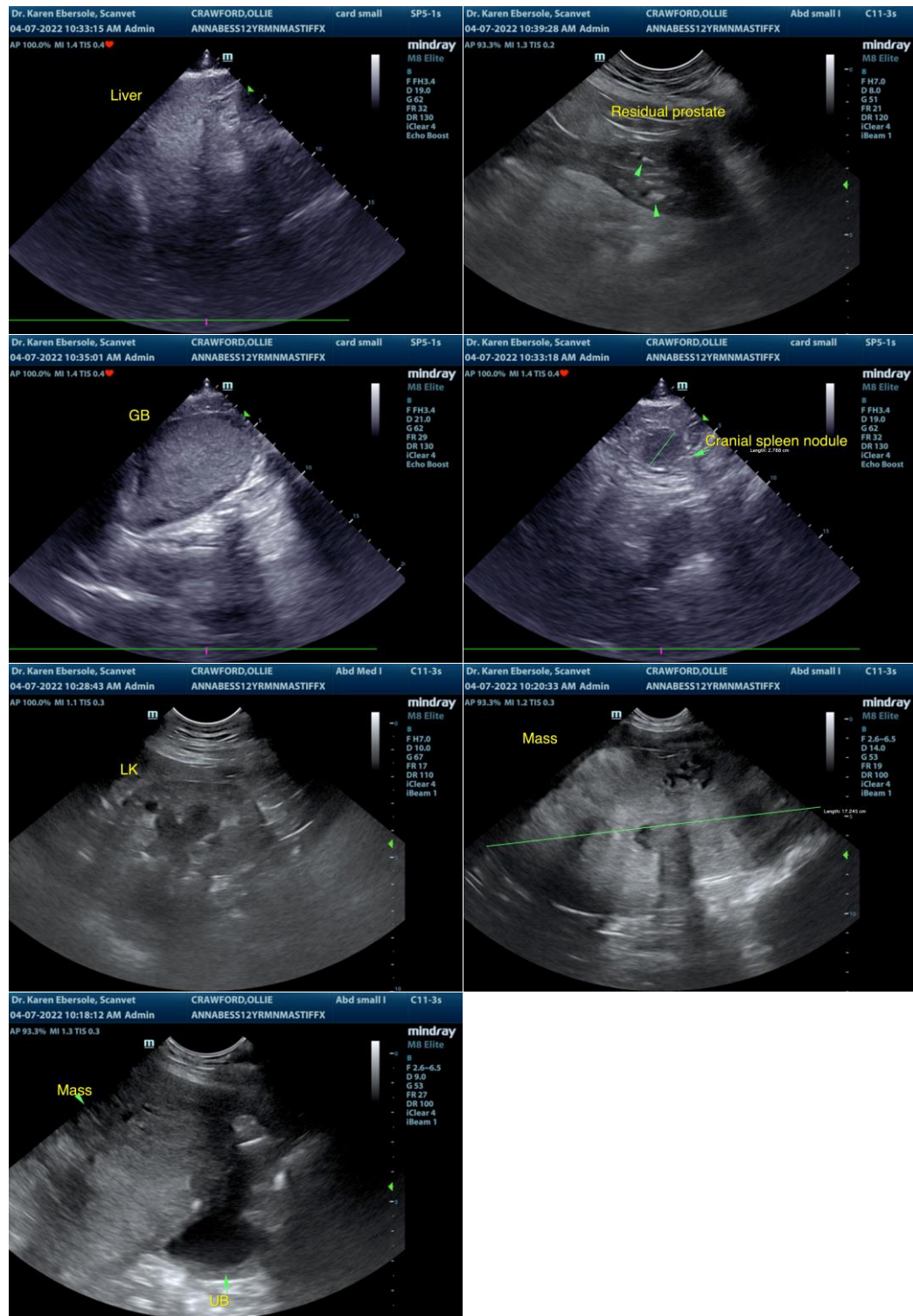
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Ollie Crawford

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.

**SPECIES**

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**info@SonoPath.com**

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