



**PATIENT**

Wyatt Kelly

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

MN

**AGE**

10 years

**WEIGHT**

58 lbs.

**PRESENTING CLINICAL SIGNS**

R/o pancreatitis vs neoplasia. Rads: peritoneal effusion, small int dilation (ileus vs obstruction) Current meds: IVF, Cerenia, famotidine, metronidazole, enroflox, butorphanol

Abnormal PE/Chem/CBC/UA Results: Crea 3.9, BUN 56, Alb 4.4, lipase 5282, cPL abn, mature neutrophilia, monocytes

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

A sessile based, nonhomogeneous mass with asymmetrical margination primarily involving the area of the ventral wall and trigone was present and measured approximately 2.6 cm x 1.8 cm. The mass exhibited focal echogenic foci and mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. The mass appeared to extend into the area of the cystourethral junction, proximal urethra, and area of the residual prostate. The urinary bladder was overall subnormal in size owing to lack of urine distention. Mild anechoic urine was present in the lumen with concurrent mild dependent luminal mineral. The ureteral papillae were normal. The ureters were not visible which is normal.

No evidence of pathology was noted in the area of the aortic trifurcation including no evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.2 cm in length. The right kidney measured 6.9 cm in length.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Ridgewood AH

**REFERRING VET**

Dr. DeSponto

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**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.60 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 3.1 cm length x 0.67 cm width at the caudal pole.

**Spleen**

The spleen was normal in size and contour with generalized mild parenchyma heterogeneity. No masses or nodules were noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without evidence of hepatic vascular congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. Minor retained to focally shadowing ingesta / chyme was present.

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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.

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

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***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.

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***Free Abdomen***

Moderate volume primarily anechoic free fluid was present. Generalized mild nonuniform to hyperechoic mesentery was present. Intermittent mildly prominent isoechoic mesenteric lymph nodes were visualized with an example measured 0.9 cm in diameter. No overt evidence of omental masses was noted.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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**ULTRASONOGRAPHIC FINDINGS**

- Mineralized urinary bladder mass subjectively extending into area of proximal urethra / residual prostate
- Moderate volume, primarily anechoic peritoneal free fluid
- Generalized mild nonuniform mesentery with intermittent mild isoechoic mesenteric lymphadenopathy
- Overtly normal gastrointestinal tract with minor retained gastric ingesta / chyme
- Mild heterogeneous spleen / pancreas
- Overtly normal liver / bilateral kidneys

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mineralized urinary bladder mass is consistent with primary or less likely metastatic neoplastic criteria, i.e., transitional cell carcinoma or other.

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The sonographic appearance of the pancreas was not obviously consistent with significant pancreatitis or pancreatic neoplastic criteria. Likewise, the splenic parenchyma heterogeneity was not overtly suggestive of splenic neoplastic criteria. Potential for low-grade pancreatitis could be present yet the pancreatic presentation was not consistent with significant pancreatic inflammation or neoplastic criteria.

Given the lack of significant hepatic pathology including no evidence of hepatic congestion, lack of significant gastrointestinal pathology, lack of significant pancreatitis, and with normal albumin levels, a



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definitive cause of the peritoneal free fluid was not obvious. Abdominocentesis for fluid analysis cytology +/- culture and sensitivity, as well as screening splenic FNA (assuming normal clotting status), could be considered.

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Although not definitive, nonobvious lymphatic obstruction secondary to potential intraabdominal neoplastic process, i.e., carcinomatosis or similar, may be a primary concern with this patient.

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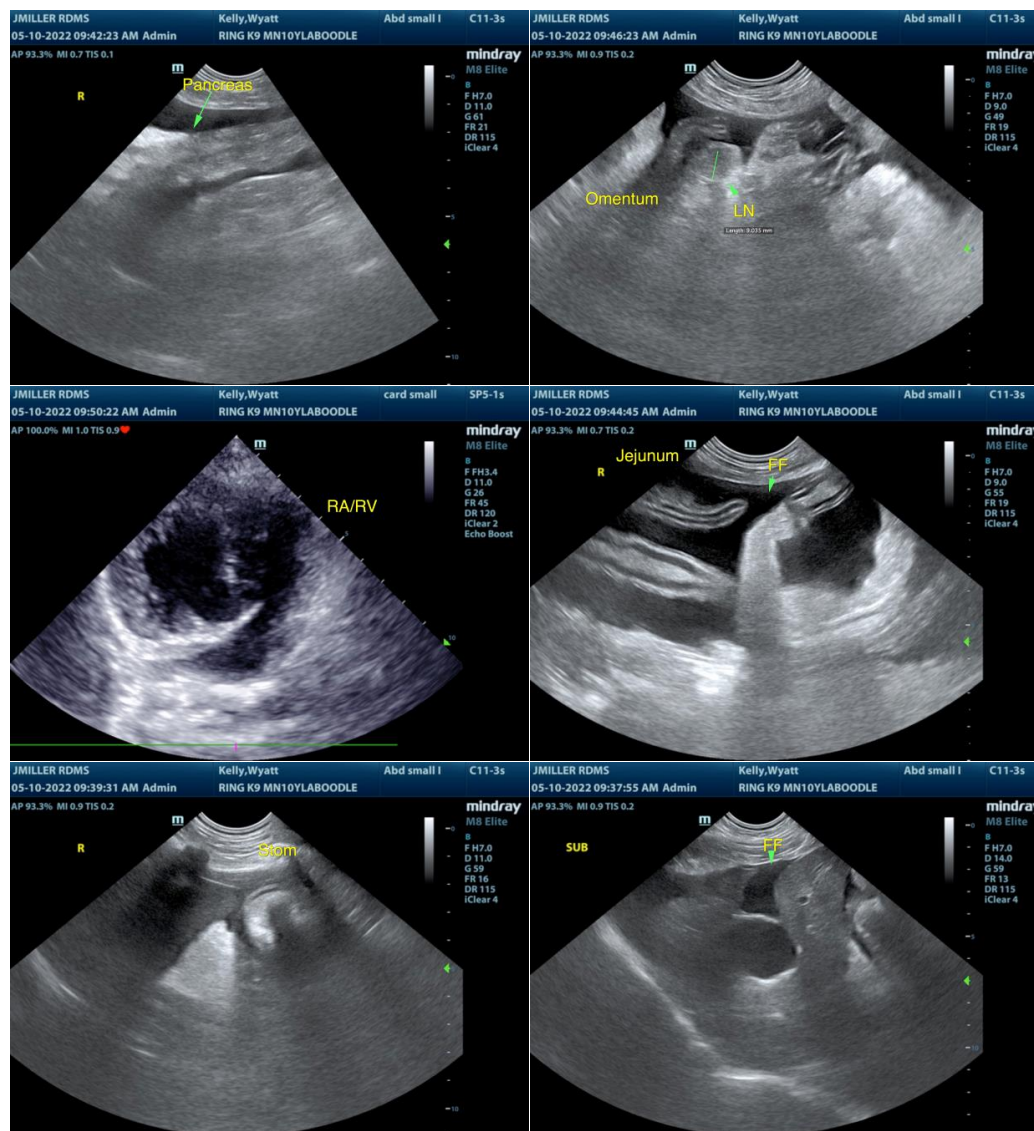
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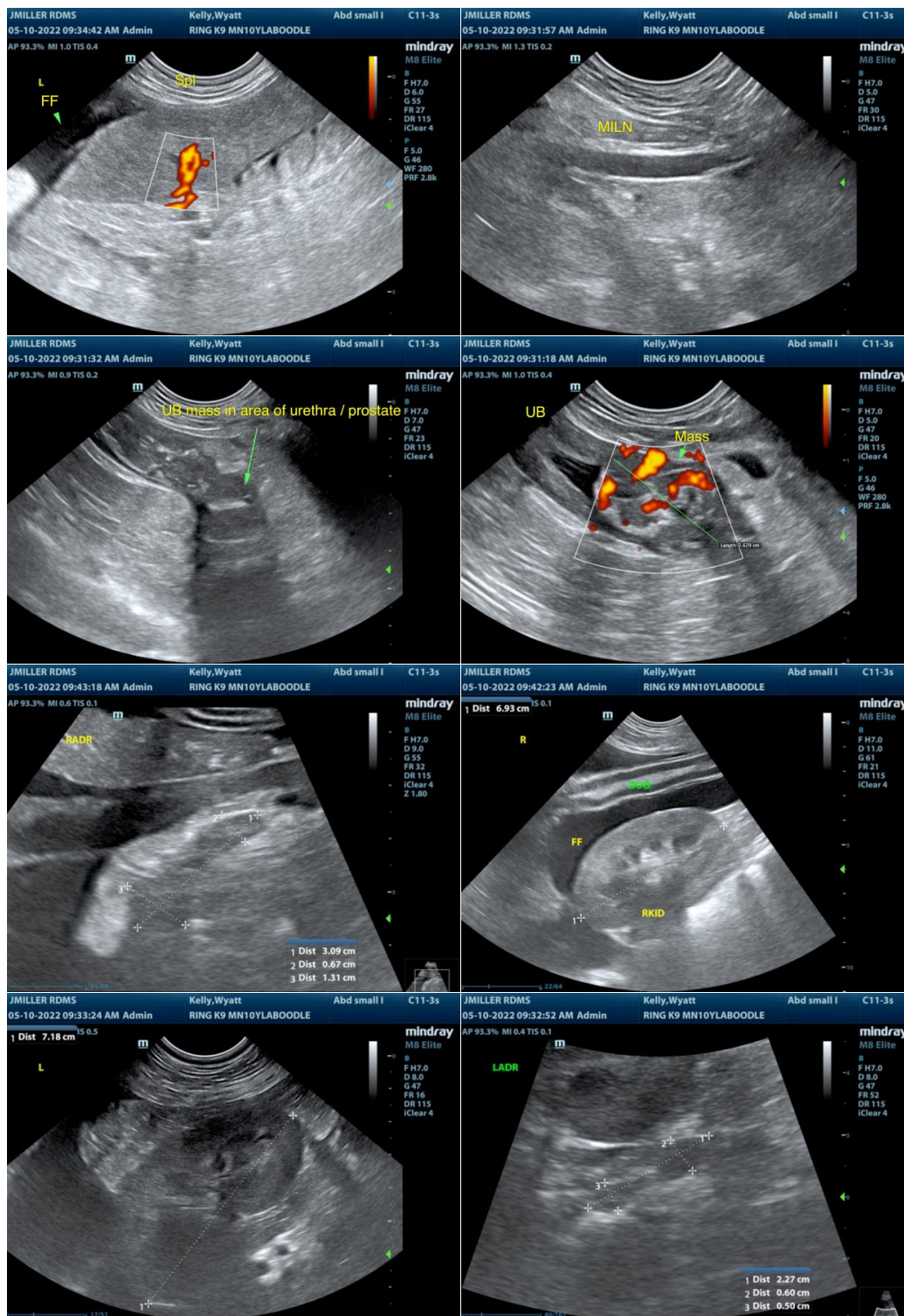
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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