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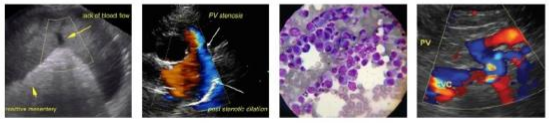


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Bogart Thomasen

SPECIES

Canine

BREED

Husky

SEX

Neutered Male

AGE

8 Years 7 Months

WEIGHT

77 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Marysville Veterinary

REFERRING VET

Dr. Grace Berg

INVOICE

37829

DATE

5/20/22

PRESENTING CLINICAL SIGNS

Chief Concern/Provisional Dx: Decreased appetite. Possible abdominal mass. Ventrum mass History: Bogart goes through bouts of not wanting to eat Physical : Large ventral abdominal mass. Spinal pain Senior Screen : Mild increase of ALP and HCT. Otherwise unremarkable Radiographs: Large mass lesion extending ventrally from the abdomen thought to have a significant subcutaneous component and possible fat deposition. This may represent a large lipoma. However, extension into the abdomen is uncertain as there may be visceral displacement. Further assessment could be consider with ultrasound or abdominal CT. Nonspecific borderline hepatomegaly. Degenerative spinal changes. Michele Laurenson, DVM, DACVR | Concerns: Abdominal mass? Ventral abdominal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 6.0 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.

The residual prostate was symmetrically normal in size (1.3 cm diameter) with uniform parenchyma and slight coarse echotexture.

No overt evidence of medial iliac or sublumbar lymphadenopathy in the area of the iliac trifuration.

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. The right kidney measured 6.6 cm.

Adrenal Glands

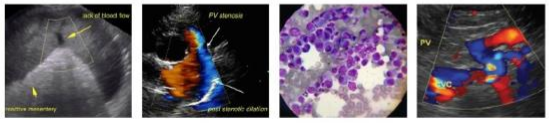
The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm at the cranial pole and 0.74 cm at the caudal pole. The right adrenal gland measured 0.83 cm at the cranial pole and 0.78 cm at the caudal pole.

Spleen

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.

Liver

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 signs of congestion. The gallbladder was non-distended in size



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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. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 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.

Free Abdomen

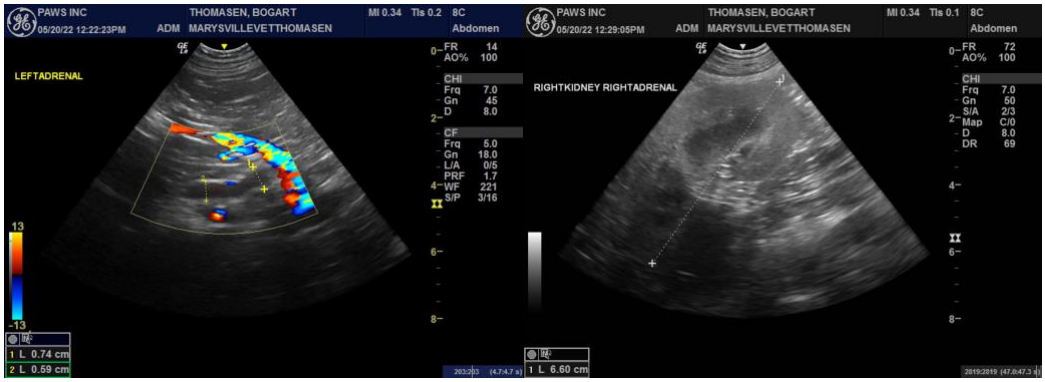
Sonographic assessment of the ventral subcutaneous mass revealed primarily homogeneous to non-homogeneous mass interior, which appeared to extend to the level of the ventral body wall, yet without evidence of expansion into the peritoneal cavity. The presentation of the mass is suggestive of fat echogenicity without evidence of intramass cystic component, necrosis, or mineralization. The subcutaneous mass measured approximately 8.0 cm x 6.0 cm, but potentially mildly larger, as the entire mass would not fit into a single viewing window.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Ventral subcutaneous mass without evidence of intrusion into the peritoneal cavity – suspect lipoma, minor potential for liposarcoma or other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sampling of the ventral subcutaneous mass (i.e., FNA for screening cytology versus biopsy) could be considered for further clarification.



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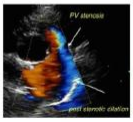
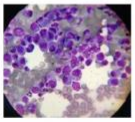
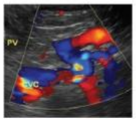

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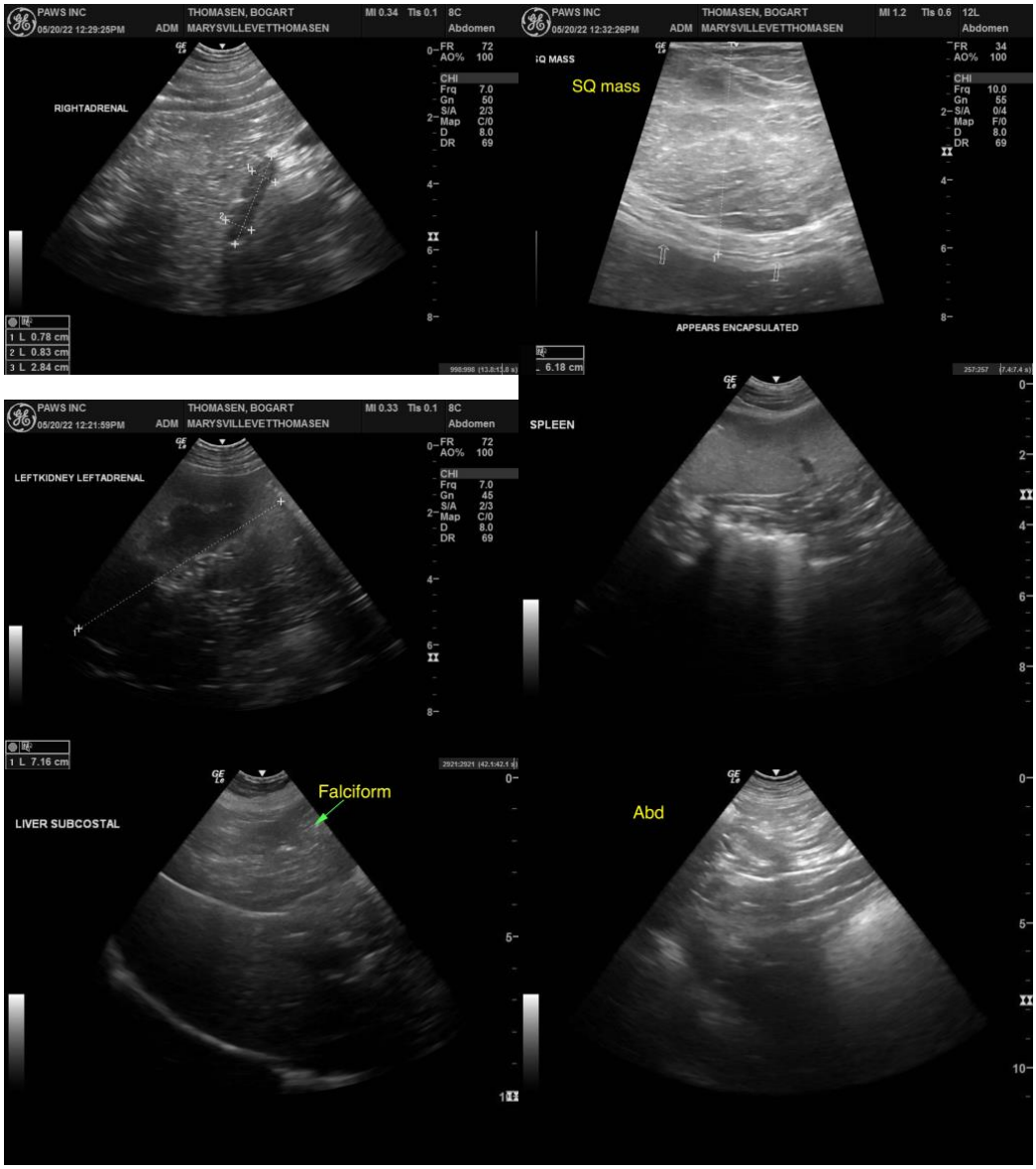

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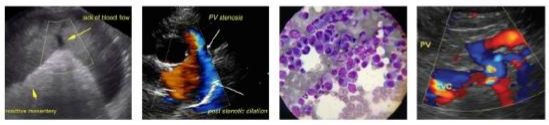

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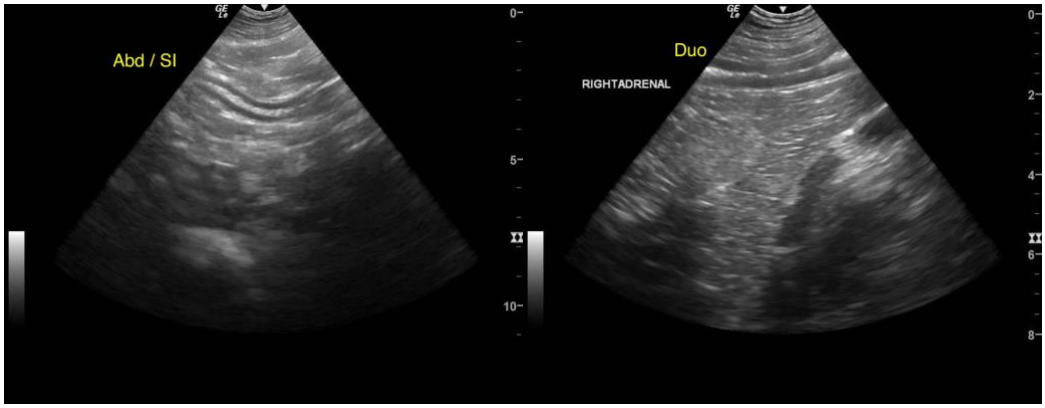

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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