



PATIENT

Otis Dennis

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

78.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Senn, Fox Lake AH

INVOICE

15735

DATE

5/23/22

PRESENTING CLINICAL SIGNS

History: Hx of diarrhea and regurgitating. Abdomen appears bloated. Fecal neg BW WNL rads reveal mild gas in small bowel.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size owing to lack of urine distention, which prohibited full evaluation of the urinary bladder walls. Subjective mild thickening of the ventroapical to dorsoapical urinary bladder wall was present. No sediment or calculi noted. No overt evidence of urinary bladder neoplastic criteria.

No overt pathology in the area of the residual prostate.

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 6.6 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.67 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.73 cm width at the caudal pole and 0.65 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically normal. Potential for mild to moderate gastric distention with luminal gas, which prohibited full evaluation of the gastric interior. Obvious evidence of retained gastric ingesta, fluid or overt foreign material was not noted.



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The visualized segments of small intestine exhibited intact wall layering and subjective maintained 1:3 muscularis to mucosa ratio. Minor jejunal ileus noted. No overt evidence of mechanical small intestinal obstructive pattern or overt intestinal masses.

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

Pancreas

The left limb of the pancreas was not definitively visualized owing to the presence of the cranial abdominal mass. No overt pathology in the area of the right pancreatic limb.

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Free Abdomen

A moderately sized asymmetrical nonhomogeneous to hypoechoic mass was present in the subjective cranial abdomen, potentially measuring 7-8 cm in diameter. The mass was noted within the area of the caudal liver, as well as in the area of the left pancreas, subjectively caudal to the stomach.

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Moderate volume peritoneal free fluid, exhibiting minor echogenic change, suggestive of mild fluid cellularity. Generalized variably echogenic mesentery noted. At least one visualized hypoechoic to mildly swollen mesenteric lymph node was noted in the ventral abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Unspecified cranial abdominal mass- neoplastic criteria is met with suspect hepatic origin, possible non-hepatic origin (i.e., omental, pancreatic or other origin) possible.
- Moderate volume peritoneal free fluid, exhibiting mild echogenic changes and generalized variably echogenic mesentery
- Subjective benign to age-related splenic changes- no overt splenic neoplastic criteria
- Mild age-related kidneys
- Possible mild cystitis
- Mild gastroenteritis pattern with subjective gastric gas distention

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, FNA of the cranial abdominal mass, for screening cytology, as well as abdominal effusion analysis, cytospin cytology +/- culture and sensitivity, if evidence of inflammatory cells, is recommended. Given this presentation, abdominal CT for further assessment, as well as potential surgical planning, if clinically indicated and no evidence of thoracic pathology/metastasis on three-view chest radiographs is likely ideal. Radiographic monitoring for evidence of persistent gastric gas distention or retained ingesta is suggested if evidence of persistent regurgitation. Continued as needed gastrointestinal supportive care recommended. Overall, very guarded to potential unfavorable prognosis.

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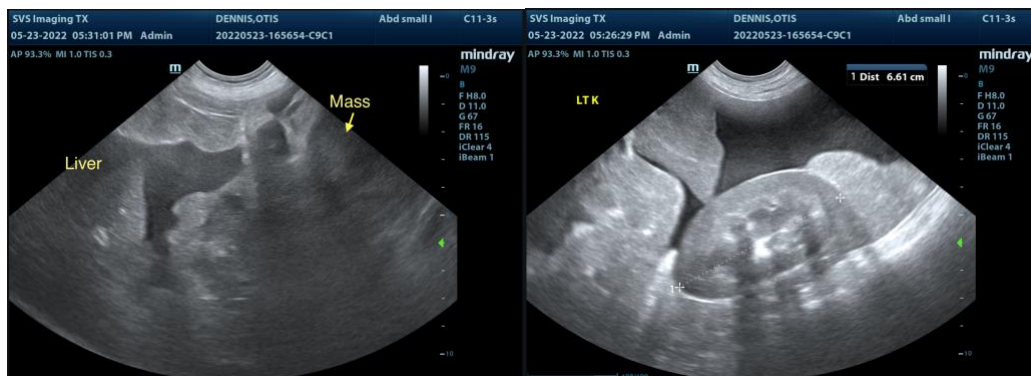
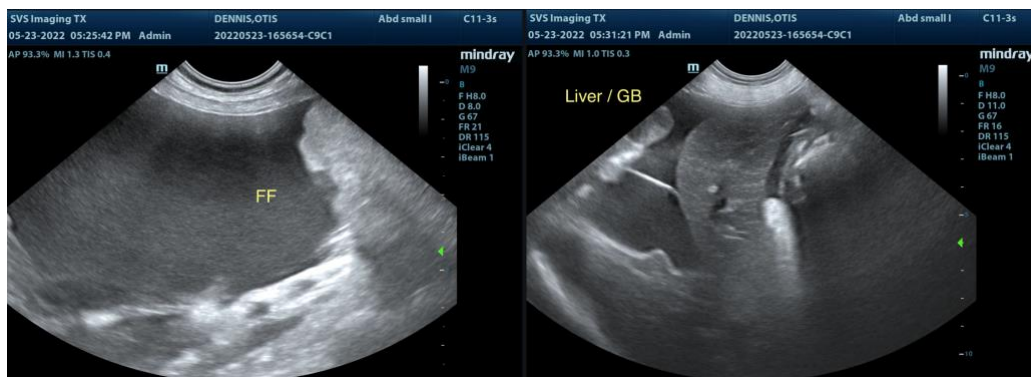
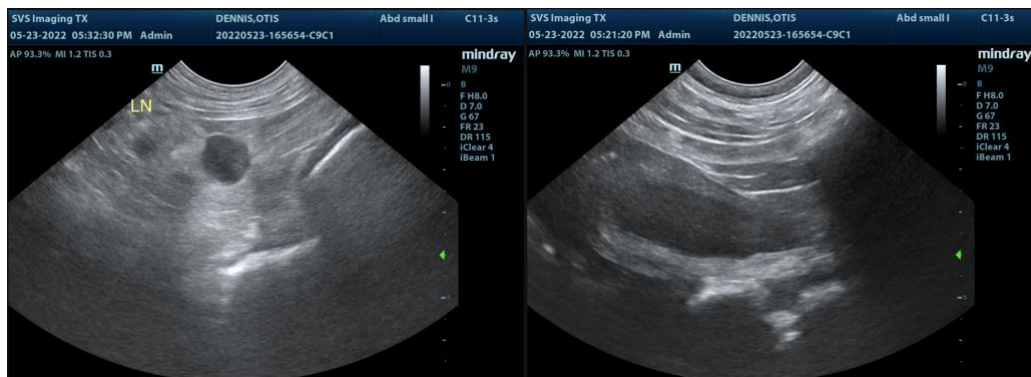
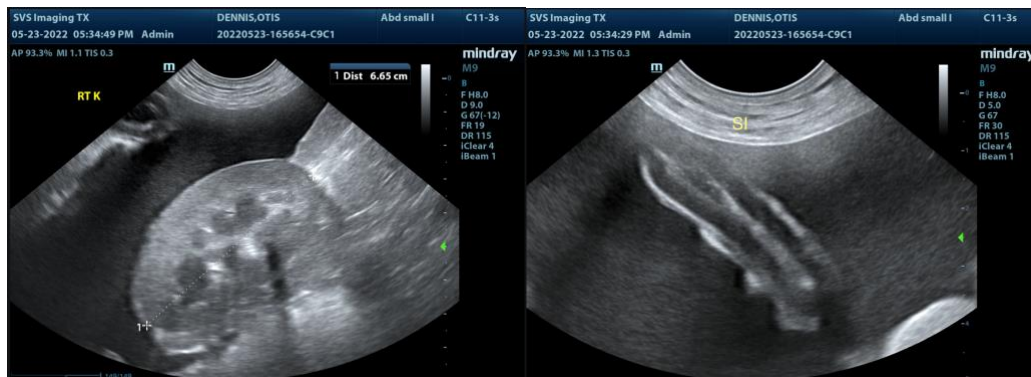
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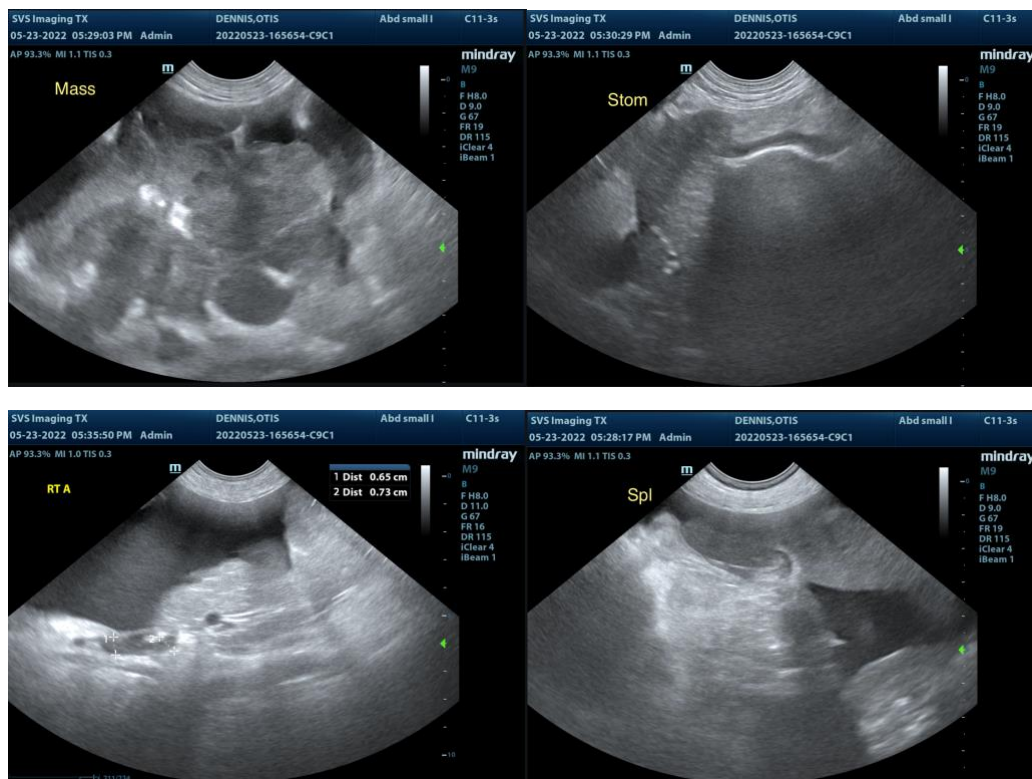
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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