

**PATIENT**

Grizz Douglas

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

MN

**AGE**

10 years

**WEIGHT**

96 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**  
Rochester VH**INVOICE**  
13817**DATE**

5/5/22

**PRESENTING CLINICAL SIGNS**

Presented for lethargy and inappetence.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 7.8 cm in length. The right kidney measured 8.3 cm in length.

**Adrenal Glands**

The left adrenal gland exhibited mild caudal enlargement yet maintained symmetrical capsule contour. The left adrenal gland measured 1.4 cm width at the caudal pole and 0.91 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 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/ Gallbladder**

The liver exhibited generalized enlargement with primarily maintained symmetrical yet rounded to swollen hepatic contour. Evidence of hepatic vascular congestion, most notable at the level of the hepatic vein caudal vena cava junction, was present. Generalized mildly nonuniform hepatic parenchyma echotexture with focal to intermittent hypoechoic to nonhomogeneous mildly expansive macronodules to small masses were present. An example measured 4.8 cm in diameter. The gallbladder was non-distended in size. The gallbladder wall was mildly thickened in appearance consisting of a mildly echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The gallbladder was otherwise normal. The common bile duct was normal.

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***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 were evident.

***Free Abdomen***

Moderate volume peritoneal free fluid was present. Generalized mild reactive mesentery was noted. No overt lymphadenopathy was noted.

Rapid view of the heart revealed a nonhomogeneous mass in the area of the right atrial free wall and right atrioventricular groove, measuring approximately 5.8 cm x 3.7 cm. Concurrent pericardial and mild pleural free fluid was present. Suspect concurrent cardiac tamponade was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatomegaly exhibiting evidence of mild vascular congestion and focal to intermittent mildly expansive hypoechoic to nonhomogeneous intraparenchymal macronodules to small masses
- Mild gallbladder wall edema
- Right atrial to right atrioventricular groove mass
- Tri-cavitary effusion with suspect concurrent cardiac tamponade

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The right atrial to atrioventricular groove mass is consistent with neoplastic criteria and likely indicative of hemangiosarcoma, given its location. Although some degree of cardiac tamponade and secondary hepatic congestion is suspected, the presence of nonspecific yet highly suspicious hepatic macronodules to small masses are highly suggestive of multicentric neoplastic criteria.

Unfortunately, an unfavorable prognosis is indicated.

IMAGING PERFORMED BY

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svsimagingmi@gmail.com



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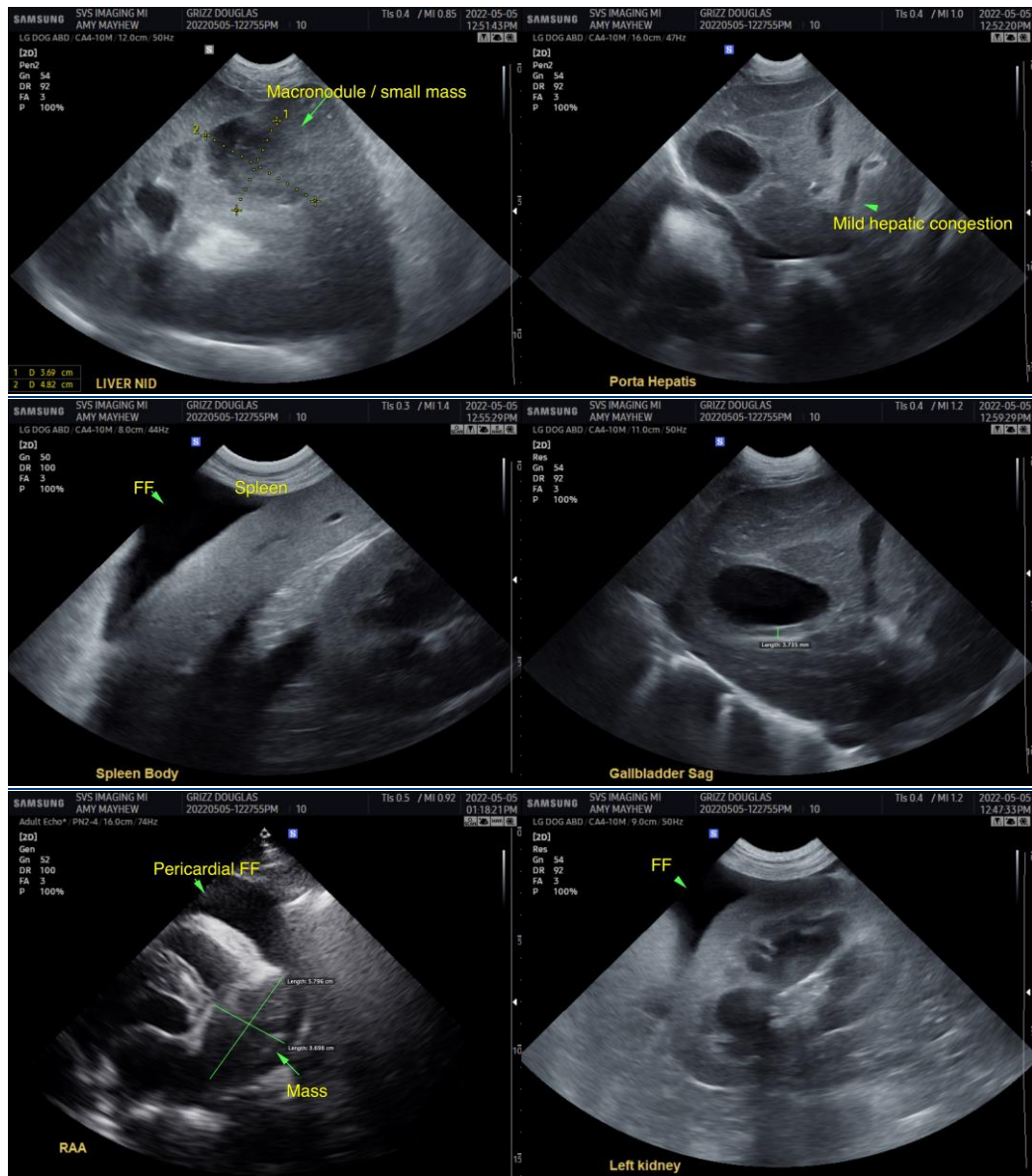
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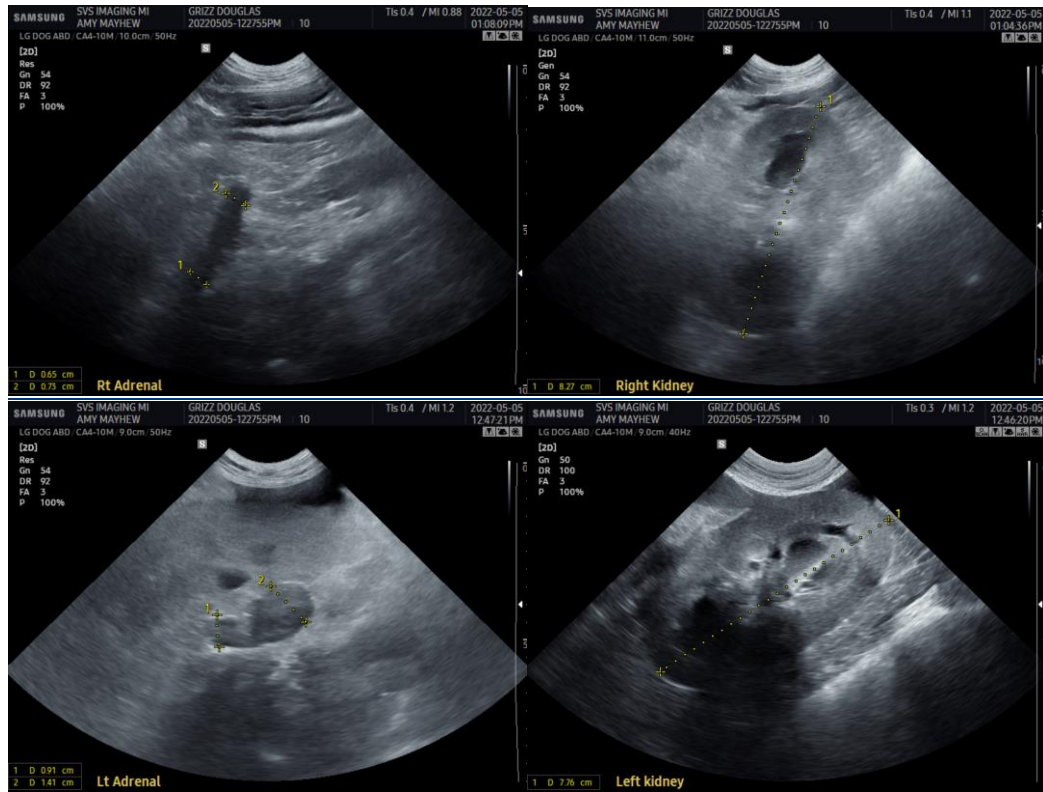
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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