



PATIENT

Oscar Dahlman

SPECIES

Canine

BREED

Heeler X

SEX

Neutered Male

AGE

11 Years

WEIGHT

58 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christina Sitton

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Dr. Christina Sitton

INVOICE

37510

DATE

5/7/22

PRESENTING CLINICAL SIGNS

presented ~6 months ago for mobility concerns, hind end slipping out
Abnormal PE/Chem/CBC/UA Results: sore to fully extend coxofemoral joints large, firm irregular mid penile shaft tumor (O reports normal urinations, no compromise to urethral lumen) - I took a few US images of this, unable to expose out prepuce rectal exam/AG wnl BW in 11/2021 Phosphorous 2.3 (2.5-6.1) Ca 15.8 (8.4-11.8) ALP 185 (5-160) Cholesterol 346 (131-345) CK 244 (10-200) otherwise CBC/T4/UA wnl -USG 1.010; pH 6.5 PTH <0.5 (*1.1-10.6) ICa 1.94 (1.25-1.45) PTHrp 0 (0-1)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 with uniform parenchyma and slight coarse echotexture. The prostate measured 0.75 cm.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm. The right kidney measured 6.9 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.64 cm at the cranial pole and 0.87 cm at the caudal pole. The right adrenal gland measured 0.54 cm at the cranial pole and 0.80 cm at the caudal pole.

Spleen

The spleen exhibited multifocal variably sized to expansive, primarily hypoechoic to non-homogeneous masses to nodules. Example of mildly expansive mass resulting in distortion of the lateral splenic capsule measured 3.5 cm in diameter. Example of non-expansive hypoechoic splenic nodule measured 2.3 cm diameter.

Liver

The liver exhibited subjective mild enlargement. 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 content. Mild dependent to mobile, non-mineralized gallbladder debris present. 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 contained mild nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.



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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.

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

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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.

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Free Abdomen

Multiple variably sized, hypoechoic to swollen medial iliac to sublumber lymph nodes were present. Example of medial iliac lymph node measured 4.4 cm x 3.0 cm. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery.

SEX

Neutered Male

Brief sonographic assessment in the area of the penis revealed moderately sized, non-homogeneously hypoechoic mass measuring approximately 7.0 cm x 3.6 cm.

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ULTRASONOGRAPHIC FINDINGS

- Non-homogeneous, hypoechoic mass in the area of the penis
- Multiple variably sized to expansive splenic masses to nodules
- Non-specific, subjectively mild hepatomegaly
- Multiple hypoechoic to swollen medial iliac to sublumber lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Sonographic findings including the mass in the area of the penis, medial iliac to sublumber hypoechoic to swollen lymphadenopathy, and multiple splenic masses to nodules are consistent with probable multicentric neoplasia with considerations including lymphoma, mast cell tumor, carcinoma, or other. Non-neoplastic etiology (i.e., inflammatory, granulomatous or other) possible, yet thought less likely.

IMAGING PERFORMED BY

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Assuming normal clotting status, FNA of the mass in the area of the penis, medial iliac or sublumber lymph node, spleen +/- liver using 25-gauge needle recommended for screening cytology and potential oncology consult. 3-view chest radiographs recommended.

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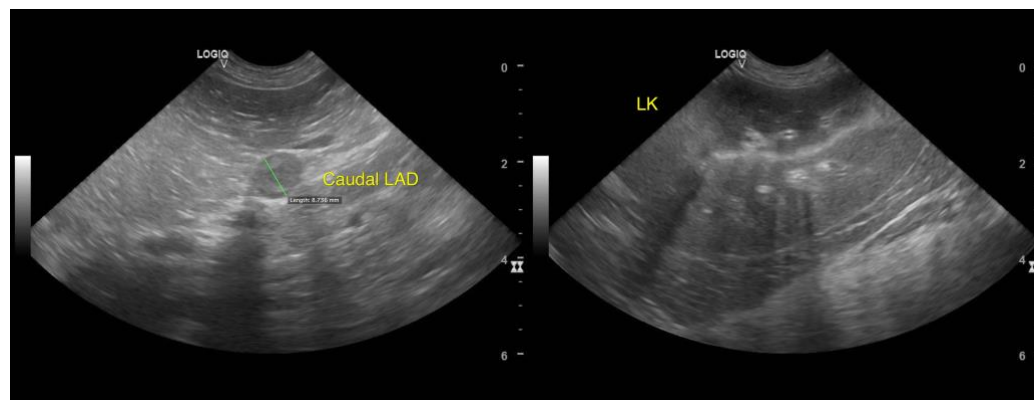
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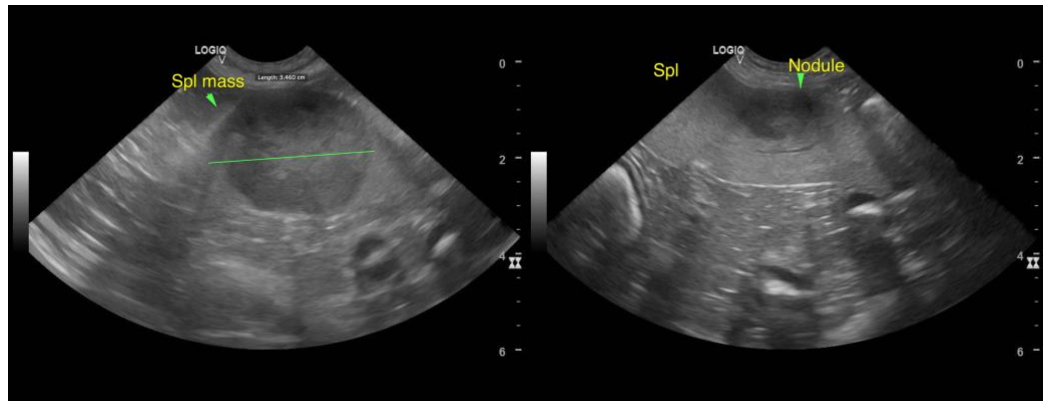
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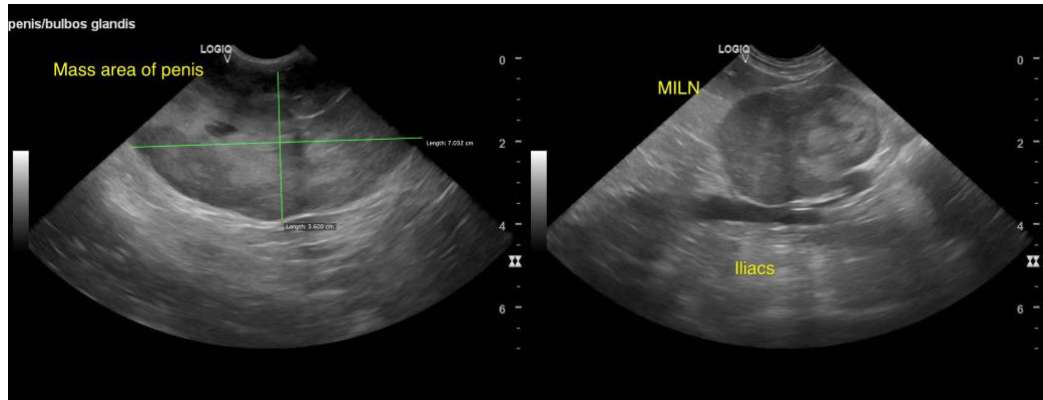
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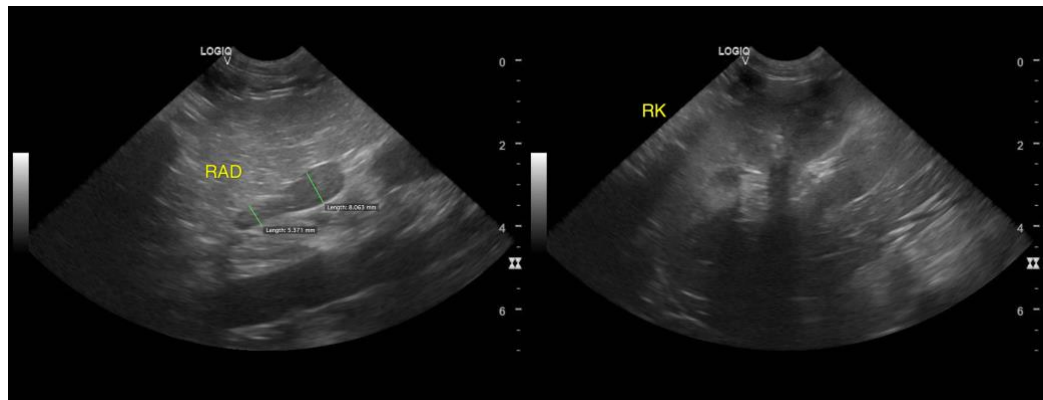
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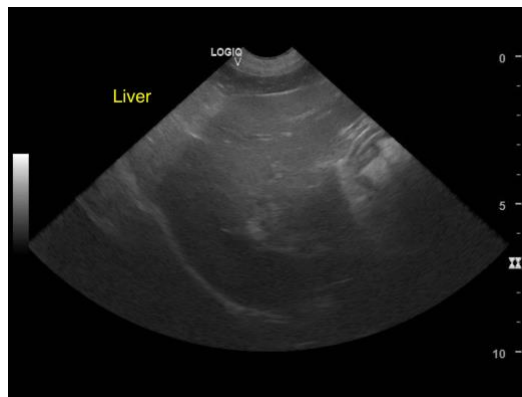
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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