

PATIENT

Lucky Gregory

PRESENTING CLINICAL SIGNS

History: Presented 5/27 for intermittent vomiting. BW done 5/4 unremarkable. Well defined circular "lesion" on rads (L lat). Shadows on abbreviated in-house u/s. No current meds.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The ventral urinary bladder wall measured 0.75 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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 neoplastic criteria. Aortic trifurcation was normal.

BREED

Lab Mix

SEX

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.75 cm in diameter.

AGE

11 Years

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 6.2 cm in length. The right kidney measured 5.6 cm in length.

WEIGHT

N/A

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm in length x 0.71 cm width at the caudal pole.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm in length x 0.65 cm width at the caudal pole.

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The spleen was normal in size and contour with generalized mild splenic parenchyma heterogeneity. A solitary subtle nondisruptive hypoechoic nodule was noted in the mid caudal spleen, measuring 0.33 cm in diameter.

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AH of Sussex County

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Catania

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained hyperechoic ingesta, exhibiting subtle progressive distal acoustic shadowing without signs of obstruction or foreign material. The ventral gastric body wall measured 0.62 cm.

DATE

6/2/22



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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. The small intestinal wall measured 0.41 cm.

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

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

Unspecified spherical appearing, potentially encapsulated mass lesion in the mid abdomen was present, measuring 4-5 cm in diameter. Minor regional reactive mesentery around the unspecified mass lesion. No evidence of peritoneal free fluid or overt lymphadenopathy.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild splenic parenchyma heterogeneity with solitary subtle to nondisruptive nodule-subjectively benign, suspect age-related splenic changes with focal area of hyperplasia, hematopoiesis or similar. No overt evidence of splenic neoplastic criteria.
- Mild gallbladder debris (non-mucocele)
- Mild hepatic parenchymal remodeling- benign
- Mild chronic renal changes
- Overtly normal gastrointestinal tract with gastric ingesta/chyme
- Unspecified spherical, potentially encapsulated mass lesion mid abdomen with associated regional reactive mesentery- consolidated abscess, granuloma, necrosis, neoplasia or other.

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WEIGHT

N/A

Secondary Findings

- Possible mild cystitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

REFERRING VET

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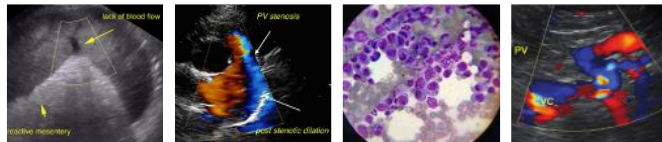
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The unspecified mass lesion in the mid abdomen did not overtly appear to involve the adjacent intestinal tract or colon. However, this possibility cannot be definitively excluded.

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Assuming normal clotting status, ultrasound guided FNA of the unspecified mass lesion, if accessible, could be considered for screening cytology +/- culture and sensitivity. Assuming no evidence of



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pathology three-view chest radiographs, exploratory laparotomy with potential for biopsy versus resection of the unspecified mass lesion could be considered.

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Empirical continued as needed gastrointestinal support, full CBC/chemistry panel and urinalysis recommended, if not recently done.

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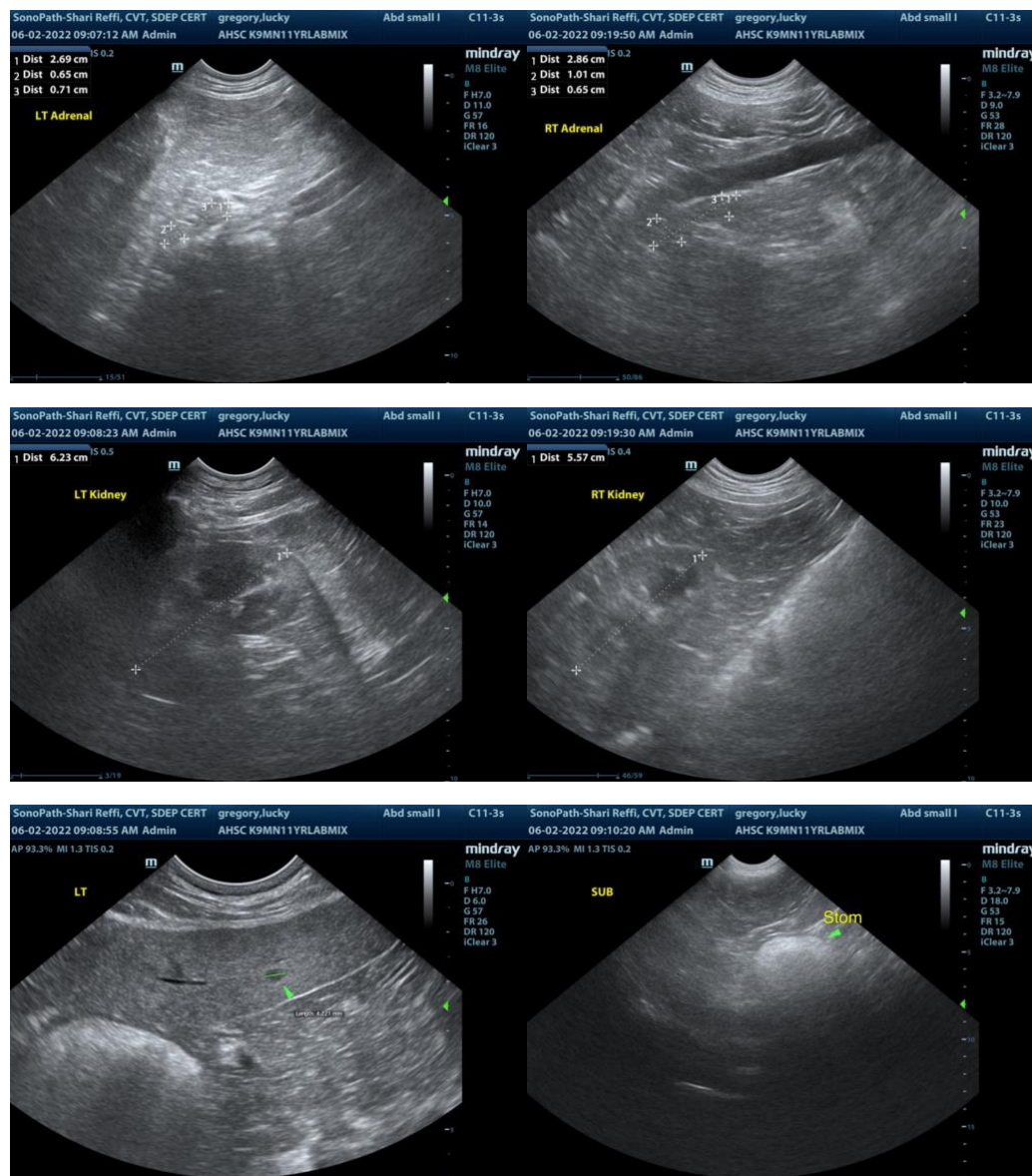
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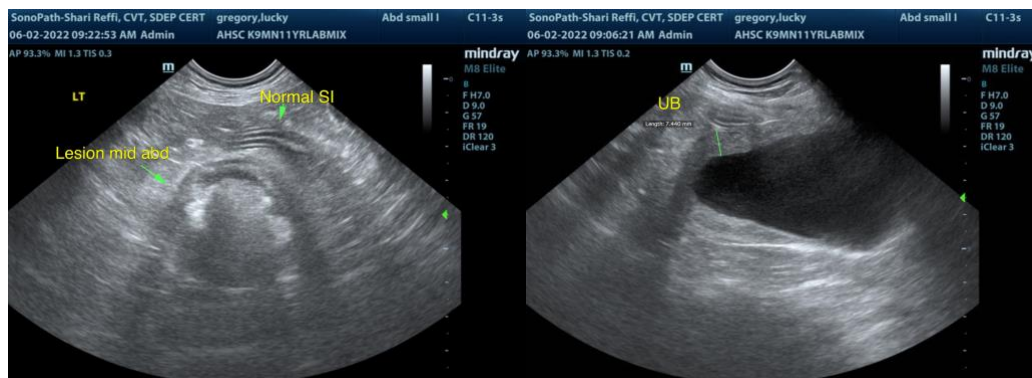
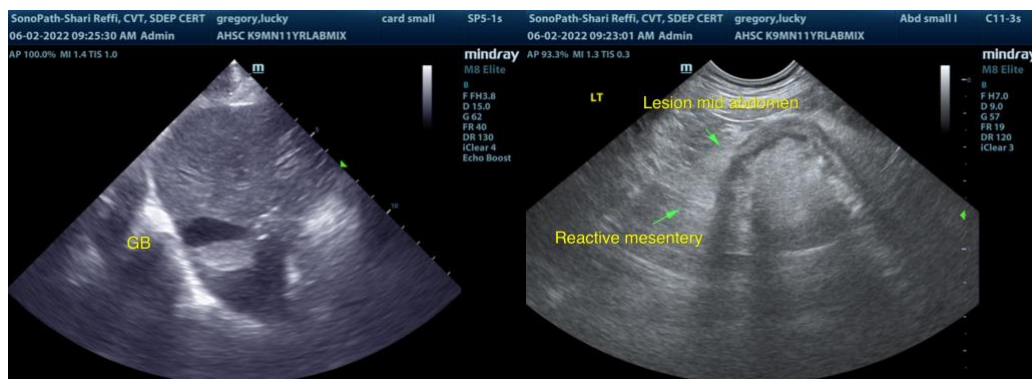
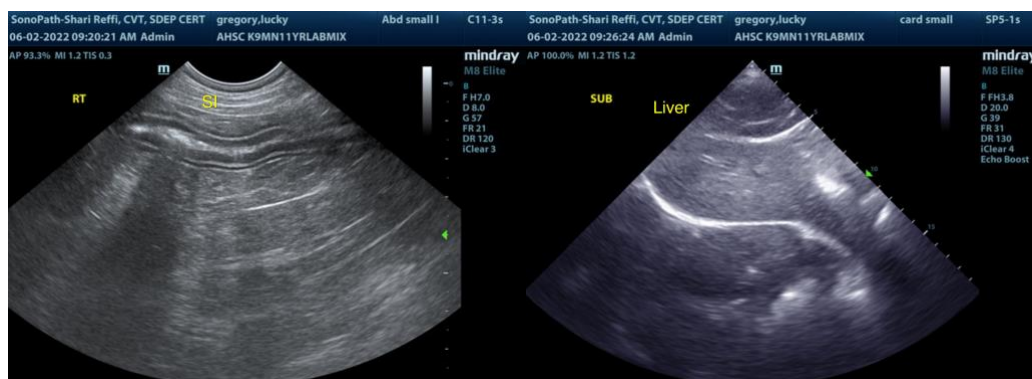
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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