



**PATIENT PRESENTING CLINICAL SIGNS**

Journey Malos

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

29.4 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

The Veterinary Hospital

**REFERRING VET**

Dr. Berman

**INVOICE**

16206

**DATE**

6/21/22

History: 1. Multiple skin growths and lipomas, larger skin growth (lobular, pink ~1 cm x 2 cm) on pinna of left ear, large lipoma on inner L groin (has been growing) 2. Marked dental tartar/calculus (grade 4) with gingival recession and halitosis 3. Left apical systolic grade III-IV murmur 4. Abdominal pain/distention, vomiting/diarrhea Current Medications Provable Forte (probiotic), Furosemide 10mg PO BID, Benazepril 2.5 mg PO SID, Pimobendan 2.5 mg PO BID Whole Body Radiographs The cardiac silhouette appears somewhat large within the chest with no abnormal lung patterns (P seems to be tolerated heart meds well, no signs of CHF). The abdomen has good serosal detail with a patchy opacity in the stomach (r/o ingesta vs. foreign object like cloth), but normal silhouettes of the kidneys, liver, bladder. Spleen appears subjectively enlarged and is prominent on the V/D view. The small intestines have a central gas opacity with some stacking with is somewhat of concern, along with another patchy/mottled opacity in the cranial abdomen. The colon is not visible/empty. The vertebral structures appear normally with no evidence of chronic changes, trauma or joint effusion. \*\*Cannot r/o FB based on these films - other possibilities include abscess making patchy air opacities or mottled appearing ingesta\*\* Primary Question/Differential to Be Answered in This Exam Primary vs secondary hepatopathy Rule out evidence of neoplasia or obstruction

Abnormal PE/Chem/CBC/UA Results: Comp plus profile - linked CBC - Normocytic hypochromic anemia 22%, thrombocytopenia 32k (assessed on blood smear and found to be adequate; slow blood draw - manual ct = 5 - 7 plts/HPF = 100,000 - 140,000. WBCs are mostly toxic and contain dohlie bodies and foamy cytoplasm; LOs also appear activated) Comprehensive Plus - BUN high at 30.9 (r/o dehydration vs. influence of heart meds), Creat 0.9 (N), mildly high liver values - ALT 440, AST 146, ALKP 171 (r/o secondary to GI distress vs. primary liver pathology) Lytes - WNLs

**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.

No overt pathology in the area of the uterine remnant or iliac trifurcation, including no evidence of medial iliac or sublumbar lymphadenopathy.

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 5.2 cm in length. The right kidney measured 5.5 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 1.7 cm x 0.51 cm width at the caudal pole.



**PATIENT**

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm x 0.35 cm width at the caudal pole.

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**Spleen**

Canine

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 masses or 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.

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**Liver**

Spayed Female

The liver exhibited generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A nonhomogeneous mass was noted, appearing to arise from the deep to cranial liver, directly effacing the caudal diaphragm, measuring approximately 5.8 cm in diameter. Concurrent nonhomogeneous hepatic intraparenchymal macronodules were present in the cranial left liver, an example measured 2.6 cm in diameter. Normal hepatic vascular volume was noted, without evidence of hepatic congestion.

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

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**Gastrointestinal**

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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.

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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.

Jenna Walsh, CVT

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

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**Pancreas**

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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**

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Moderate volume peritoneal free fluid was present, exhibiting echogenic changes consistent with cellularity. Generalized primarily uniform hyperechoic mesentery was present. No overt lymphadenopathy noted.

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

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- Nonhomogeneous cranial hepatic mass with concurrent separate nonhomogeneous hepatic intraparenchymal macronodules
- Peritoneal free fluid, exhibiting echogenic changes- consistent with reported hemoabdomen
- Sonographically unremarkable spleen

**Secondary Findings**

- Mild chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, and no history of trauma, and without evidence of splenic masses or nodules, the hemoabdomen in this patient is highly suspected to be secondary to the hepatic mass. Minor potential for coagulated blood clot in this area is possible yet thought less likely, as the mass appeared to originate from the adjacent hepatic parenchyma. The hepatic intraparenchymal macronodules were nonspecific and may indicate separate areas of nodular to regenerative hyperplasia, hematopoiesis or lipogranulomas, although the potential for intrahepatic metastasis is of concern.

Further assessment may include, assuming normal clotting status, and without evidence of coagulopathy, ultrasound guided FNA of the mass in the area of the cranial liver and adjacent to the diaphragm for screening cytology +/- hepatic parenchymal and/or macronodular FNA for concurrent cytology and/or comparison.

Very guarded to possible unfavorable prognosis is indicated.





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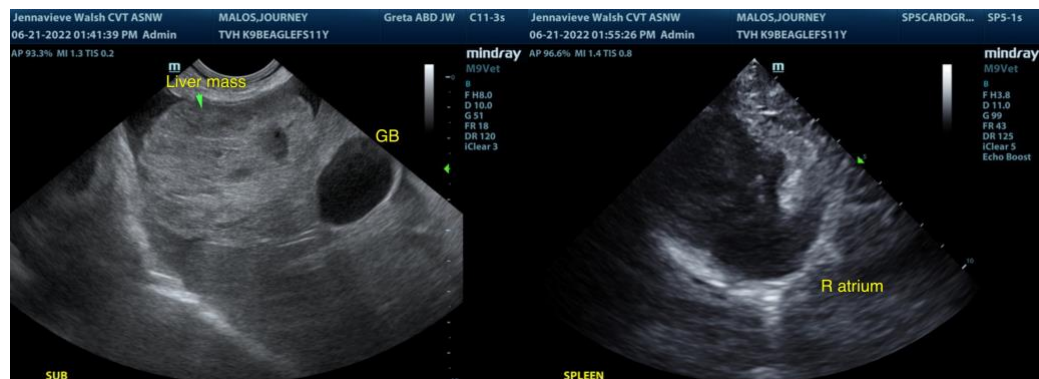
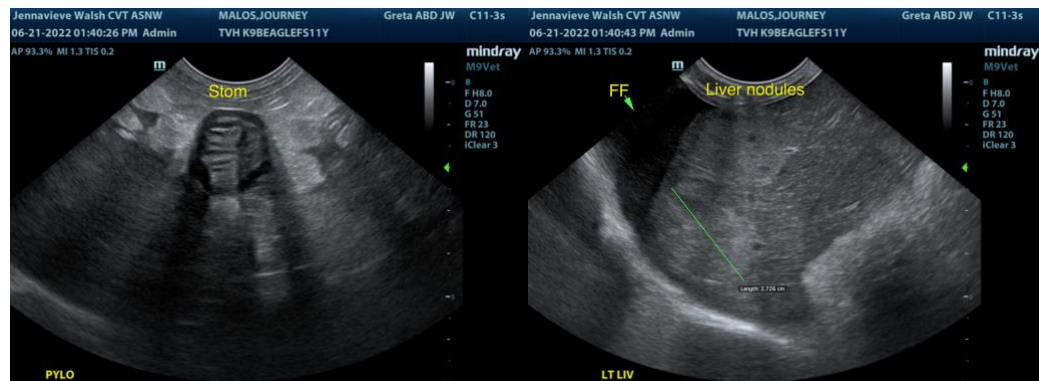
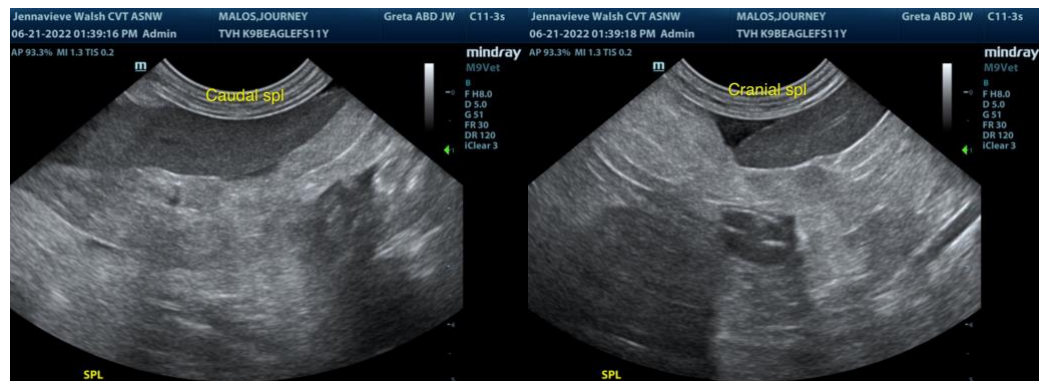
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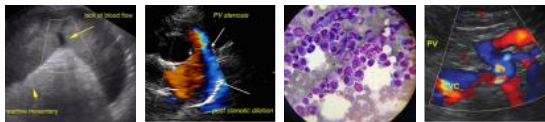
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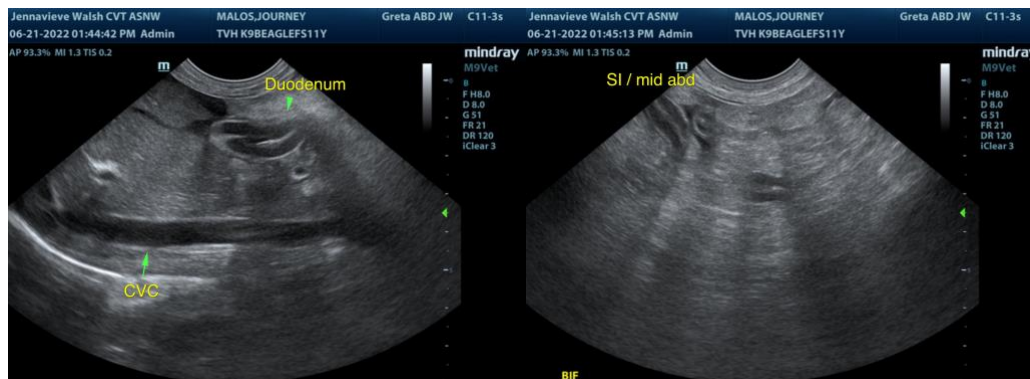
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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