



**PATIENT PRESENTING CLINICAL SIGNS**

Dudley Hicks History: Weight loss, poor appetite Current meds: Gabapentin 600mg, Carprofen 75mg  
Abnormal PE/Chem/CBC/UA Results: CB/Chem WNL UA: pH 7.5 SG: 1.020

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Mastiff Mix

**SEX** Normal size and margination was 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. Pinpoint medullary mineral was present bilaterally. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.7 cm in length.

MN

**AGE** The area of the aortic trifurcation was free of pathology.

10 yr No overt pathology in the area of the residual prostate.

**WEIGHT** Focally enlarged medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.2 cm x 0.82 cm.

59 lb

**INTERPRETED BY** Potential for overlaying medial iliac lymph node adjacent to the ileac trifurcation or possible small emerging thrombus in the area of the distal aorta and iliac vasculature.

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

**Adrenal Glands**

The left adrenal gland was indistinctly visualized yet without overt pathology measuring 1.9 cm x 0.31 cm.

**IMAGING PERFORMED BY** The right adrenal gland exhibited an irregular to nonhomogeneous mass measuring approximately 3.1 cm x 2.4 cm. Associated with the right adrenal mass was similar appearing echogenicity within the caudal vena cava lumen measuring 2.1 cm x 0.95 cm.

Jessica Miller

**HOSPITAL NAME Spleen**

Summit Dog and Cat Hospital The spleen presented generalized enlargement with reduced echogenicity and coarse echotexture. The capsule contour was rounded and asymmetrical. A solitary mildly expansive nonhomogeneous mass in the cranial spleen measuring 5.5 cm in diameter was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**REFERRING VET Liver**

Dr. Vogler

**INVOICE** The liver presented enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

10880ag

**DATE**

06/22/2022



**PATIENT** *Gastrointestinal*

Dudley Hicks 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.

**SPECIES** 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.

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

**BREED** *Pancreas*

Mastiff Mix 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.

**SEX** *Free Abdomen*

MN Generalized mild hyperechoic mesentery and scant free fluid was noted.

**AGE** Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

10 yr

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

59 lb

- Urinary bladder sediment
- Non specific chronic renal changes
- Infiltrative splenomegaly with nonhomogeneous cranial mass
- Hepatomegaly exhibiting parenchyma hypoechogenicity
- Right adrenal mass with evidence of vascular invasion
- Mild medial iliac lymphadenopathy, possible medial iliac lymph node vs emerging small aortic thrombus
- Generalized hyperechoic mesentery and scant free fluid

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Jessica Miller

Although sampling is required for further assessment, multicentric neoplastic disease involving the right adrenal gland with vascular invasion, spleen and suspected hepatic involvement is most likely. Potential for a hypercoagulable state resulting in distal aortic to iliac thrombus could be present.

**HOSPITAL NAME**

Assuming normal clotting status, hepatosplenic FNA using a 25g needle is warranted for screening cytology and potential oncology consult.

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Hospital

Screening BP is advised to assess for systemic hypertension.

**REFERRING VET**

Dr. Vogler

Three view chest radiographs recommended if not done to assess for occult thoracic pathology.

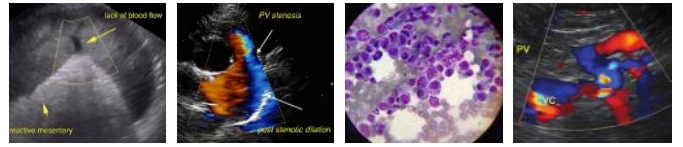
Unfortunately, an unfavorable prognosis is indicated.

**INVOICE**

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**PATIENT**

Dudley Hicks

**SPECIES**

Canine

**BREED**

Mastiff Mix

**SEX**

MN

**AGE**

10 yr

**WEIGHT**

59 lb

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**HOSPITAL NAME**

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**REFERRING VET**

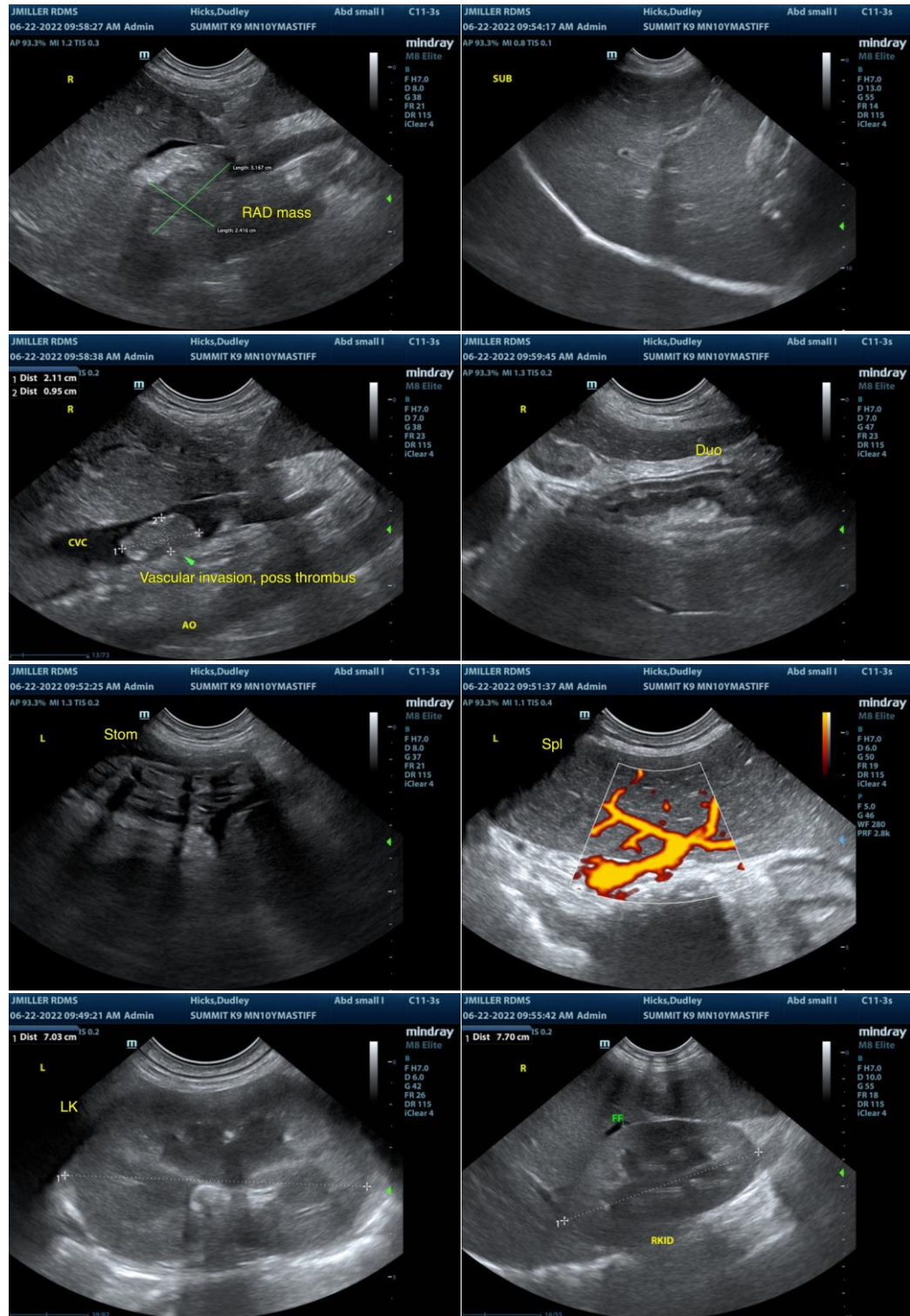
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**PATIENT**

Dudley Hicks

**SPECIES**

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Mastiff Mix

**SEX**

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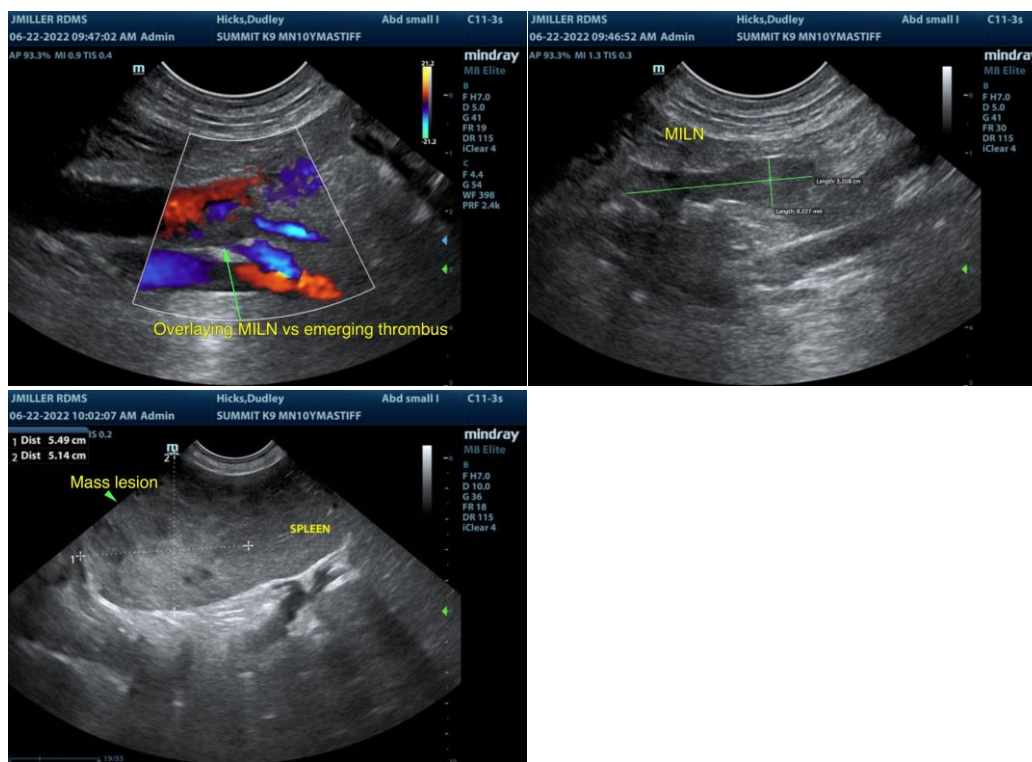
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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