



PATIENT PRESENTING CLINICAL SIGNS

Tayson Parra History: Bloated abdomen x 1 week, increasing in size.

SPECIES Abnormal PE/Chem/CBC/UA Results: Marked generalized muscle wasting. 4/6 systolic murmur. Grade 2 pddz. Very large palpable abdominal mass. Testicular mass L (L testicle 4x larger than R). BW attached: glucose 34, Cr 0.2, BUN 4, globulins 5.2 (2.5-4.5), ALP 856, GGT 38. WBC's 22.3 (neutrophils 18.85, monos 1.72)

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mixed Urinary System

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

MI

AGE 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. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.6 cm in length.

11 yr

WEIGHT The area of the aortic trifurcation was free of pathology.

7.3 kg

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.0 cm in diameter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.38 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 0.55 cm width at the caudal pole.

IMAGING PERFORMED BY

Wendy Turner

Spleen

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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.

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Liver

The liver exhibited a large nonhomogeneous to cystic mass occupying the majority of the left to mid right liver extending caudally to the approximate level of the mid abdomen measuring at least 13 – 14 cm in diameter. The discernable parenchyma in the mid to right liver exhibited normal echogenicity and moderate coarse echotexture.

INVOICE

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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.

DATE

06/22/2022



PATIENT *Gastrointestinal*

Tayson Parra The visualization of the stomach was limited owing to gastric displacement secondary to the caudal liver mass.

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*

Mixed The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX *Free Abdomen*

MI Regional peri pancreatic reactive mesentery was noted and potential for scant peri hepatic free fluid was observed.

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

11 yr

ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.3 kg

- Large nonhomogeneous to cystic liver mass, mild peri hepatic reactive mesentery and potential scant free fluid
- Mild chronic renal changes
- Prostatomegaly exhibiting nonhomogeneous parenchyma-BPH suspected, potential for prostatitis possible, neoplastic prostatic cricial thought less likely yet cannot be definitively excluded

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall confirmed hepatic mass was nonspecific with considerations including cystic biliary adenocarcinoma, cystic biliary carcinoma or other neoplastic etiology with cystic changes and potential for intra mass necrosis or hemorrhage. Assuming normal clotting status an ultrasound guided FNA of the solid portion of the liver mass could be considered for screening cytology. Given the size of the mass including involvement of more than one liver lobe and subjective extension into the area of the porto hepatis, surgical options are likely precluded.

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Three view chest radiographs recommended if not already done.

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SPECIES

Canine

BREED

Mixed

SEX

MI

AGE

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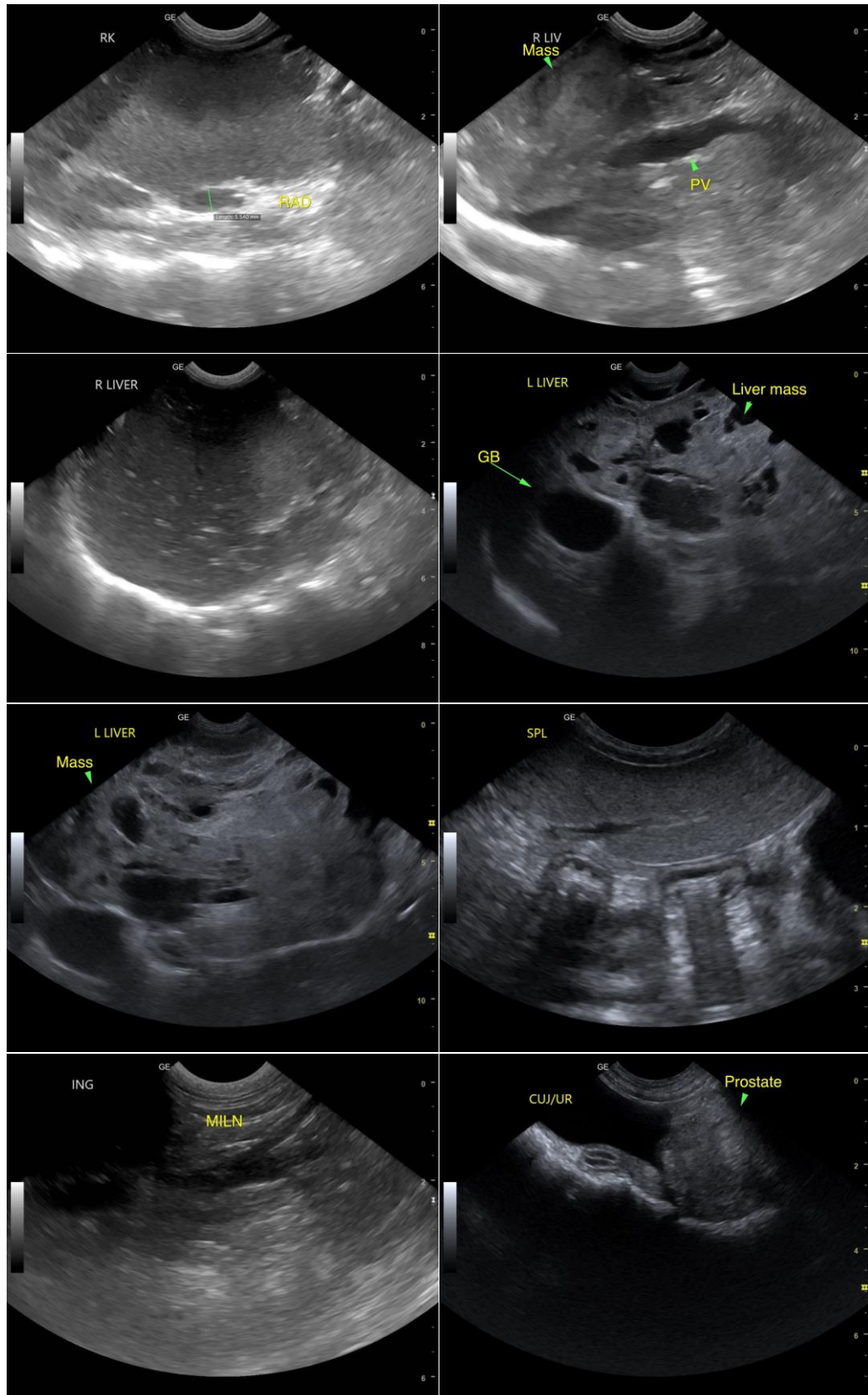
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PATIENT

Tayson Parra

SPECIES

Canine

BREED

Mixed

SEX

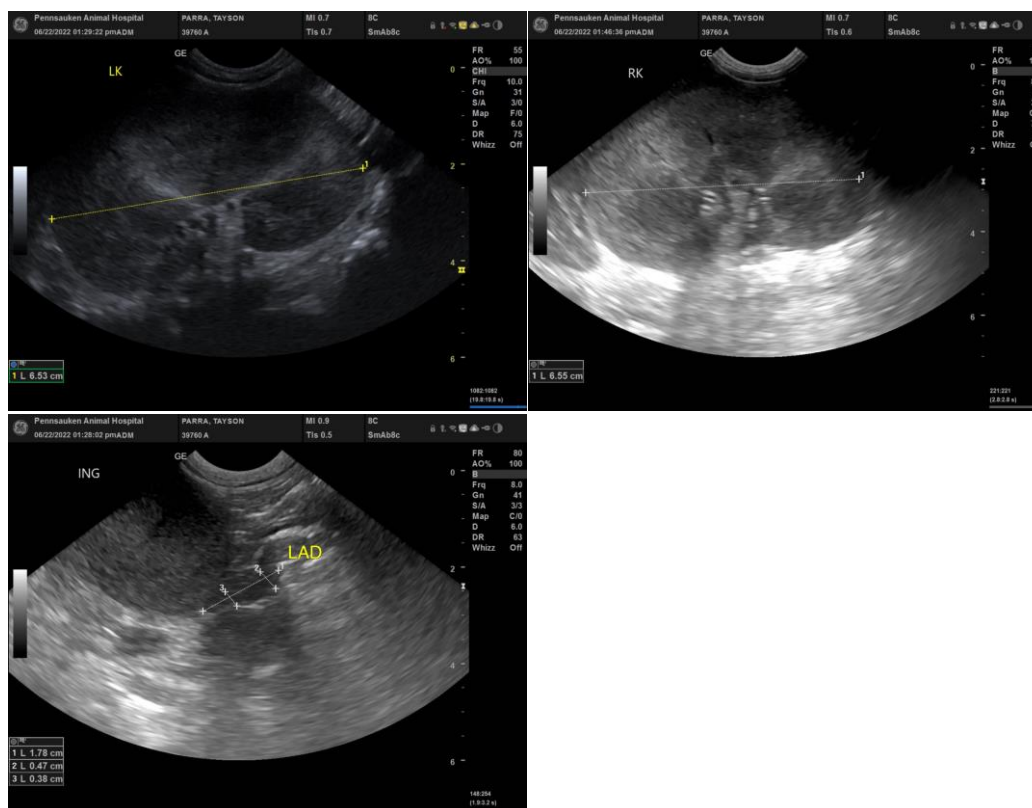
MI

AGE

11 yr

WEIGHT

7.3 kg



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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)

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