

PATIENT

Blaze Marra

PRESENTING CLINICAL SIGNS

Had cecal cancer and that removed a yr. ago. Recheck u/s

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Collie/X

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 was noted.

SEX

Neutered Male

The residual prostate free of pathology.

The area of the aortic trifurcation was free of pathology.

AGE

9

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 7.3 cm in length. The right kidney measured 6.8 cm in length.

WEIGHT

76

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm in width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology. Subjectively measuring 0.73 cm caudal pole.

INTERPRETED BY

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

Spleen

The spleen was not visualized owing to a previous splenectomy. No overt pathology in the area of the splenic fossa.

IMAGING PERFORMED BY

Dr. Hunt

Liver/ Gallbladder

The liver was mildly enlarged primarily maintained symmetrical mildly rounded hepatic capsule contour. Generalized normal parenchyma echogenicity exhibiting mild to moderate coarse echotexture. Evidence of mild parenchymal remodeling. Several to multiple variably sized mildly irregular subtle heterogenous hypoechoic hepatic intraparenchymal nodules. Examples measure 2.5 cm x 3.0 cm. Previously noted focal to intermittent intraparenchymal cysts which appear to be static. The gallbladder was non-distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Dr. Hunt

INVOICE

10275

DATE

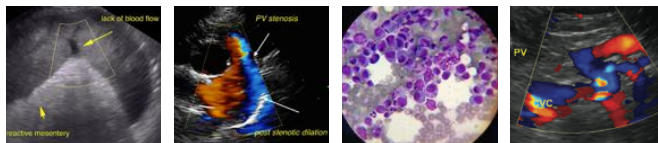
6/23/2023

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, progressively shadowing ingesta sonographically consistent with food without signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was segmental similar appearing non-shadowing intestinal ingesta with segmental gas with no signs of ileus, obstruction, or foreign material.

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



PATIENT

Pancreas

Blaze Marra

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 were evident.

SPECIES

Canine

Free Abdomen

BREED

Collie/X

No omental masses, lymphadenopathy, or peritoneal effusion was present.

No evidence of medial Iliac or sublumbar lymphadenopathy.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

9

- Mild hepatomegaly with several to multiple hypoechoic mildly non-homogenous intraparenchymal nodules with previously noted static intraparenchymal cysts.
- Mild gallbladder sediment (non-mucocele)
- Mild age-related kidneys
- Sonographically unremarkable gastrointestinal tract/colon with gastric and segmental intestinal ingesta

WEIGHT

76

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic intraparenchymal nodules were non-specific with potential general considerations including hyperplasia, hematopoiesis, granuloma, primary or metastatic neoplasia possible. Given the patient's history of previous cecal cancer, assuming malignant cancer was present primary concern for metastatic hepatic nodules may be indicated.

IMAGING PERFORMED BY

Dr. Hunt

However, given that the nodules were not previously visualized on monitoring ultrasound and timeframe from diagnosis of cecal cancer hepatic neoplastic nodular etiology is not definitive. Sampling would be required for further clarification assuming normal clotting status and if accessible FNA cytology of hepatic nodule recommended for further clarification with potential for oncology consult. Three-view chest radiographs are recommended if not recently done.

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Dr. Hunt

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.

INVOICE

10275

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.

DATE

6/23/2023

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com