



PATIENT

Titan Jones

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

7 Years

WEIGHT

81.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Elizabeth Oetting

INVOICE

16378

DATE

6/27/22

PRESENTING CLINICAL SIGNS

History: Presented 5/21 for wax & wanting pain meds for hips: Has hip dysplasia; hard time during the winter months. Titan has been drinking an excessive amount of water. Urinating a lot more. Had an accident in the house. Always wanting to eat, but that is normal for him. O has put him on a diet so he has lost almost 5 lbs. No V/D. Performed Senior blood panel & UA, and began Gabapentin & carprofen. D/c Carprofen after bldwk returned. 6/1 Not eager to eat, but will eat soft/canned food. 6/9 Doing ok, just slow. Started Azodyl 6/17. This weekend: O's mother had to drag Titan back up the stairs inside the house. No longer hikes leg, just urinates while standing. Went to ER clinic. Fluids admin'd. Per o, ER vet could not find the cause of the hypercalcemia either, but we both suspect malignancy somewhere.

Abnormal PE/Chem/CBC/UA Results: OA evident gait, pain on palpation of caudal vertebrae, BCS 6.5/9 Elevated SDMA 16 (0-14), normal BUN, crea, Urine S.G. 1.008, Calcium 13.4 (8.4-11.8), Na 153 (142-152), AST 82 (16-55), Creatine Kinase 590 (10-200), Neutrophils 774 (2940-12670), Lymphocytes 650 (1060-4950). Ionized Ca confirmed high 1.82 (1.25-1.45), Vit D 179 (109-423), Parathyroid hormone low at 0.6 (1.1-10.6). 6/13: No visible masses on full body rads, no visible osteolysis or starburst patterns. Baseline Cortisol normal. Seen at emergency clinic this weekend. Fast US not showing anything.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 residual prostate.

Normal size and margination was 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 7.6 cm in length. The right kidney measured 7.1 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 0.76 cm width at the caudal pole and 0.70 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 0.60 cm width at the caudal pole and 0.55 cm width at the cranial pole.

Spleen

The spleen was overall normal in size and overall contour with mild generalized splenic parenchyma heterogeneity with a solitary subtle hypoechoic nodule noted in the caudolateral parenchyma, measuring 1.3 cm in diameter. The nodule did not appear to distort the capsule.

Liver



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The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of 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.

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.

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

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Pancreas

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

Several medial iliac lymph nodes were present, exhibiting borderline abnormal width to length ratio. The lymph nodes exhibited symmetrical to rounded margination. The enlarged lymph nodes were bordered by mild perilymphatic reactive mesentery. An example of medial iliac lymph nodes measured 3.5 cm x 1.7 cm width.

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Intermittent cranial mesenteric and hepatic lymph nodes were present, exhibiting borderline abnormal width to length ratio. The lymph nodes exhibited symmetrical to rounded margination. The enlarged lymph nodes were bordered by mild perilymphatic reactive mesentery. An example of cranial mesenteric lymph node measured 1.7 cm. An example of hepatic lymph node measured 4.1 cm x 1.7 cm.

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No evidence of peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS

- Multiple mildly enlarged hypoechoic hepatic, cranial mesenteric and medial iliac lymph nodes
- Mild splenic parenchyma heterogeneity with a solitary subtle hypoechoic nodule
- Nonspecific hepatomegaly

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Dr. Elizabeth Oetting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

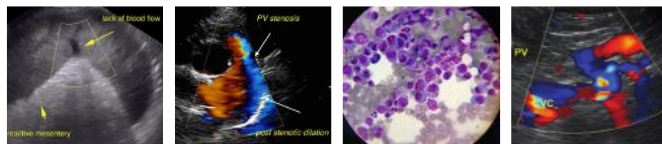
Given the hypercalcemia, and assuming normal clotting status, hepatosplenic and medial iliac lymph node FNA is warranted for screening cytology. Primary concern for an underlying neoplastic process is warranted given this presentation and in light of the hypercalcemia yet not definitive. Further assessment of the hypercalcemia, given the elevated ionized calcium level and low parathyroid hormone may include PTHrp levels. If not done, a rectal palpation is suggested to rule out anal sac mass could be considered. Guarded prognosis, pending hepatosplenic and lymph node cytology, which is considered essential for further assessment.

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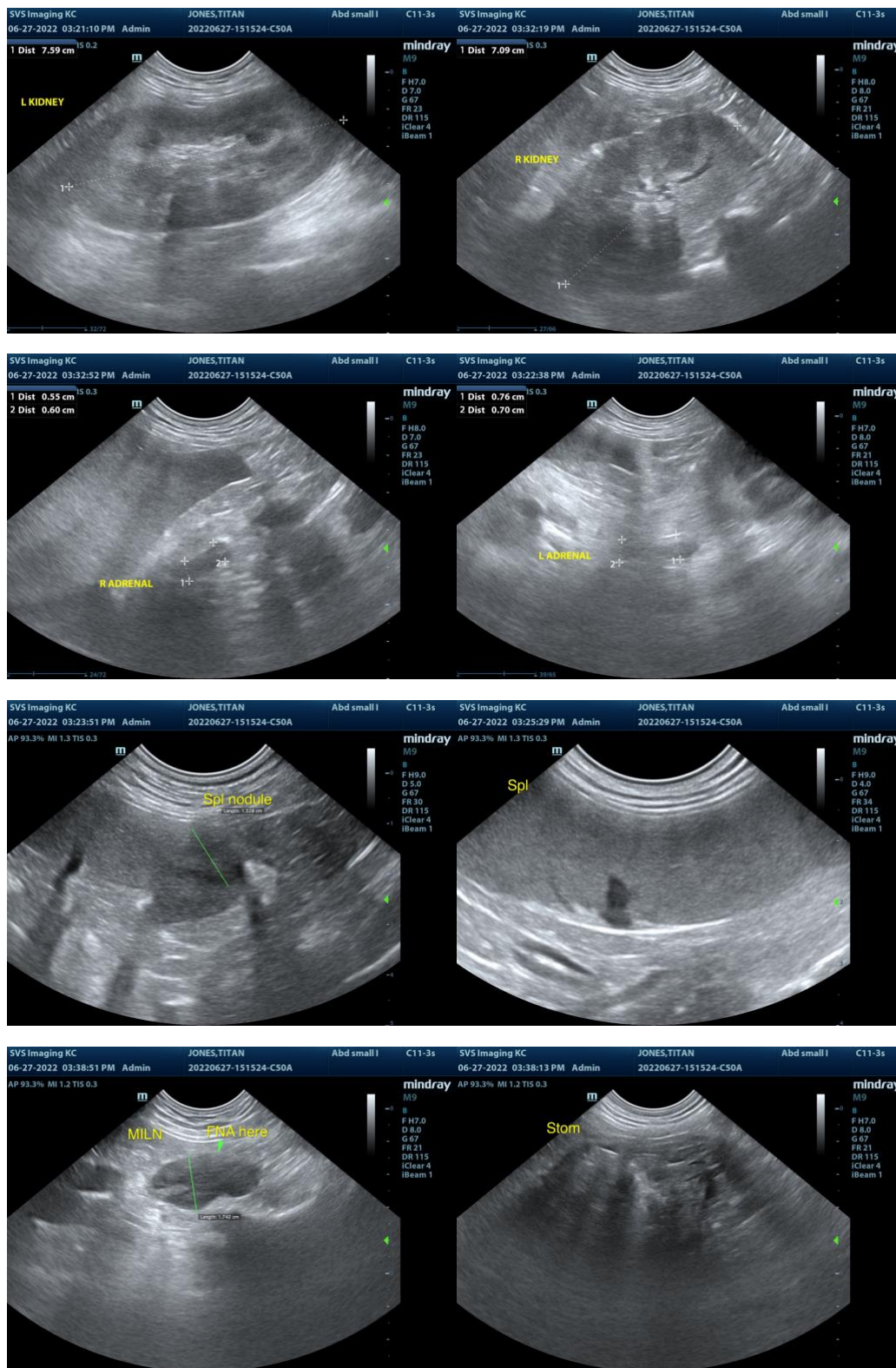
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com