



PATIENT

Evangeline Lily Koch

SPECIES

Canine

BREED

Papillion

SEX

FS

AGE

12 years

WEIGHT

4.75 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Silver Creek AC

REFERRING VET

Dr. Koch

INVOICE

14156

DATE

6/28/22

PRESENTING CLINICAL SIGNS

Pt has been lethargic with decreased appetite for several weeks, has lost some weight. Possible organomegaly palpated in cranial abdomen Current Medications Metronidazole started on 6/25; VRS Hepato liver support started on 6/25
Abnormal PE/Chem/CBC/UA Results: BW on 6/25/22: CBC-wnl Chem- ALP-1181U/L ALT-373U/L

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 was noted.

The area of the aortic trifurcation was free of pathology.

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. Minor areas of pinpoint medullary mineral were noted. The left kidney measured 3.9 cm in length. The right kidney measured 4.5 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 1.6 cm length x 0.70 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.56 cm length x 0.50 cm width at the caudal pole.

Spleen

The spleen was overall normal in size with primarily maintained symmetrical capsule contour. Subtle splenic parenchyma heterogeneity and potential minor reduced splenic parenchyma echogenicity were present. A subtle Isoechoic nodule was present craniolateral spleen measuring 0.74 cm in diameter.

Liver/ Gallbladder

The liver exhibited generalized enlargement and asymmetrical capsule contour with nonhomogeneous to mildly mixed echogenic hypoechoic hepatic parenchyma with intermittent intraparenchymal nodular changes. A solitary nonuniform mildly hyperechoic mass originating from the caudal liver at the approximate level of the gastric axis measuring approximately 4.0 cm in diameter was present. No overt evidence of cranial abdominal caudal vena cava distention was noted. No overt evidence of hepatic vascular congestion. 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 yet mildly thickened wall layering with subjective mild decreased gastric mural echogenicity. The stomach was empty with mild luminal gas. The ventral gastric body wall width measured 0.44 cm.

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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. The duodenum wall width measured 0.32 cm.

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

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Pancreas

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

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Free Abdomen

Generalized primarily perihepatic mild hyperechoic mesentery and scant to mild volume peritoneal free fluid were present. No overt evidence of intraabdominal lymphadenopathy was noted.

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Brief sonographic assessment of the thorax revealed concurrent pleural effusion. No overt evidence of Intrathoracic masses was noted in the visible window. No obvious evidence of concurrent pericardial effusion or overt left or right heart chamber enlargement.

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ULTRASONOGRAPHIC FINDINGS

- Subtle splenic nodule
- Infiltrative hepatopathy pattern with caudal hepatic mass
- Sonographically unremarkable gallbladder
- Mildly thickened stomach
- Generalized primarily perihepatic mildly hyperechoic mesentery and mild peritoneal free fluid
- Concurrent pleural free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further assessment, the hepatic presentation is strongly suggestive of infiltrative neoplastic criteria. Potential for non-neoplastic etiologies such as hepatitis, fibrosis, or other hepatopathy is considered less likely.

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Given the concurrent pleural effusion, which subjectively appears to be noncardiogenic in origin, potential multicentric neoplasia i.e., lymphomatosis, carcinomatosis, or similar with bicavitary effusion potentially owing to lymphatic obstruction, is of concern.

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Further assessment may include effusion analysis, as well as (assuming normal clotting status), hepatic FNA for screening cytology with potential for oncology consult. A very guarded to unfortunately likely unfavorable long-term prognosis is indicated.

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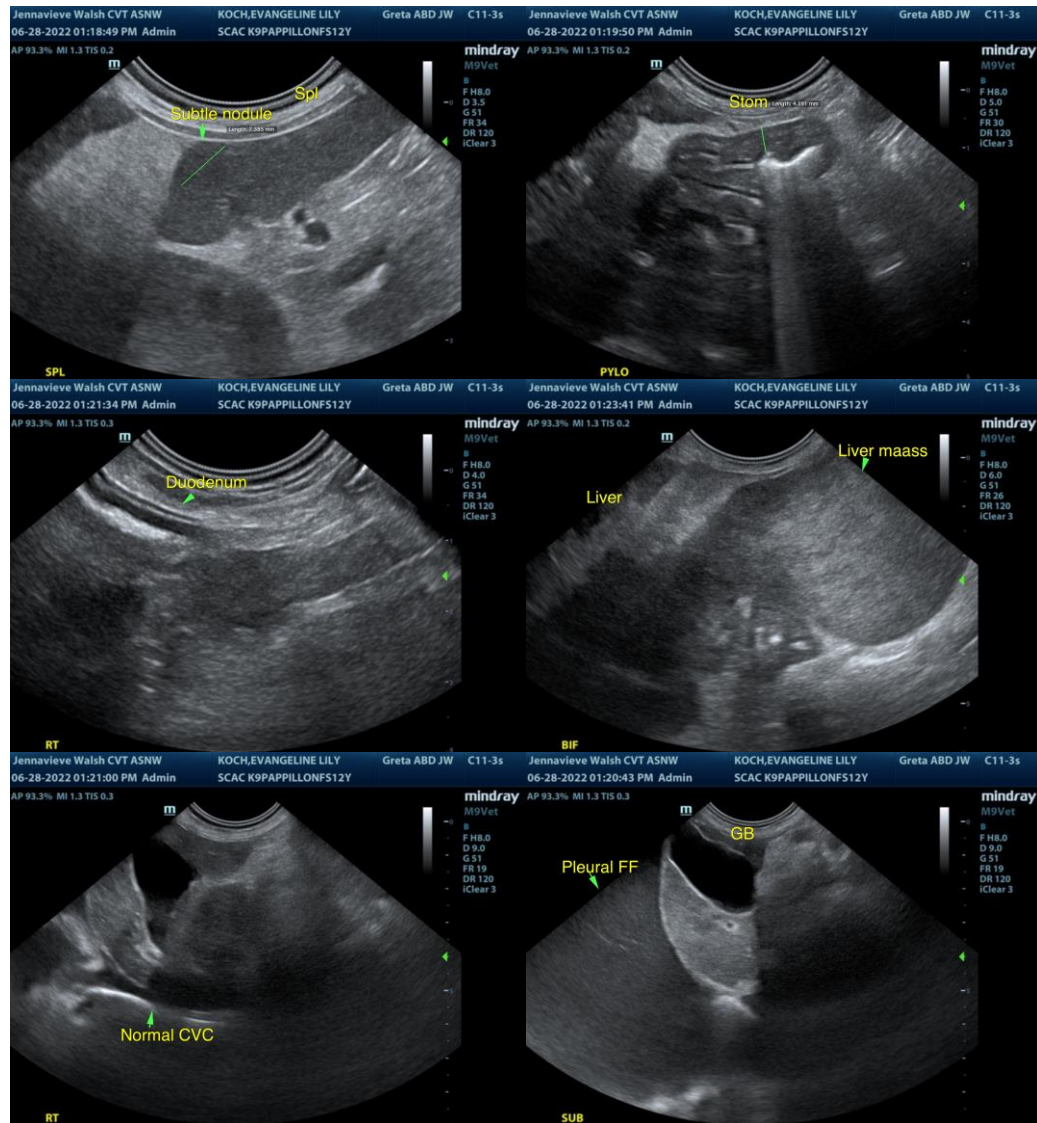
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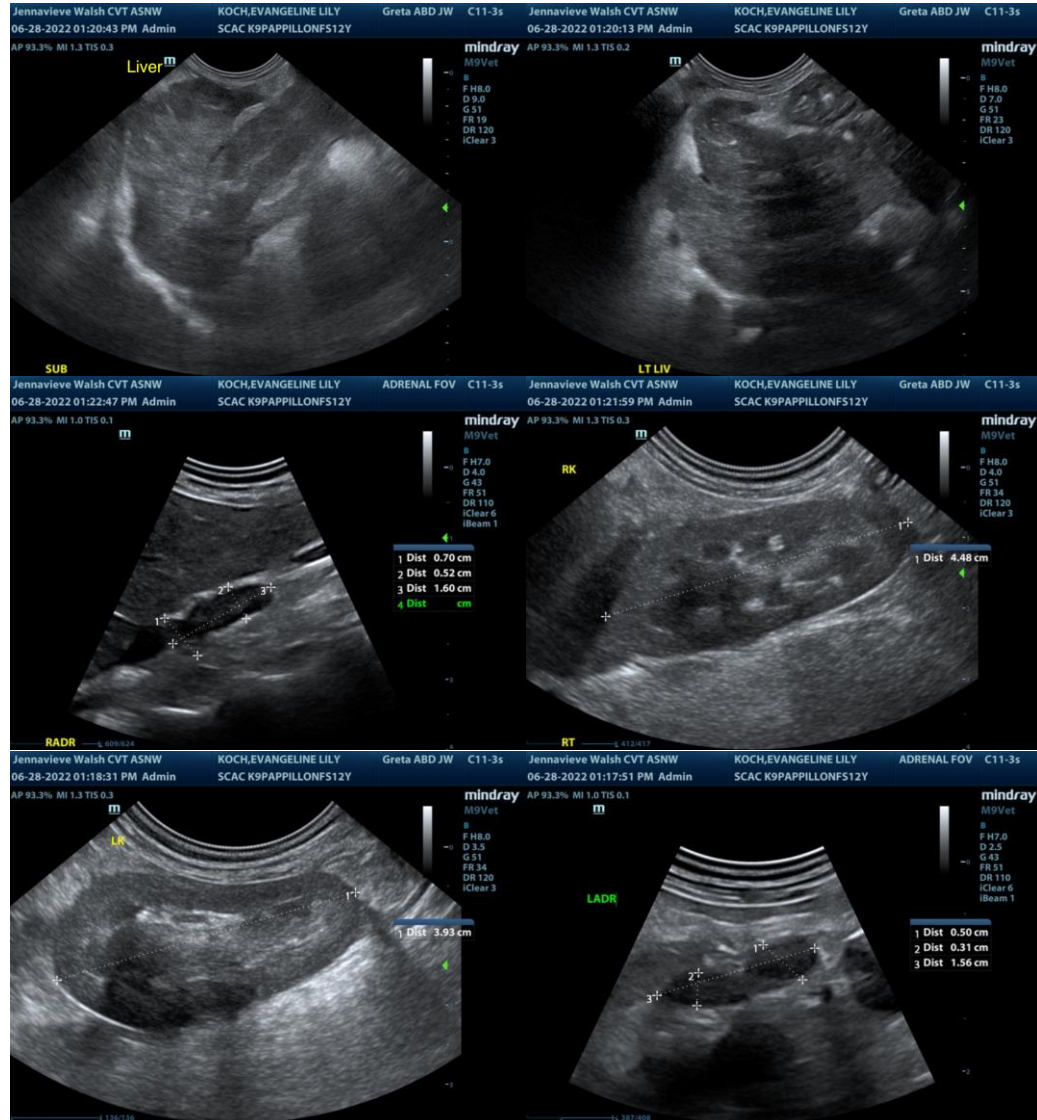
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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