



PATIENT

Midas Landin

SPECIES

Canine

BREED

Golden Doodle

SEX

Male / Intact

AGE

2 YO

WEIGHT

38 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Kwansnik

INVOICE

14138

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: Midas' behavior has changed in the last week, he started to show some aggression towards the owner – goes in the corners, growls at him, sometimes shows his teeth; he doesn't show this kind of behavior towards owner's children. Midas is not as playful as he used to be. There is another dog in the house, getting along well, but sometimes playing rough. In the last two days ago the right eye was closed, but there is no discharge, also no respiratory signs. No coughing, sneezing, vomiting or diarrhea, water intake and urination are normal. referral to ophthalmologic, recommended AUS/ 3 views chest X-rays , Possible tumor on OD.

Abnormal PE/Chem/CBC/UA Results: OD hyperemia, mild blepharospasm, Anisocoria, OD buphthalmic, third eyelid prolapsed, negative menace, negative PLR Suspect retrobulbar mass/abscess.

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 was noted.

The prostate was mildly 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 1.8 cm in diameter.

The area of the aortic trifurcation was free of overt pathology, including no evidence of medial iliac or sublumbar lymphadenopathy/masses in the area of the Iliac trifurcation.

Normal size and margination were 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 5.3 cm in length. The right kidney measured 5.0 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 0.51 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 0.50 cm width at the caudal pole.

Spleen

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/ Gallbladder

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of 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

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.

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

Pancreas

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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.

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Free Abdomen

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

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Sonographic assessment of the falciform fat revealed a solitary, spherical, variably echogenic nodule exhibiting central hypoechogenicity with peripheral hyperechogenicity measuring approximately 1.8 cm in diameter. No evidence of peripheral inflammation associated with the nodule in the area of the falciform fat.

ULTRASONOGRAPHIC FINDINGS

- Probable focal falciform nodular fat necrosis or focal steatitis
- Sonographically unremarkable liver / spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, no overt evidence of significant abdominal visceral pathology was noted, including no overt evidence of intraabdominal neoplastic criteria.

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The variably echogenic nodule in the area of the falciform fat is nonspecific with primary considerations including focal fat necrosis or inflammation. Potential for consolidated falciform fat abscess cannot be definitively excluded, yet thought less likely. Ultrasound-guided FNA of this nodule for screening cytology +/- culture and sensitivity could be considered for further assessment. Sonographic monitoring of the falciform nodule would be a more conservative approach.

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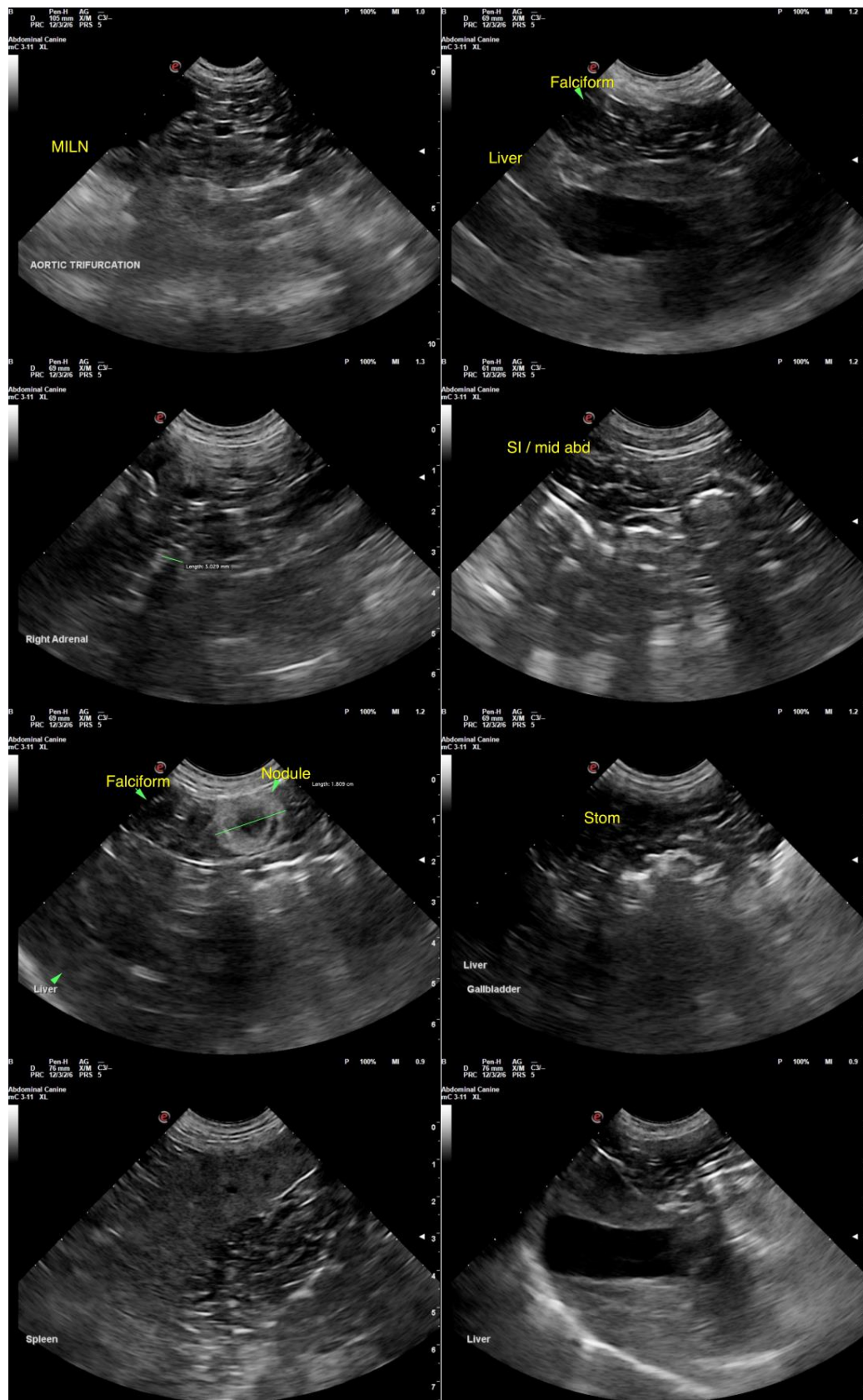
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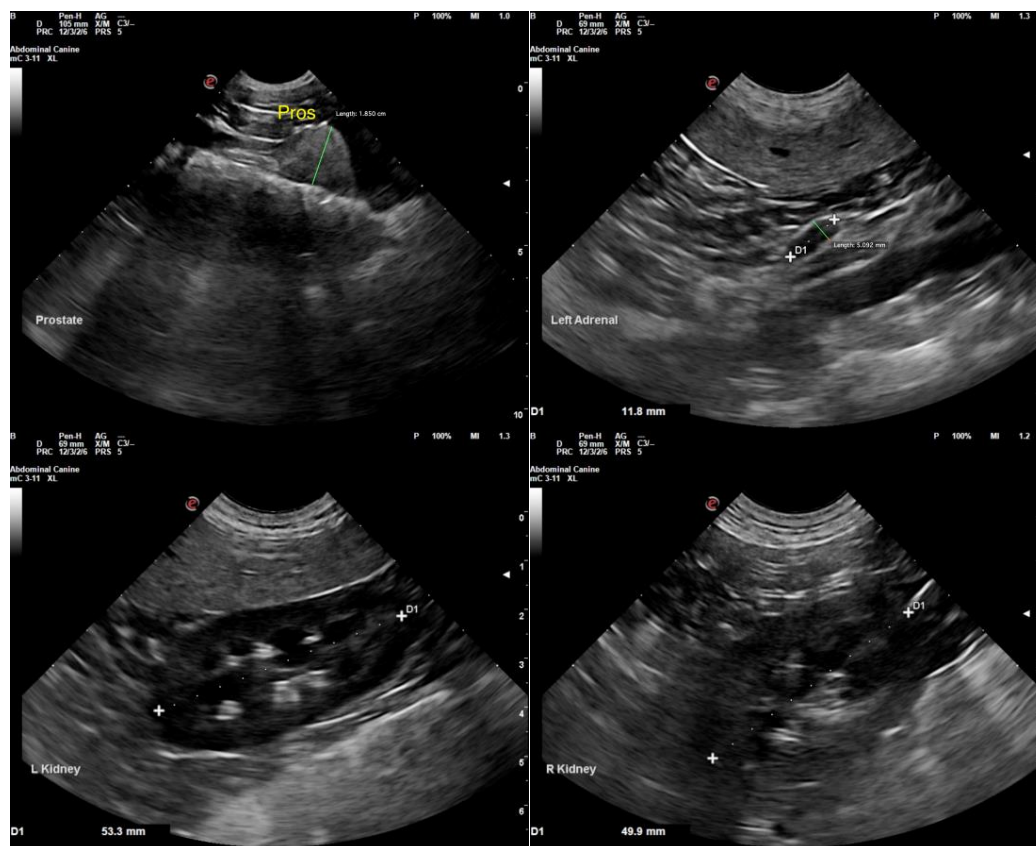
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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