



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bodhi Nerseth

SPECIES

Canine

BREED

Rat Terrier Mix

SEX

MN

AGE

4yr

WEIGHT

20.2lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh CVT

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Dr. Yamada

INVOICE

14245ag

DATE

06/28/2023

Bohi has been on and off his appetite lately and was vomiting a couple of times last week. O said he wasn't producing normal stools (just small ones) until 6/26/23 when he defecated a large amount twice and some of it was getting runny. O was out of town recently and P was staying with a sitter; worried he got into something while they were gone. O says he hikes with a couple of Rottweilers and where they go they see coyote and other scat, but O doesn't let him get into it. P has been known to eat cat feces in the yard. Over the past 36 hrs or so P has been crying when picked up and walking hunched, which caused O to seek exam. Since initial exam on 6/26/23, P has continued to have picky appetite and is more lethargic than usual. 6/26/23 Labs - CBC has mild neutrophilia 12.58k, otherwise WNLs. CHEM10 was WNLs. 6/28/23 Recheck labs - CBC/CHEM17 is all WNLs Current Medications Cerenia, SQ fluids given in hospital on 6/28/23. Provable Forte caps Radiographic Findings Taken 6/26/23 - Large radioopaque mass effect with decreased serosal detail in the cranial left quadrant of the abdomen with surrounding loss of detail (attached). AFAST performed on 6/26/23 and rechecked on 6/28/23 shows concern for mass effect in the cranial abdomen. This mass effect was sampled with FNA 6/26/23 at ~9am; results from STAT read cytology via Lacuna is pending but preliminary results stated r/o Lymphoma Primary Question/Differential to Be Answered in This Exam Where is the mass effect in question coming from? Is it causing any obstructive signs? If possible, r/o neoplasia vs. inflammatory or reactive tissue.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted.

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 4.9 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology measuring 0.8 cm in diameter.

Adrenal Glands

The left adrenal gland was not visualized. The right adrenal gland was mildly enlarged with mild capsule asymmetry and non-homogenous hypoechoic parenchyma. The right adrenal gland measured 0.86 cm width at the caudal pole and 1.1 cm width at the cranial pole.

Spleen

The spleen exhibited overtly normal size with primarily maintained symmetrical contour and a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.



PATIENT *Liver/Gallbladder*

Bodhi Nerseth The liver was subjectively normal in size, structure, and contour. Generalized mixed echogenic parenchyma exhibiting non-homogenous moderately coarse echotexture was present. No visualized hepatic nodules. Normal hepatic vascular volume. 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

Rat Terrier Mix The visualized stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material.

SEX

The visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine contained minor segmental gas with no signs of ileus, obstruction or foreign material.

MN

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

4yr

Pancreas

WEIGHT

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

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A large expansive irregularly marginated hypoechoic mass occupying the majority of the mid to cranial abdomen was present. The mass was primarily within the left mid to cranial abdomen extending into the area of the left adrenal gland caudal to the left kidney as well as cranially to subjectively directly efface the medial segmental spleen. The mass measured ~ 10 cm in diameter.

IMAGING PERFORMED BY

Surrounding hyperechoic omentum was present with scant free fluid noted in the left cranial abdomen primarily around the spleen.

Jenna Walsh CVT

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

- Large irregular non-homogenous hypoechoic mid cranial abdomen mass, surrounding hyperechoic omentum.
- Echogenic liver.
- Mildly enlarged irregular non-homogenous hypoechoic right adrenal gland.
- Scant peritoneal free fluid primarily adjacent to the spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given the size of the mass and potentially effacing multiple organs, the definitive origin of the mass was not obvious. Neoplastic criteria is favored although sampling via FNA or histopathology is required for further assessment. Repeat ultrasound guided FNA of the mass vs core surgical biopsy may be considered. Assuming no evidence of pathology on three view chest radiographs, referral for abdominal CT would be ideal for further clarification.

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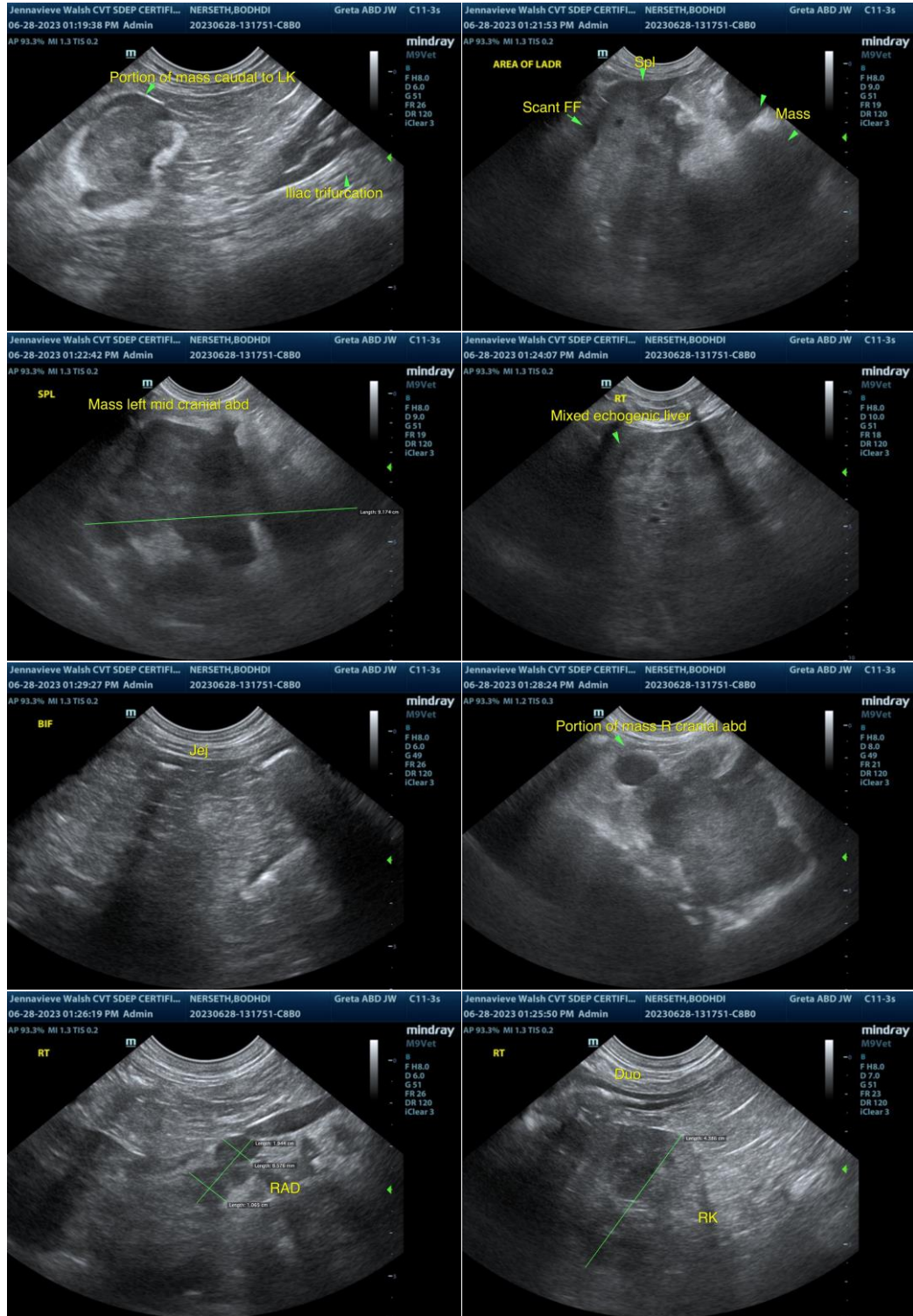
Dr. Yamada

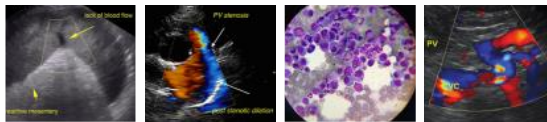
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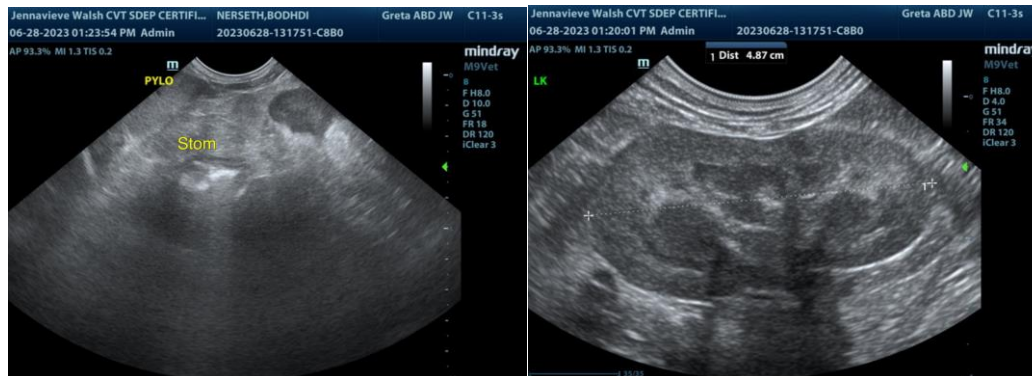
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com