



PATIENT PRESENTING CLINICAL SIGNS

Dewey Thoms

History: P has been doing about the same as he has the past couple of years - P is thin despite O feeding more food, protein sources like eggs, etc. and getting weaker in the hind end. Appetite has been fine, not more or less than normal. O thinks P is looking more skinny but seems to be muscle wasting more than anything. SQ lumps on his side are getting bigger. P runs with a hop/skip rather than a normal run and will get more tired on walks now. O thinks a lot of this has to do with his age. Labwork the past couple of years has showed worsening liver values; etiology has been unknown. P has a hx of splenectomy in December 2018 due to hemoabdomen - diagnosed as benign cause

SPECIES

Canine

BREED

Labrador X

SEX

Neutered Male

AGE

14 Years

WEIGHT

62.5 Pounds

Abnormal PE/Chem/CBC/UA Results: CBC - Microcytic hypochromic anemia of 31.5%, normal leukogram, thrombocytosis 775k with low MPV 7.7 Comprehensive Plus - ALKP high at 885, GGT high at 110, TRIG high at 293, ALT high at 170 (these values are all worse than in the past - etiology open). Lytes - WNLs T4 - WNLs at 1.8 SDMA - WNLs at 12 UA - WNLs - USG 1.020, pH 9.0, pro/gluc/ket/ubg neg, bil/bld neg. WBC/RBC <1/HPF, no bacteria/casts/crystals seen on manual or sedivue. Free catch sample. Current Medications Thyroxine 0.6mg 1/2 tab PO BID, Dasuquin, Rimadyl 50mg PO PRN (about every 2 - 3 days)

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 were noted. Aortic trifurcation was normal.

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 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 7.9 cm in length. The right kidney measured 7.5 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 2.6 cm in length x 0.53 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 2.7 cm in length x 0.79 cm width at the caudal pole.

Spleen

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

Liver

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Yamada

INVOICE

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The liver presented enlarged in size. The parenchyma of the liver was overall normal in echogenicity with mild nonuniform echotexture and minor parenchymal remodeling. A solitary moderately sized spherical uniform mass, exhibiting similar echogenicity compared to adjacent hepatic parenchyma was noted arising from the caudoventral mid to right liver, extending caudally, subjectively past the level of the gastric axis. This mass measured approximately 6.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor congealed gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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. The gastric body wall measured 0.48 cm.

The duodenum exhibited intact yet mildly prominent wall layering with minor retained duodenal fluid. Subjective reduced mucosa echogenicity noted. The duodenum wall measured 0.51 cm. No overt evidence of mechanical duodenal obstruction. The visualized jejunum and subjective ileum to the level of the colon was sonographically unremarkable, exhibiting intact wall layering and maintained 1:3 muscularis to mucosa ratio.

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

Pancreas

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

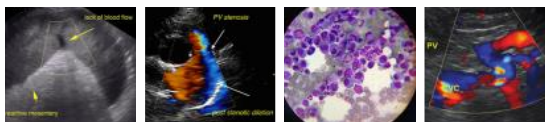
Free Abdomen

A solitary spherical hypoechoic to mild nonhomogeneous lesion was noted within the mid ventral abdomen caudal to the liver mass yet did not overtly appear to arise from or involve the liver mass. This lesion measured approximately 2.5 cm in diameter. Subtle evidence of regional reactive mesentery was noted around the lesion. No evidence of additional omental lesions or evidence of additional intraabdominal lymphadenopathy noted.

No evidence of peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with caudal hepatoma like mass
- Minor congealed gallbladder debris (non-mucocele)
- Unspecified lesion in the mid abdomen with adjacent reactive mesentery
- Bilateral mild chronic renal changes
- Subjective duodenitis
- Pancreatic remodeling- nonspecific age-related pancreatic changes suspected, potential for remodeling owing to previous inflammation or low grade to chronic pancreatitis possible



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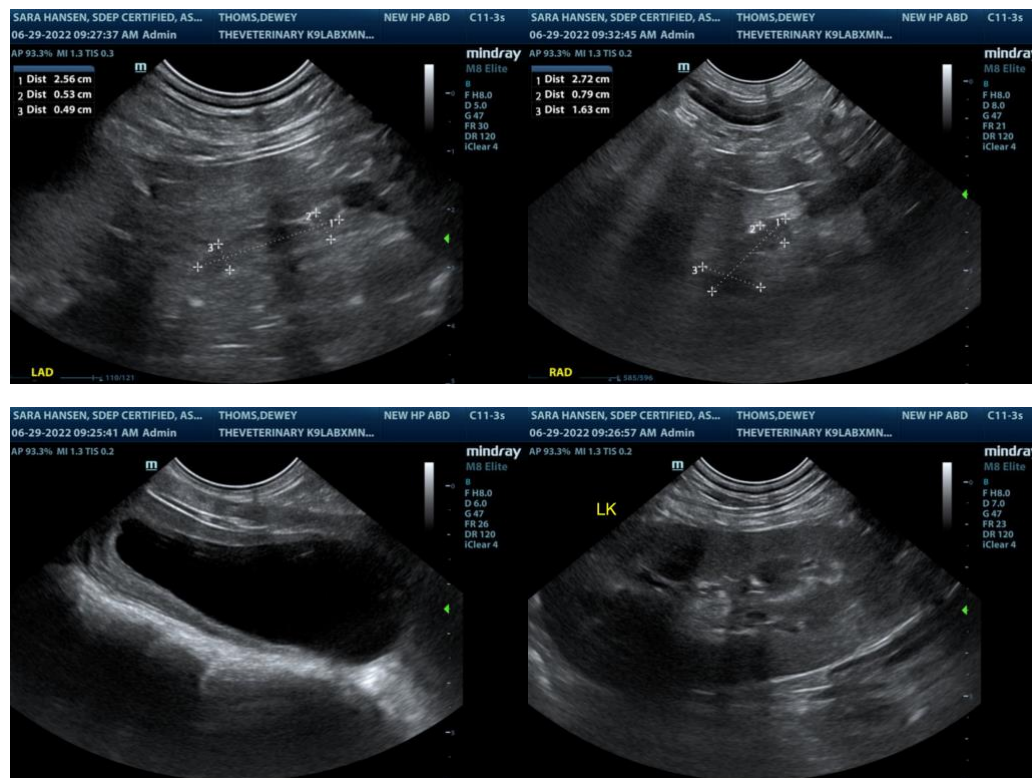
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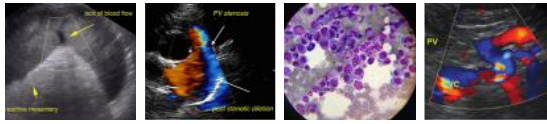
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the hepatic mass was not overtly suggestive of neoplastic criteria, although this possibility cannot be definitively excluded. The unspecified lesion within the mid abdomen may indicate atypical lymphadenopathy, possible nodular extension of the hepatoma like mass, granuloma, potential consolidated abscess or other, while the possibility of nonobvious intestinal mural lesion or mass cannot be definitively excluded.

Assuming normal clotting status, ultrasound guided FNA of the hepatoma like liver mass, as well as the unspecified lesion could be considered for screening cytology. Focal omental metastasis is considered unlikely given the previously diagnosed benign splenic lesion. Sonographic reassessment of the unspecified lesion to rule out intestinal involvement given the patients decreased body condition at the time of FNA (if elected) is likely ideal. A GI panel to include PLI/TLI/Cobalamin/Folate, and if not recently done, three-view chest radiographs to assess for occult disease as a contributing factor to the patients decreased body condition is warranted.





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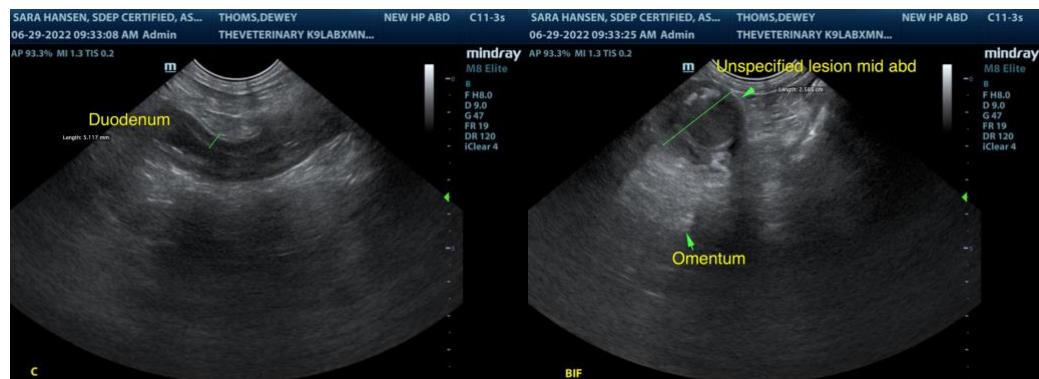
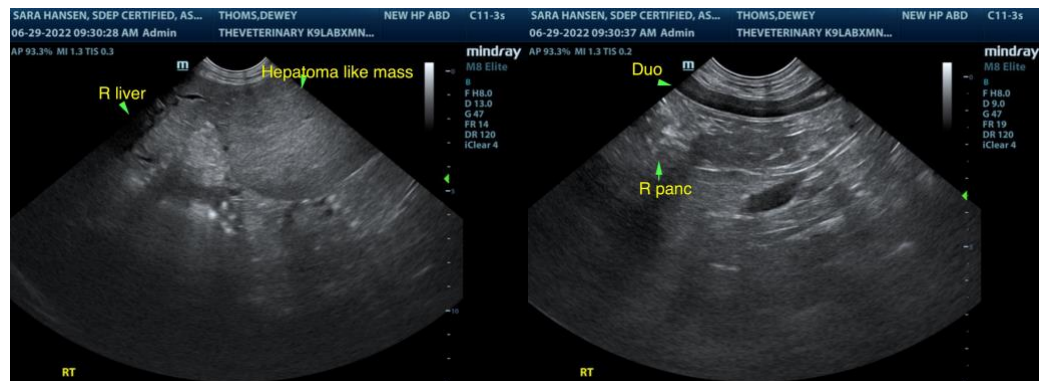
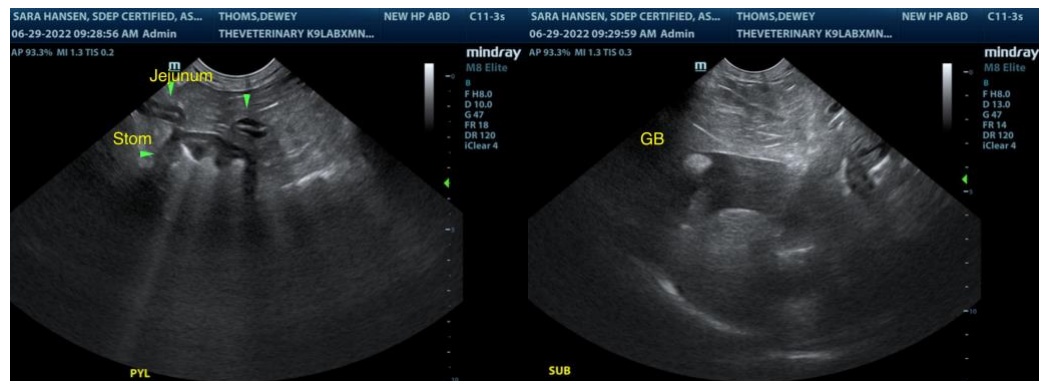
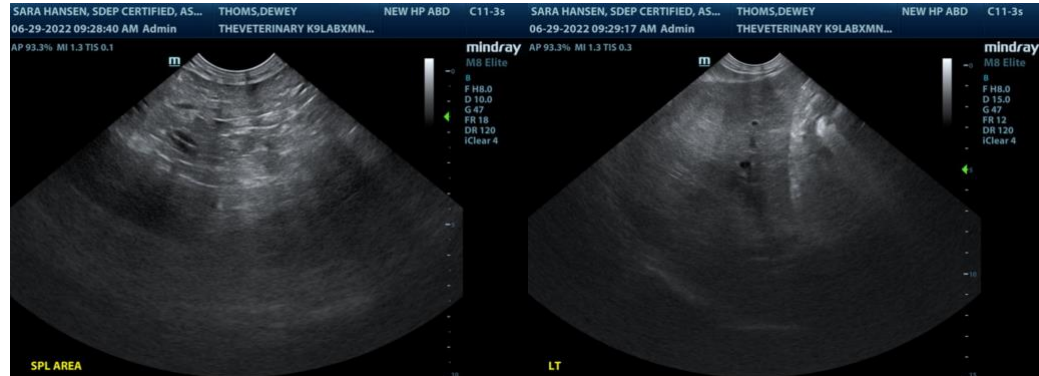
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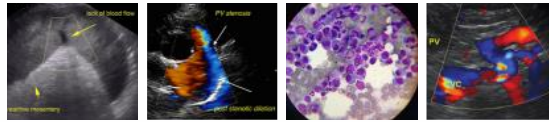
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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info@SonoPath.com

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