



PATIENT

Bear Plummer

SPECIES

Canine

BREED

Lab

SEX

Male

AGE

11 Years

WEIGHT

80 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

North Oakland VH

INVOICE

15900

DATE

6/6/22

PRESENTING CLINICAL SIGNS

History: Lethargy, soft stool, weight loss, muscle wasting. History of fever. Still eating and drinking normally. Was not fasted for scan.
Abnormal PE/Chem/CBC/UA Results: Please see attached labs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction 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.

The prostate was 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 5.7 cm x 3.8 cm.

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. Mild pyelectasia was present in both kidneys. The left kidney measured 7.0 cm in length. The right kidney measured 8.2 cm in length.

Adrenal Glands

Both adrenal glands were enlarged in size. Intact yet mild asymmetrical adrenal capsule contour was noted. Generalized nonhomogeneous left and right adrenal parenchyma. No overt evidence of parenchyma mineralization. Potential for vascular invasion was not obvious and considered unlikely yet cannot be definitively excluded. The left adrenal gland measured 3.7 cm in length x 1.5 cm at the cranial pole and 1.7 cm at the caudal pole in width. The right adrenal gland measured 5.5 cm in length x 2.2 cm at the cranial pole and 2.0 cm at the caudal pole.

Spleen

The spleen exhibited areas of maintained symmetrical capsule contour and finely textured mildly heterogeneous parenchyma. A large expansive nonhomogeneously hypoechoic mass was present, primarily in the area of the cranial spleen to cranial abdomen, measuring 9-10 cm in diameter. Potential for indistinct concurrent additional mass possible noted directly caudal to the caudal aspect of the left liver. Additional potential splenic mass in the area of the cranial abdomen and spleen was present, measuring approximately 7 cm in diameter.

Liver

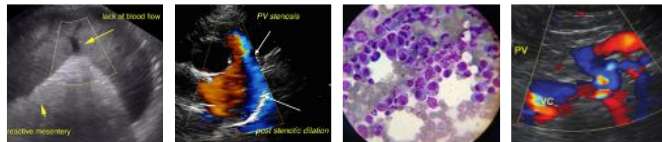
The liver exhibited generalized enlargement, maintained subjective curvilinear capsule contour and increased hepatic parenchyma echogenicity. Intermittent nondisruptive hypoechoic intraparenchymal nodules noted. An example of nodule size measured approximately 3.0 cm in diameter.

The gallbladder was non-distended in size with primarily anechoic content and mild nonmineralized luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained gastric ingesta consistent with postprandial presentation. The stomach was otherwise normal.
Bear Plummer	
SPECIES	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	Pancreas
Lab	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.
SEX	Free Abdomen
Male	Generalized cranial abdominal to perisplenic reactive hyperechoic mesentery and minor volume peritoneal free fluid.
AGE	ULTRASONOGRAPHIC FINDINGS
11 Years	Primary Findings
WEIGHT	<ul style="list-style-type: none"> • Cranial abdominal mass to possible masses, primarily in the area of the left cranial abdomen and spleen- most consistent with splenic origin and neoplastic criteria, potential for unspecified mass of non-splenic origin considered less likely yet cannot be definitively excluded. • Hepatopathy, exhibiting nonspecific yet suspicious intraparenchymal nodules. • Cranial abdominal to perisplenic reactive mesentery and mild volume free fluid • Bilateral adrenomegaly, exhibiting nonhomogeneous parenchyma- adenomatous change, benign hyperplasia, concurrent primary neoplasia (i.e., pheochromocytoma, adenocarcinoma) or other metastasis possible.
80 Pounds	
INTERPRETED BY	Secondary Findings
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Bilateral mild chronic renal changes • Benign prostatic hyperplasia, minor potential for prostatitis
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Amy Mayhew, LVT	Assuming normal clotting status, screening hepatic and mass FNA could be considered for further assessment. A possibility of regional omental seeding secondary to the mass is of concern yet not definitive. Assessment of systemic BP for evidence of hypertension, which may allude to left or right pheochromocytoma recommended. Three-view chest radiographs are suggested, if not done. Given this presentation, abdominal CT is likely ideal for further assessment, especially if surgical options are a possibility. However, very guarded to potentially unfavorable prognosis indicated.
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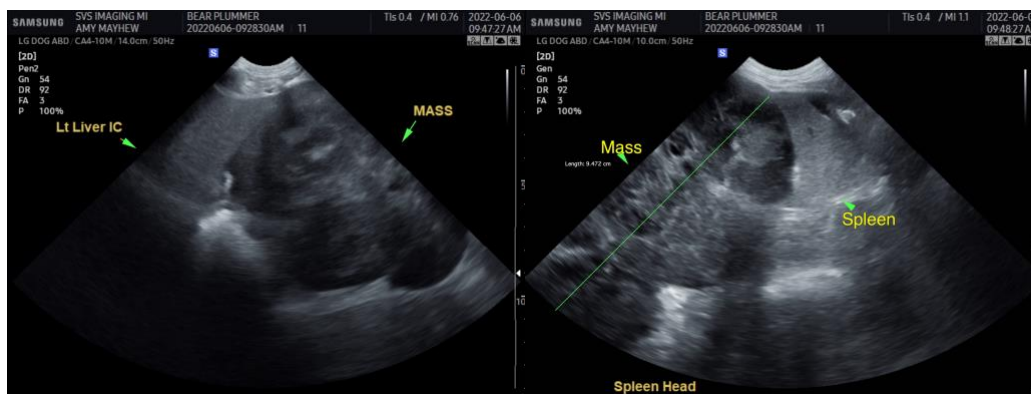
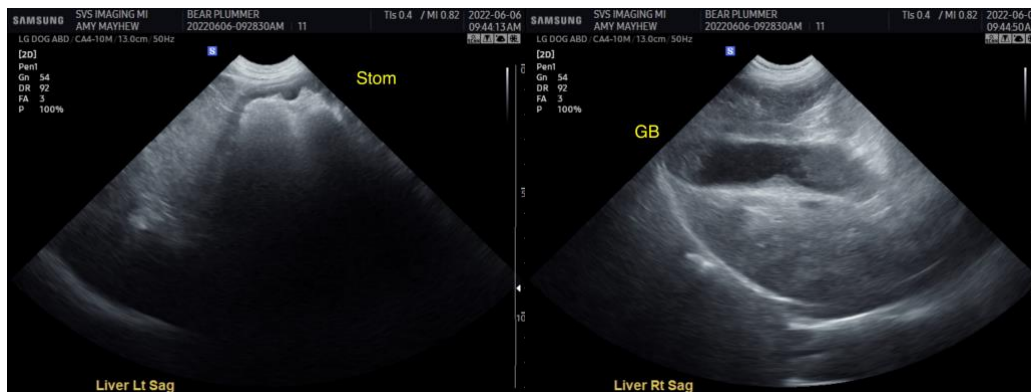
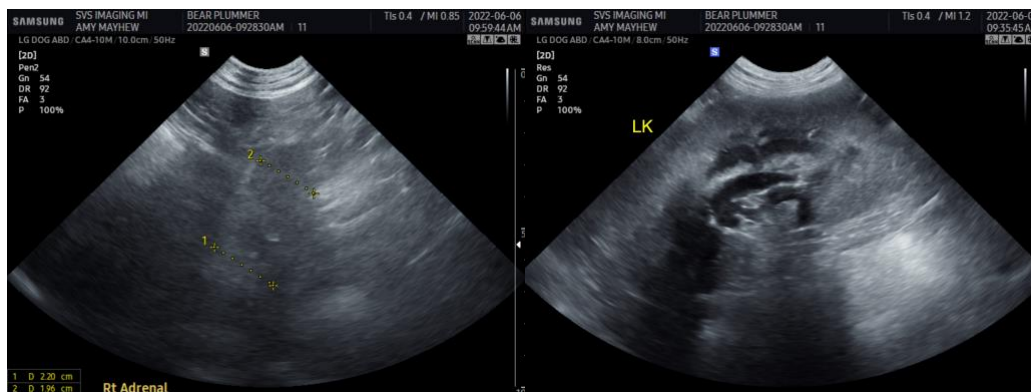
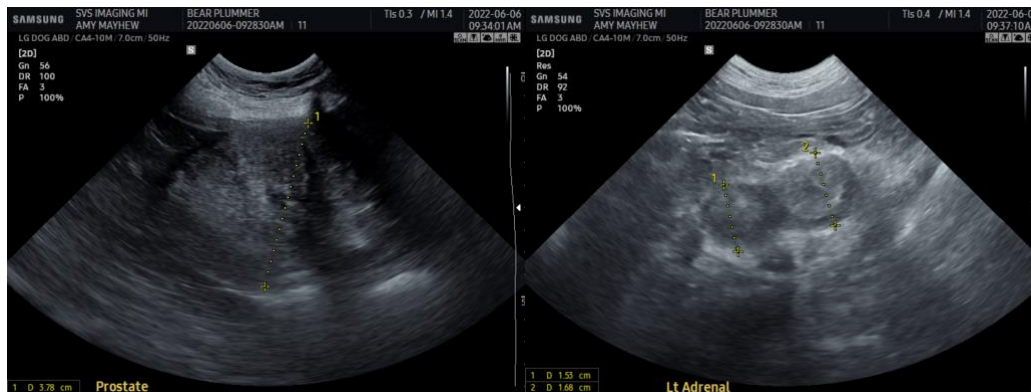
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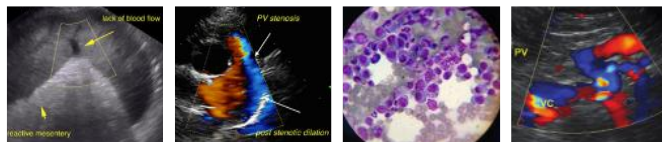
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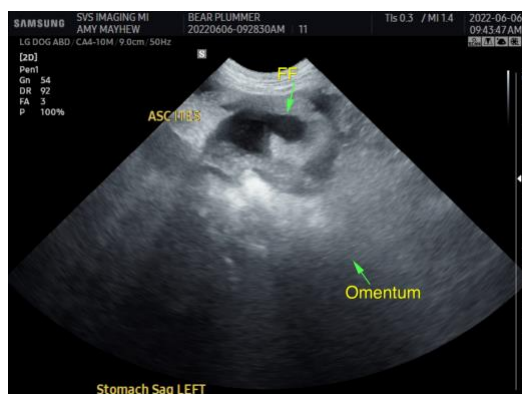
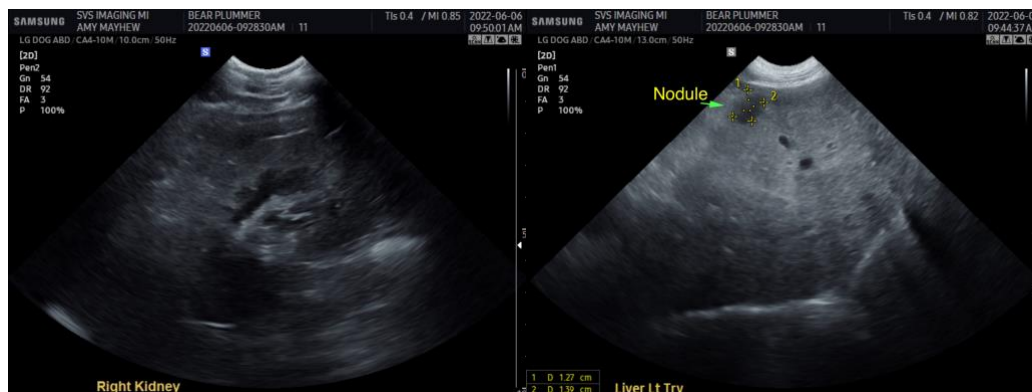
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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