



PATIENT

PRESENTING CLINICAL SIGNS

Bear Brazzil

Vomiting, not wanting to eat, doesn't feel well - started yesterday. RDVM treating with fluids, cerenia, denosyl, clavamox and metronidazole. Impression was pancreatic inflammation and liver dz.

SPECIES

Wt, temp, pulse and resp are appropriate. BCS 7/9. Has a tense abdomen.

Canine

Chemistry = ALT, SAP, TBili all elevated; cPLI abnormal. Abdominal radiographs reveal hazy cranial abdomen, stomach shadow is deviated dorsally and caudally. Liver margins appear rounded.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pomeranian

Urinary System

SEX

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

MN

AGE

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.3 cm in length.

9yr

WEIGHT

The area of the aortic trifurcation was free of pathology.

6lb

No overt pathology in the area of the residual prostate.

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

IMAGING PERFORMED BY

Spleen

Harold Mike Beard

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.

HOSPITAL NAME

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Liver

REFERRING VET

The liver was subjectively enlarged in size. The liver parenchyma was uniform and mildly hyperechoic to the spleen with a moderate 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 with mild luminal debris. The cystic and common bile ducts were normal.

Carl Fulton

INVOICE

Gastrointestinal

11120ag

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact yet prominent wall layering was present. Mild gastric distension with primarily anechoic fluid was present.

DATE

07/12/2022



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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.

Normal visible colon wall layers were present with apparent soft to non-formed feces in lumen.

SPECIES

Canine

Pancreas

The pancreas exhibited generalized prominent size yet the pancreatic capsule as difficult to differentiate from surrounding hyperechoic peri pancreatic omentum. Mixed echogenic pancreatic parenchyma was present with the potential for hypoechoic striations which may indicate pancreatic edema. An ill-defined mildly nonhomogeneous irregular mass lesion in the area of the left pancreatic limb caudal to the stomach measuring 2.2 cm in diameter was present.

BREED

Pomeranian

Free Abdomen

SEX

MN

An unspecified irregular mixed echogenic mass in the area of the mid abdomen which appeared to be caudal to the area of the left kidney measuring 3.5 cm in diameter was present. Generalized mildly hyperechoic mesentery with mild volume peritoneal free fluid was observed.

AGE

9yr

A transdiaphragmatic view of the caudal thorax revealed concurrent mild pleural effusion. The heart was not definitively visualized.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6lb

- Unspecified suspected mesenteric mass caudal to the area of the pancreas within the mid abdomen
- Generalized prominent mixed echogenic edematous pancreas with an ill-defined mass lesion in the area of the left pancreatic limb
- Hepatopathy
- Gallbladder debris (non-mucocele)
- Mild gastritis pattern
- Generalized hyperechoic mesentery and mild volume peritoneal free fluid
- Concurrent pleural free fluid

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for potential multicentric neoplastic disease given the unspecified mid abdominal mesenteric mass lesion, pancreatic mass lesion, hepatic presentation and concurrent pleural effusion which may indicate effusion secondary to lymphomatosis or similar is warranted. Further assessment may include an ultrasound guided FNA of the mesenteric mass lesion, the pancreas if accessible and liver as well as peritoneal and pleural fluid analysis for screening cytology +/- C/S. A guarded prognosis is indicated pending additional sampling.

IMAGING PERFORMED BY

Harold Mike Beard

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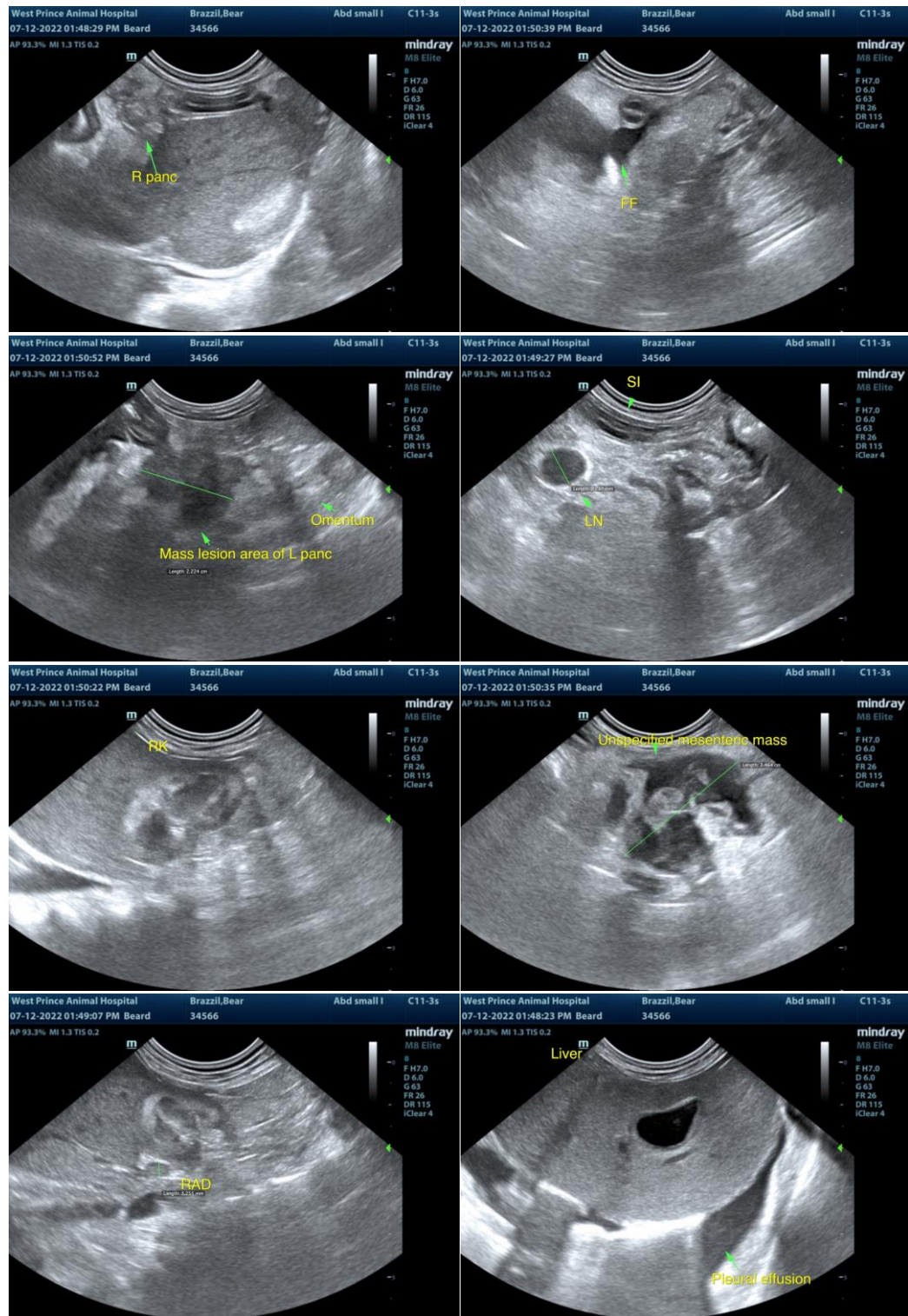
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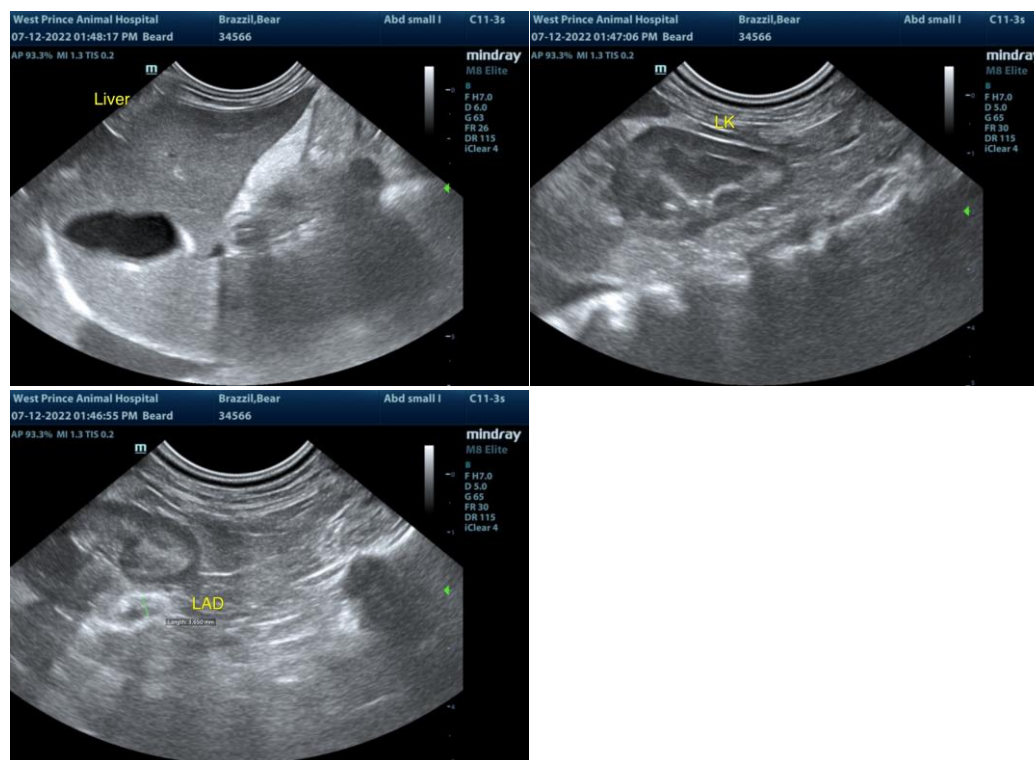
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com