

PATIENT PRESENTING CLINICAL SIGNS

Jia Jia Lin Presented for second opinion regarding recently dx with large abdominal mass.

SPECIES Abnormal PE/Chem/CBC/UA Results: PE - NS OU, dental ds, gen. thinning hair, cachexia, large, distended abdomen (abdominal mass palpated on left side), unilateral cryptorchid. Recently blood test from rDVM elevated LES. Hematocrit 36.8, ALP 353, ALT 733
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Maltese **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 was noted.
Intact Male

AGE The discernible prostate gland was not definitively visualized.
12

WEIGHT The area of the aortic trifurcation was free of pathology.
5.4 lbs. The left and right kidneys were not definitively visualized.

INTERPRETED BY **Adrenal Glands**
R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left and right adrenal glands were not definitively visualized.

Spleen
The spleen was not definitively visualized.

IMAGING PERFORMED BY **Liver/ Gallbladder**
Dr. Lara Cabugawan The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder and common bile ducts were not definitively visualized.

HOSPITAL NAME **Gastrointestinal**
Kew Gardens Animal Hospital

REFERRING VET 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.
Dr. Lara Cabugawan

INVOICE The visualized segment to the small intestine was sonographically unremarkable.

10324 Normal visible colon wall layers were present with apparent formed feces in lumen.

DATE **Pancreas**
7/14/2023 No overt pathology in the area of the left and right pancreatic limb.

Free Abdomen



PATIENT

Jia Jia Lin

Large, nonhomogeneous mildly cystic mass occupying the majority of intraabdominal cavity was present measuring approximately 9 cm to 10 cm in diameter. Intermittent, scant pocket of peritoneal free fluid. No overt lymphadenopathy.

SPECIES

Canine

No overt medial, iliac, or sub-lumbar lymphadenopathy or masses.

BREED

Maltese

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Confirmed large nonhomogenous mildly cystic abdominal mass occupying the majority of the peritoneal cavity.
- Scant peritoneal free fluid
- Hepatopathy exhibiting mild parenchymal remodeling – nonspecific.

AGE

12

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed intraabdominal mass is of unclear origin. However, given the history of unilateral cryptorchidism in conjunction with thinning hair coat, or if other clinical signs or physical abnormalities which may suggest increased estrogen production are noted. Testicular origin of the mass may be considered the primary differential diagnosis. Concurrent vacuolar hepatopathy, nonspecific inflammatory hepatopathy, fibrosis, or other hepatopathy possible. No definitive evidence of hepatic metastasis. Serum estrogen levels could be considered if clinically indicated. Abdominal CT for further clarification of the mass. Assessment for non-obvious intraabdominal metastasis as well as surgical planning likely ideal. Three-view chest radiographs are recommended.

WEIGHT

5.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

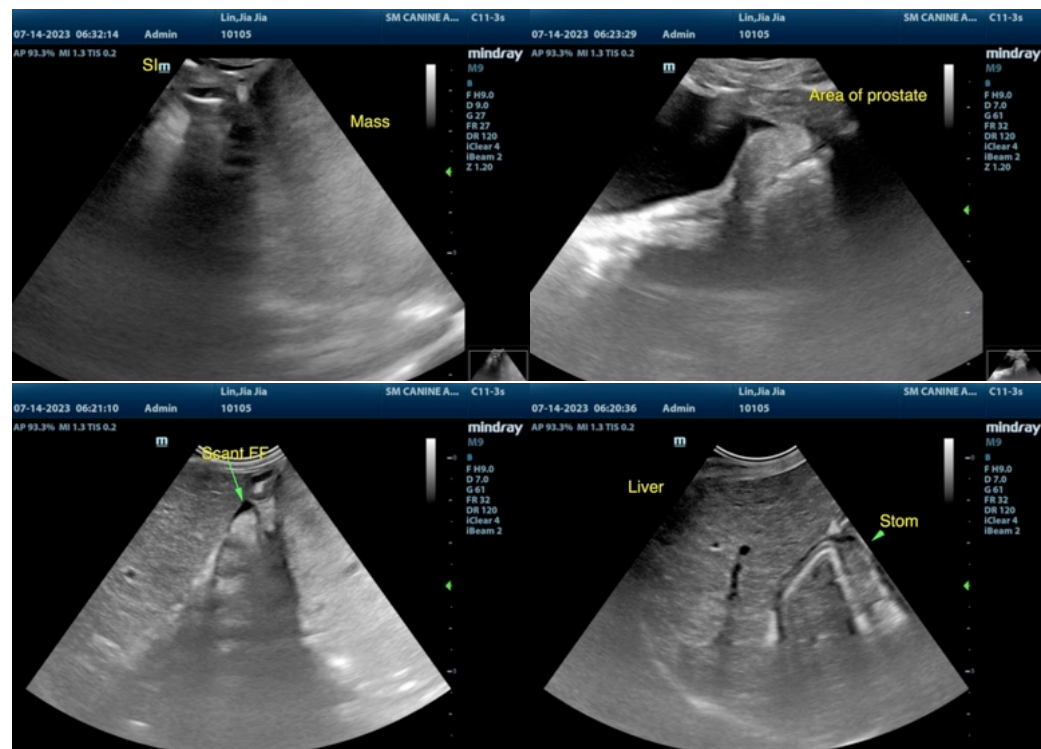
Dr. Lara Cabugawan

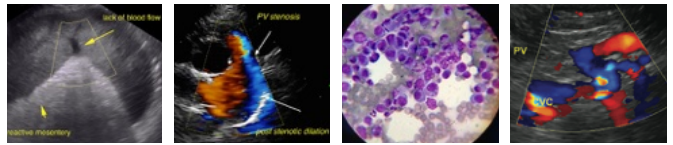
INVOICE

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DATE

7/14/2023





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Jia Jia Lin

SPECIES

Canine

BREED

Maltese

SEX

Intact Male

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WEIGHT

5.4 lbs.

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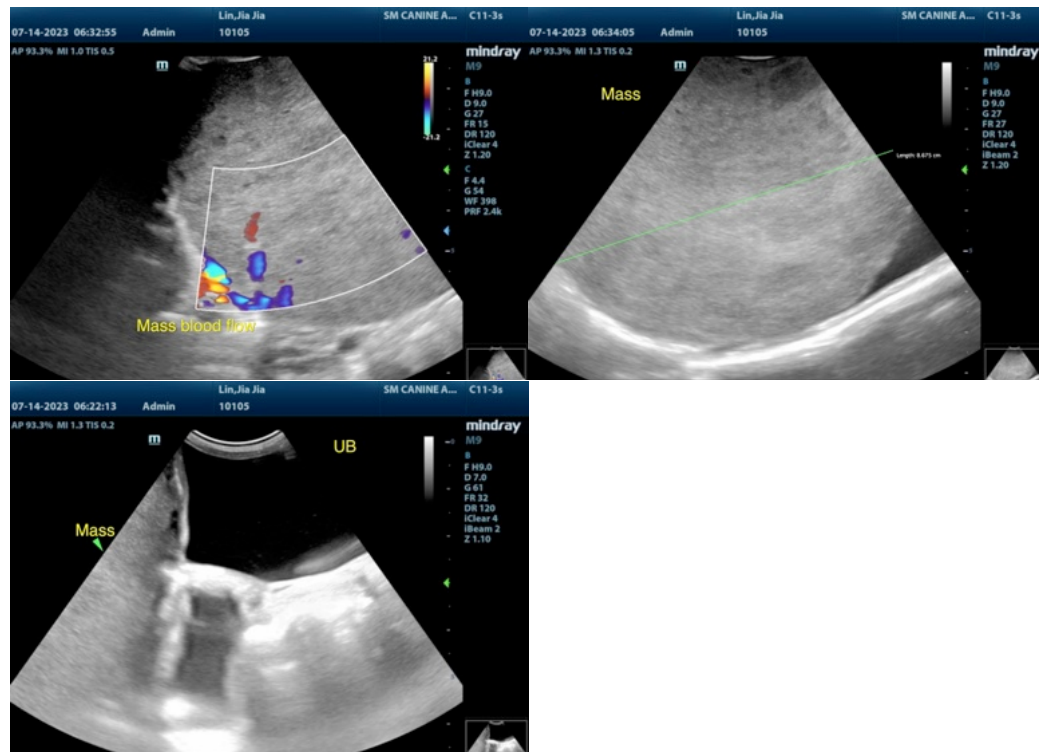
Dr. Lara Cabugawan

INVOICE

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DATE

7/14/2023



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