

**PATIENT**

Colo Doerscher

SPECIES

Canine

BREED

Aust Cattle Dog

SEX

NM

AGE

14 years

WEIGHT

41 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Doerscher

INVOICE

14411

DATE

7/26/22

PRESENTING CLINICAL SIGNS

Historically about 2 yrs ago had a prolonged episode of anorexia and/or reduced appetite (workup at that time was unremarkable) but nothing lately, currently eating very well and with enthusiasm, however doesn't always completely finish his meal (usually finishes at least 90%). Regularly has an intermittent hacking cough. No other symptoms.

Abnormal PE/Chem/CBC/UA Results: Abdomen is always tense on palpation, organomegaly can be appreciated. Rads show hepatomegaly with gastric displacement ALT: 2/21 = 453, 4/22 = 856, 7/22 = 858 ALP: 2/21 = 147, 4/22 = 241, 7/22 = 350 GGT: 2/21 = 0, 4/22 = 20, 7/22 = 18 TBili: 2/21 = 0.2, 4/22 = 0.4, 7/22 = 0.5 Decline in RBC/HCT over time, today RBC 6.38, HCT 35.3%. Plts elevated, 4/22 = 820, 7/22 = 897

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 was noted.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. 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 6.9 cm in length.

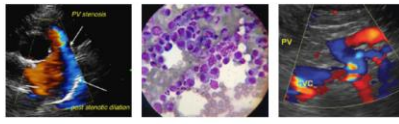
Mild subnormal size compared to the left kidney was noted in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 5.2 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 1.9 cm length x 0.44 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.

Spleen

Solid, mildly nonhomogeneous splenic mass was present originating from the mid medial spleen with associated primarily symmetrical distortion of the medial splenic capsule. The splenic mass measured 3.8 cm in diameter. Concurrent intermittent separate nondisruptive hypoechoic splenic nodules were present in the mid to cranial spleen. An example of a splenic nodule measured 0.45 cm. No evidence of perisplenic hyperechoic mesentery or evidence of splenic mass rupture were noted.

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Liver/ Gallbladder

The liver exhibited marked enlargement primarily owing to an expansive nonhomogeneous to mixed echogenic mass exhibiting microcystic parenchyma changes involving the majority of the caudal liver extending into the area of the gastric axis with secondary gastric displacement. The hepatic and portal vasculature were normal in appearance without signs of congestion. Moderate, hyperechoic, mildly congealed yet nonorganized gallbladder debris was noted. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was sonographically normal containing a mild amount of retained hyperechoic ingesta / chyme yet appeared to be displaced caudally owing to the liver mass.

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 formed feces in lumen.

Pancreas

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 were evident.

Free Abdomen

No overt lymphadenopathy or evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Large nonhomogeneous liver mass exhibiting microcystic changes extending caudally with secondary gastric displacement
- Concurrent solid mid medial splenic mass with separate nondisruptive hypoechoic splenic nodules
- Moderate hyperechoic congealed gallbladder debris (non-mucocele)

Secondary Findings

- Bilateral chronic renal changes with mild subnormal left kidney size

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both the hepatic mass and the splenic mass / nodules were nonspecific with both benign vs. neoplastic etiologies possible. Assuming normal clotting status ultrasound-guided FNA of the liver and splenic mass using a 25-gauge needle could be considered for screening cytology.



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Largely geriatric abdomen otherwise, without evidence of additional visceral pathology including no obvious evidence of concurrent neoplastic or metastatic criteria. Three-view chest radiographs are suggested to assess for or rule out thoracic pathology, as well as assess cardiopulmonary status.

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If surgical options are a possibility in this case, abdominal CT for further assessment of the liver and splenic masses, as well as surgical planning is likely ideal. Empirical hepatosupportive medications may prove beneficial.

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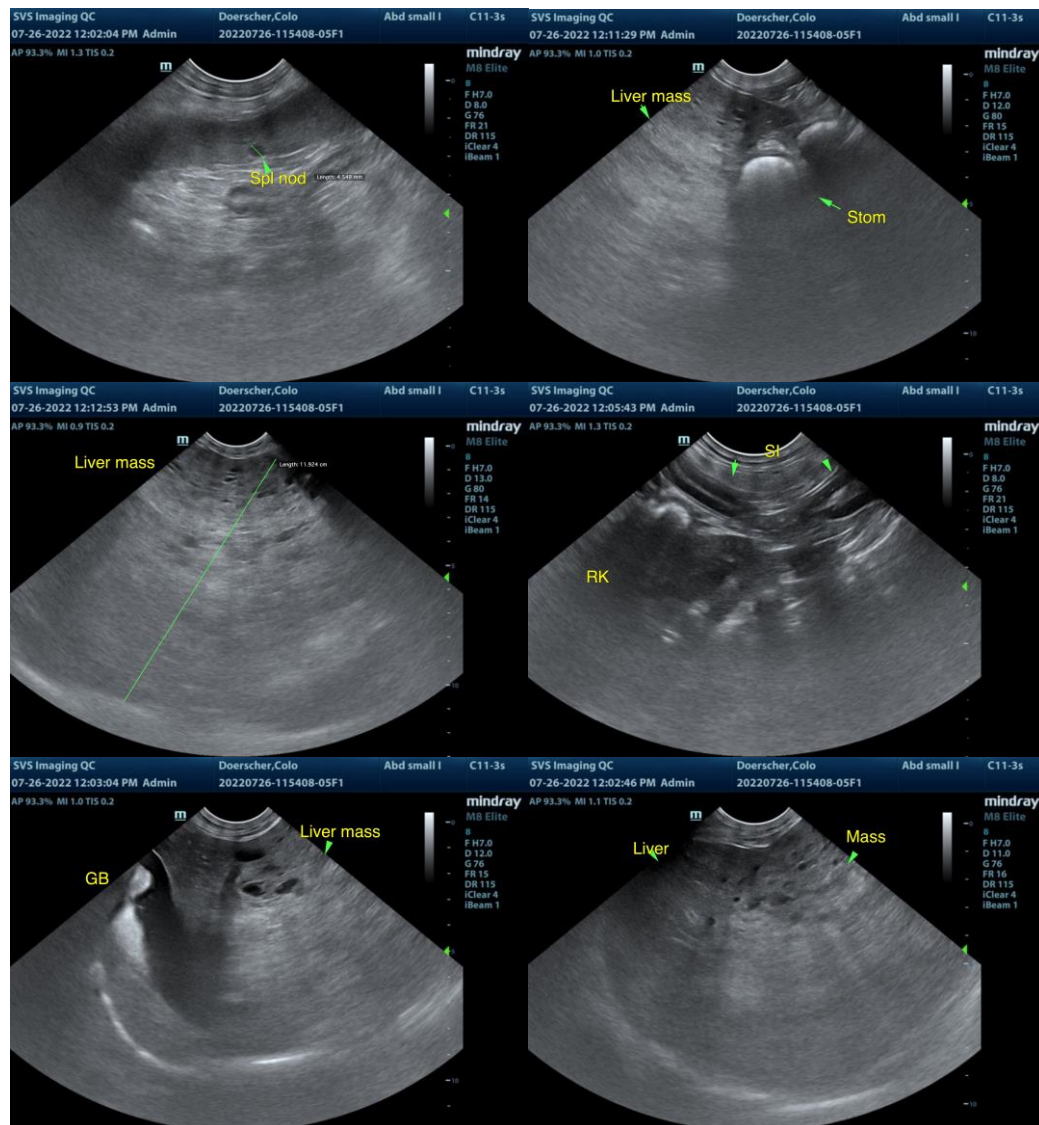
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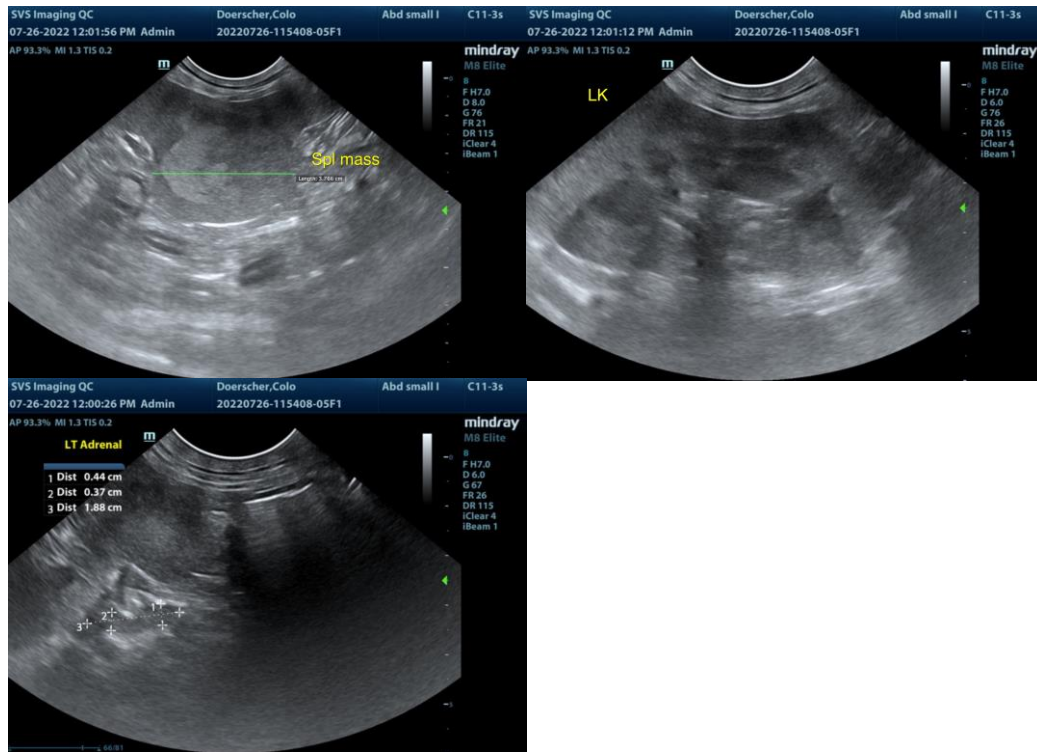
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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