



PATIENT

Layla Halliday

SPECIES

Canine

BREED

Mixed

SEX

F/S

AGE

12 yr 1 mo

WEIGHT

33.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

14403

DATE

7/26/22

PRESENTING CLINICAL SIGNS

Dog had acute episode yesterday and could not stand. walking today, vomited 3 x , lethargic. Had previous AUS Jan 2022 as was vomiting. Has an abdominal mass

Abnormal PE/Chem/CBC/UA Results: AUS Jan 2022. PRIMARY FINDINGS 1) Large, heterogeneous liver with ill-defined mass effect/rounded liver lobe – The diffuse hepatic 2) Hypoechoic left limb of the pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with mild/moderate pancreatitis/pancreatic SECONDARY FINDINGS • Borderline bilateral adrenal enlargement – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Today's blood Anemia HCT 31.5%. WBC 20.71 (N 2.95-11.64), Plt 138 (N 148-484). ALT 4000 (N 10-125)ALP 1557 (N 23-212), GGT36 (N 0-11), Liver enzymes have been increasing since 2019

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the aortic trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy.

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. Pinpoint to focal areas of medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 7.6 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The left adrenal gland was mildly prominent in size exhibiting nonhomogeneous to indistinctly nodular parenchyma. No evidence of left adrenal parenchymal mineralization or capsular escape. Primarily maintained symmetrical left adrenal capsule contour was noted. The left adrenal gland measured 2.7 cm length x 0.91 cm width at the caudal pole. The right adrenal gland was overtly normal in size, position and shape measuring 3.0 cm length x 0.56 cm width at the caudal pole.

Spleen

A moderately sized to expansive nonhomogeneous primarily solid mass was present in the area of the mid to craniomedial spleen measuring approximately 13.0 cm in diameter. The mass exhibited similar echogenicity compared to the discernable spleen.

Liver/ Gallbladder

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



PATIENT	signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Layla Halliday	
SPECIES	Gastrointestinal
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting subtle progressive distal acoustic shadowing. The stomach was otherwise normal.
BREED	
Mixed	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.
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
F/S	Pancreas
AGE	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.
12 yr 1 mo	
WEIGHT	Free Abdomen
33.6	Regional, primarily perisplenic to generalized hyperechoic mesentery was present. Mild volume peritoneal free fluid was also noted.
INTERPRETED BY	Heart
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Subjective cardiac assessment revealed overtly normal cardiac structure and function. No evidence of left or right heart chamber enlargement or LV systolic dysfunction. The pericardial regions were free of overt pathology including no evidence of pericardial effusion or obvious cardiac/pericardial tumors.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Brian Barnes	<ul style="list-style-type: none"> • Probable splenic mass • Nonspecific hepatopathy • Regional perisplenic to generalized peritoneal mildly hyperechoic mesentery and mild volume peritoneal free fluid - suspect hemoabdomen, potential for omental adhesions to the probable splenic mass cannot be excluded • Mild chronic renal changes with pinpoint medullary mineral • Overtly normal gastrointestinal tract with gastric ingesta - post prandial presentation vs. possible metabolic gastric stasis if documented NPO • Subjective normal cardiac structure and function - no overt evidence of cardiac or pericardial neoplastic / metastatic criteria
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DATE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
7/26/22	Minor potential for non-splenic origin of the mass with Impingement upon the spleen is considered a less likely differential diagnosis. Considerations for the probable splenic mass may include hyperplasia, hematopoiesis, granuloma, and splenitis, with neoplastic criteria favored i.e., sarcoma, round cell



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neoplasia, or other. No overt evidence of hepatic origin of the mass or obvious hepatic metastasis. In these cases, however, the possibility of non-visualized metastasis / micrometastasis or potential regional omental seeding cannot be definitively excluded.

SPECIES

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Assuming no evidence of pathology on three view chest radiographs and normal clotting status, laparotomy with expectation towards splenectomy along with strongly recommended hepatic biopsies could be considered.

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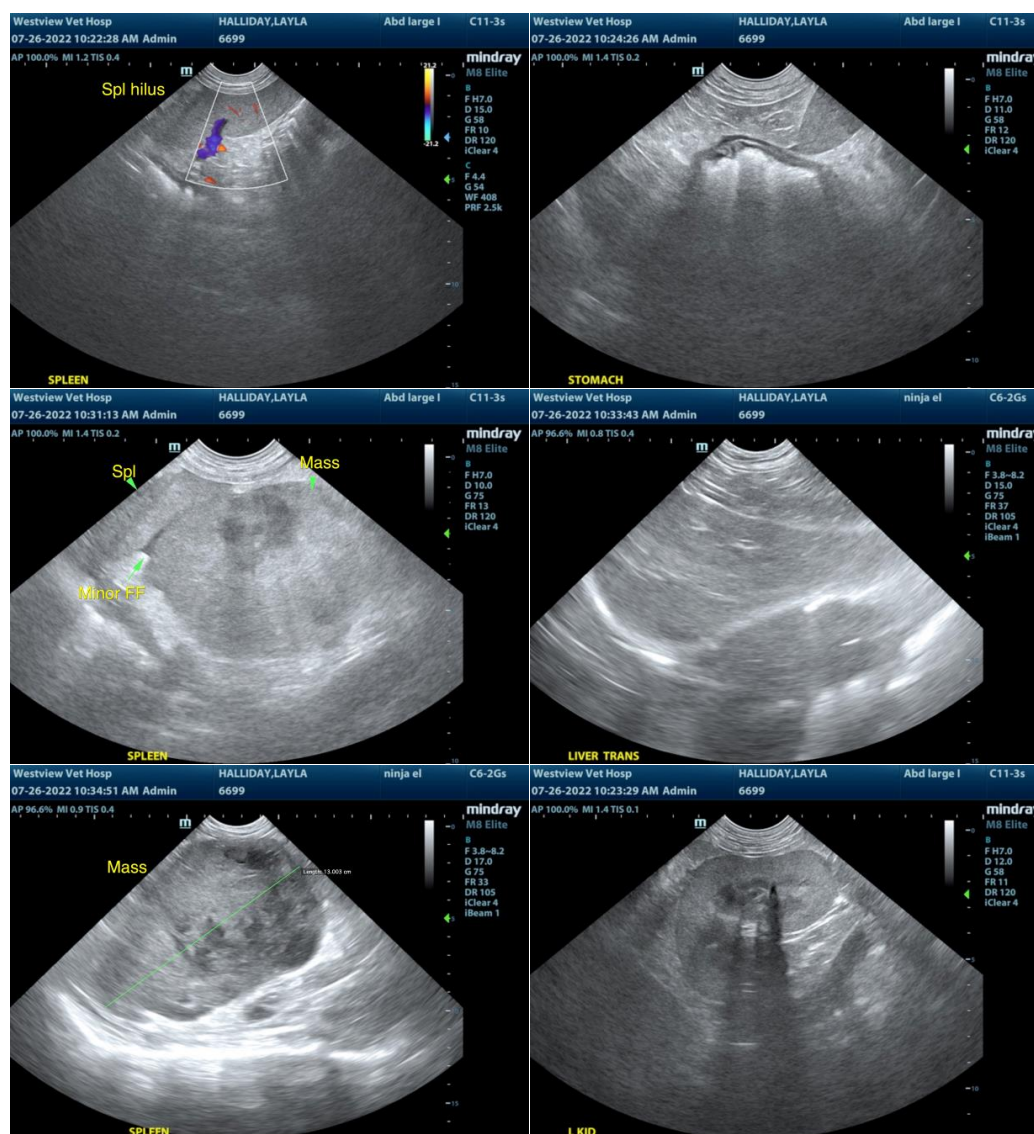
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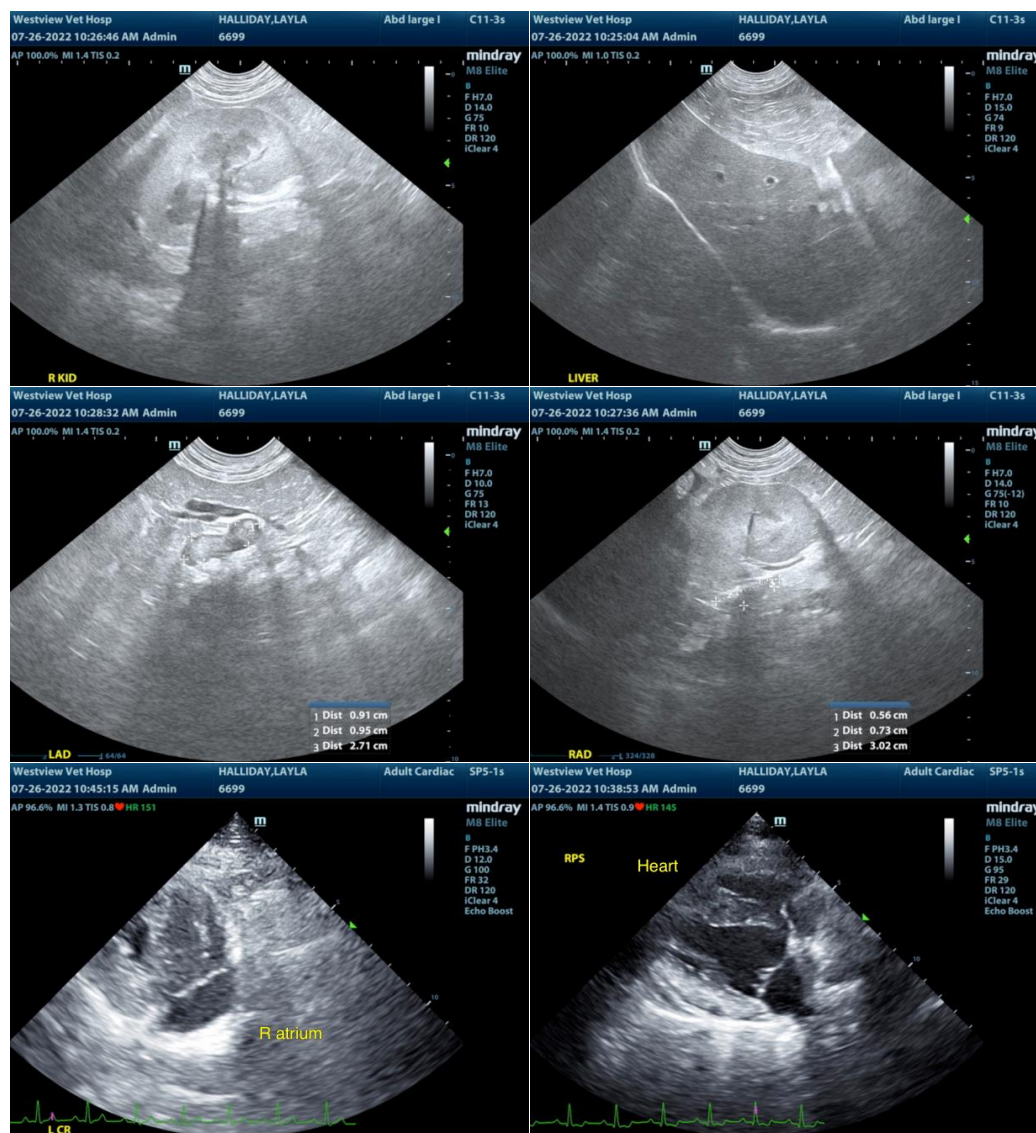
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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