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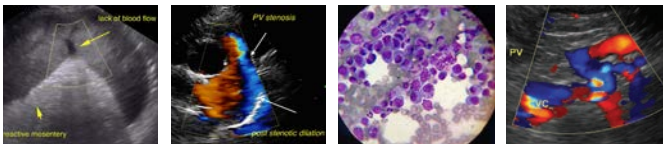

PATIENT

Drake Walling

SPECIES

Canine

BREED

Lab Retriever

SEX

Intact Male

AGE

11 Years

WEIGHT

94.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook -SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge Pet Medicel Center

REFERRING VET

Dr. Bridget Hayes

INVOICE

24609

DATE

8/13/21

PRESENTING CLINICAL SIGNS

Patient ate and seemed fine yesterday a.m. then came home late last night and P not himself/lethargic didn't want to get up other than to greet them. Much worse this morning. had a bowel movement in the house. rDVM sent over today for abdominal ultrasound to confirm suspicion of hemoabdomen and possible mass in abdomen. O reports that P might have had some on/off appetite in the past. P presents today to ER lateral recumbent and depressed but alert, large abdomen with fluid wave. Pale mucous membranes and slightly hypothermic at 99.1.
Abnormal PE/Chem/CBC/UA Results: See attached radiographs - thoracic radiographs appear normal. Abdominal radiographs reveal a generalized loss of detail and abnormal looping of the bowel. Appears to be fluid in abdomen. Prostate mildly enlarged. Stool in colon. No obvious splenic mass although unable to get a good VD view. CBC = RBC 4.08, HCT 26.5, HGB 10.5, MCHC 39.7, Retic 187, WBC 24.19, Neu 21.98, Lym 0.59, Mono 1.61, Eos 0.00, PLT 91, MPV 14.8, PCT%0.13. CHEM = Gluc 172, SDMA 19, Creat 2.2, BUN 33, Amyl 1917. Rest WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited normal thickness and tone. Mild non-dependent particulate urinary bladder sediment was present, suggestive of mild cellular debris or protein, potential for mucus possible. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

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. Multifocal small parenchymal cysts were present. The prostate measured 5.7 cm x 5.3 cm. Post-prostatic urethra was normal to 4.0 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.2 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 0.48 cm at the caudal pole.

Spleen

The spleen exhibited potential for mild subnormal size, yet asymmetrical contour and generalized non-homogeneous parenchyma.

Liver

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. Multiple non-homogeneous cystic to cavitated nodular parenchymal lesions were present. Example measured 4.0 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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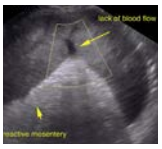
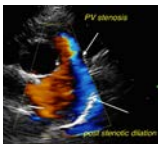
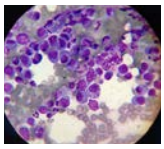
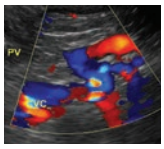

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. A solitary, non-specific, heterogeneous nodular lesion was noted in the area of the pancreas base, immediately adjacent and caudal to the area of the pylorus. This nodular lesion measured approximately 2.8 cm in diameter.

Free Abdomen

Moderate, subjectively cellular peritoneal effusion was present. Generalized mixed echogenic to hyperechoic mesentery was present. No overt lymphadenopathy.

Rapid view of the heart revealed no overt evidence of pericardial effusion or right auricular lesion/metastasis.

PRIMARY FINDINGS

- Moderate cellular peritoneal effusion – consistent with hemoabdomen
- Non-homogeneous spleen
- Multiple non-homogeneous cystic to cavitated hepatic nodular lesions
- Non-specific heterogeneous lesion in the area of the pancreas base caudal to the pylorus

SECONDARY FINDINGS

- Cystic benign prostatic hyperplasia, potential for prostatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The non-homogeneous cystic to cavitated hepatic nodular lesions may indicate areas of nodular to regenerative hyperplasia, lipogranulomas, hematopoiesis. However, primary versus metastatic hepatic lesions are favored with consideration for hemangiosarcoma, adenocarcinoma, or other neoplasia. The possibility of a non-visualized, small splenic mass cannot be definitively excluded. Focal pancreas base inflammation with the possibility of non-specific pancreatic or regional omental primary versus metastatic lesion also possible. A coagulation panel may be considered. However, given the potential for hepatic to possible multicentric neoplasia and secondary hemoabdomen, a likely unfavorable prognosis is unfortunately indicated.

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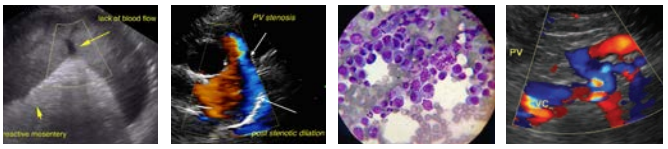

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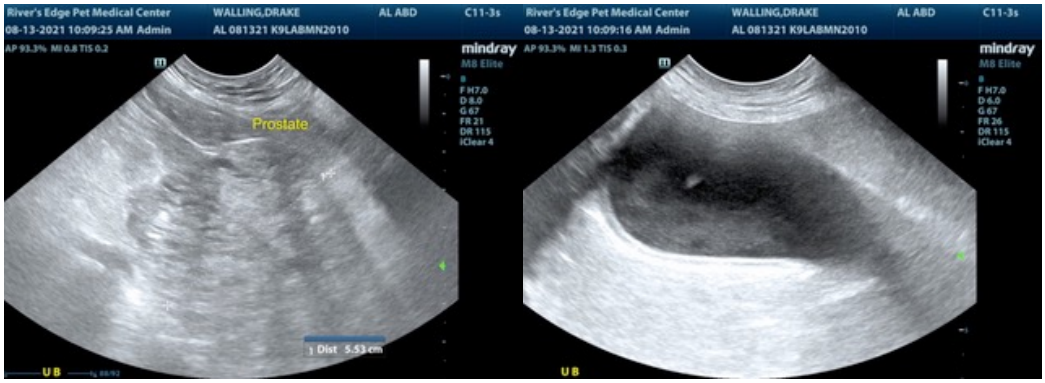

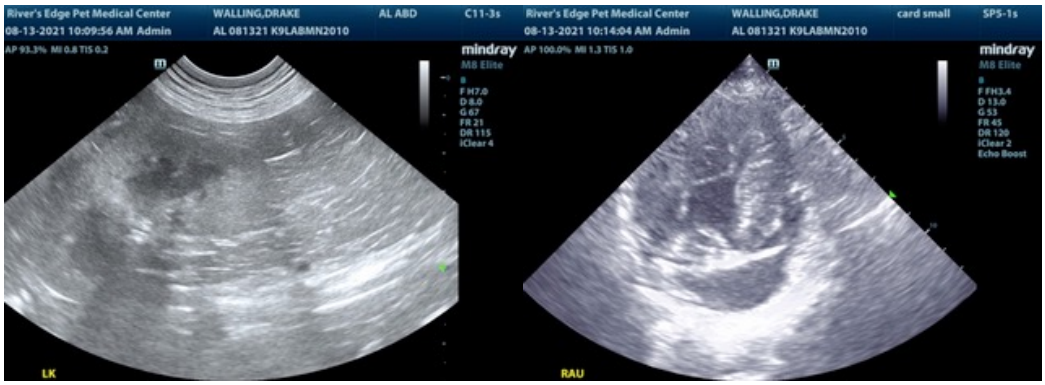

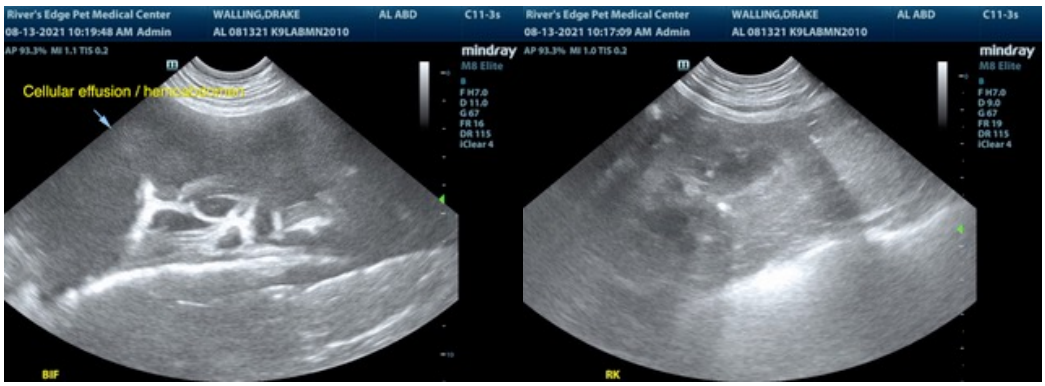

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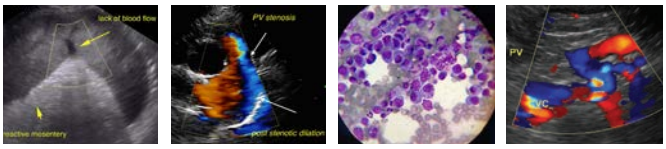

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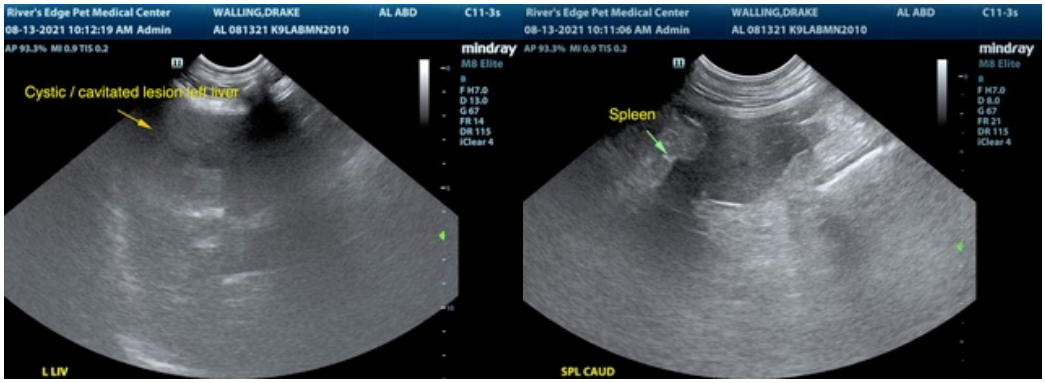

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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