



PATIENT

Holly Mucaro

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

11 years

WEIGHT

21

INTERPRETED BY

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

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion
Veterinary Hospital

REFERRING VET

Shelley Parker DVM

INVOICE

14636ag

DATE

8/17/23

PRESENTING CLINICAL SIGNS

PU/PD, Slightly painful upon palpation of abdomen
Abnormal PE/Chem/CBC/UA Results: N/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 evidence of pathology in the area of the aortic trifurcation.

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. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized without overt pathology. The left adrenal gland measured 0.5 cm width at the caudal pole. The right adrenal gland measured 0.61 cm width at the caudal pole.

Spleen

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.

Liver/ Gallbladder

The liver exhibited lobar to generalized enlargement owing to a mildly irregular non-homogenous focally cystic mass occupying the mid caudoventral liver measuring at least 8-10 cm in diameter. 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. The cystic and common bile ducts were normal.

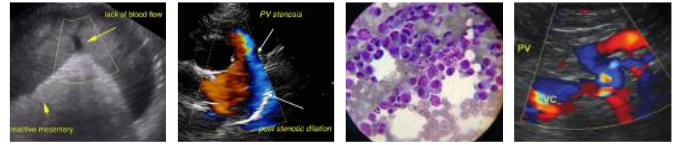
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained non-shadowing chyme with no 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



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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.

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Free Abdomen

Regional perihepatic hyperechoic omentum and focal mildly prominent cranial mesenteric lymph nodes were present. An example of a lymph node measured 1.1 cm in diameter. Scant perihepatic free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Irregularly enlarged nonhomogeneous liver with ventrocaudal mass.
- Bilateral chronic renal changes with minor medullary mineral.
- Normal spleen.
- Possible mild gastroduodenitis.
- Regional perihepatic hyperechoic omentum with intermittent mild cranial mesenteric lymphadenopathy and scant free fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass is consistent with infiltrative hepatic neoplastic criteria. Benign etiologies possible yet thought less likely. Assuming normal clotting status a liver FNA for screening cytology is warranted for further assessment. A hepatic core surgical biopsy is likely required for a definitive diagnosis. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. As needed GI support is recommended if evidence of inappetence, vomiting etc. is present.

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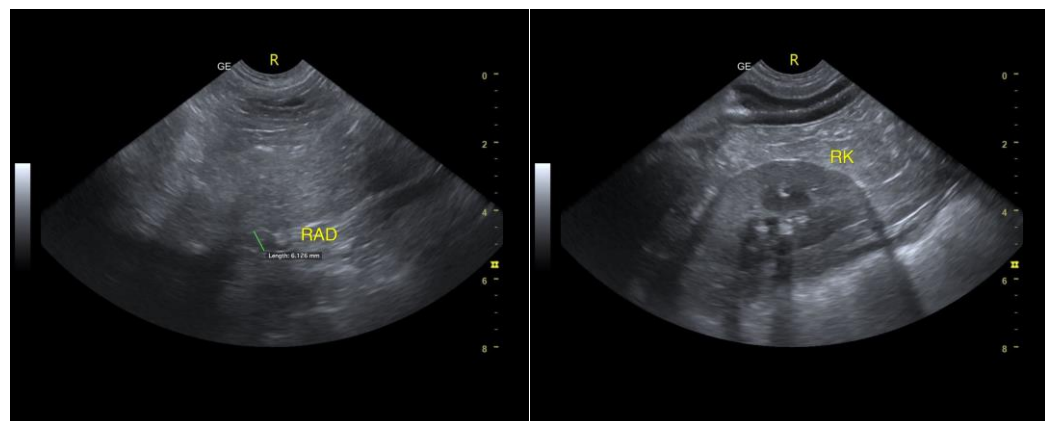
Shelley Parker DVM

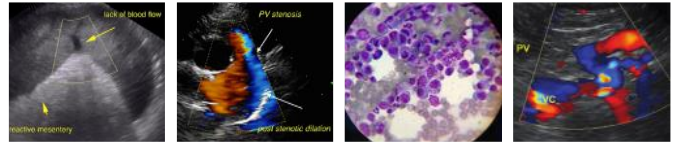
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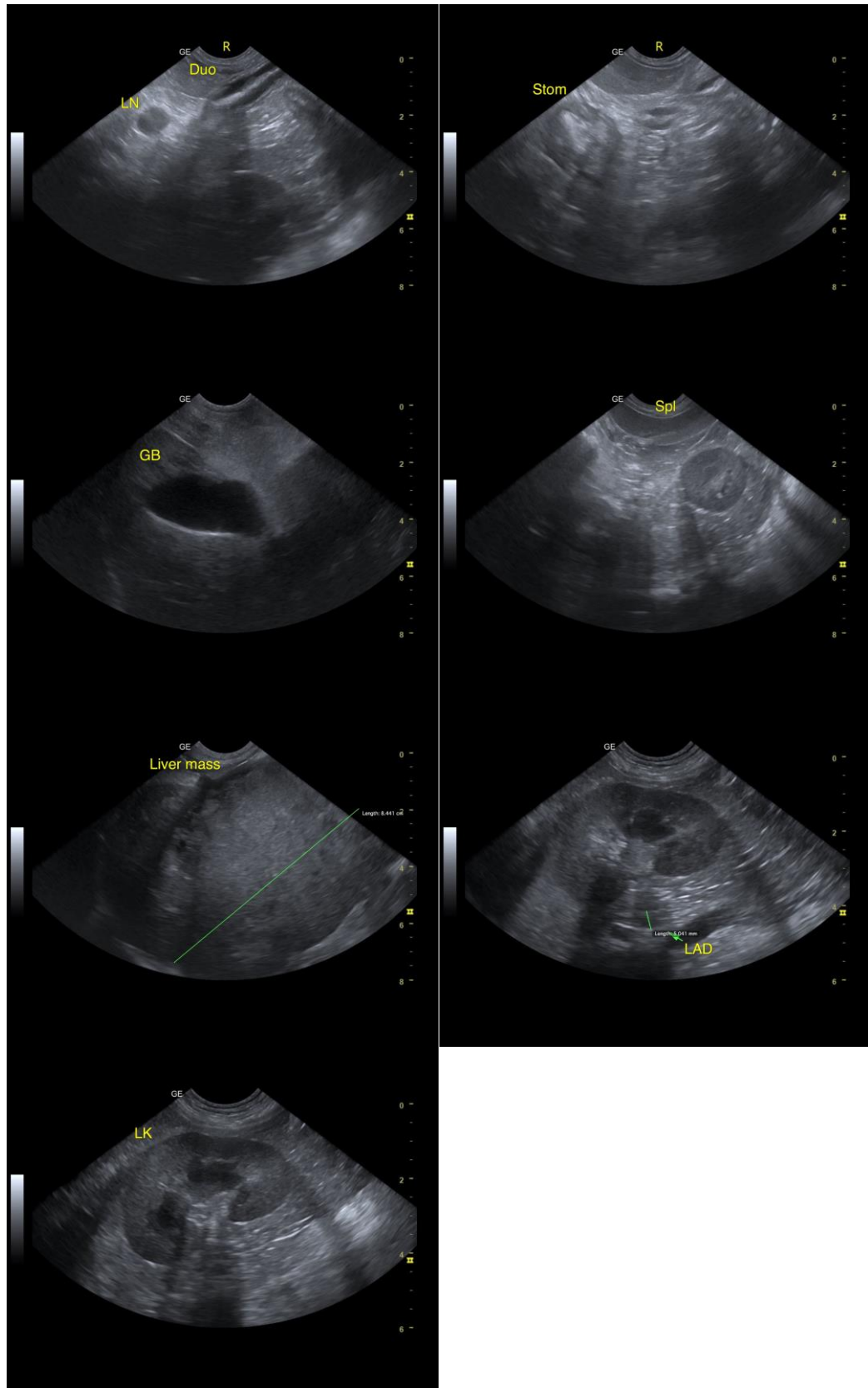
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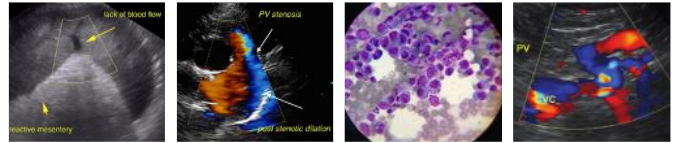
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@sonopath.com

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