



PATIENT

Breck Micha

PRESENTING CLINICAL SIGNS

Referred for ultrasound. Anorexia, Increased RR/RE.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 were noted.

BREED

Bernese Mt Dog Mix

Potential subnormal right kidney size compared to the left vs underestimation of right kidney size. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.5 cm in length. The right kidney measured 5.6 cm in length.

SEX

FS

AGE

10yr

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.5 cm length and 1.2 cm width in the caudal pole. The right adrenal gland measured 3.8 cm length and 0.85 cm width in the caudal pole.

WEIGHT

67

Spleen

The spleen was normal in size with maintained symmetrical capsule contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

INTERPRETED BY

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

Liver/Gallbladder

The liver was mild to moderately enlarged with symmetrical rounded capsule contour and normal hepatic vascular volume. Generalized mild non-homogenous parenchyma was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

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Services

Gastrointestinal

The stomach presented generalized mild thickened wall layering with regional decreased mural echogenicity and loss of wall layer detail in the antrum/pylorus. The pylorus wall measured 0.60 cm in width. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

REFERRING VET

A. Rodriguez

INVOICE

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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.

DATE

08/21/2023



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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 was evident.

SPECIES

Canine

Free Abdomen

Generalized hyperechoic omentum with peritoneal effusion.

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Multicentric enlarged mid abdominal and medial iliac/sublumbar lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of a lymph nodes measured 6.6 cm length and 3.1 cm width.

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Concurrent pleural effusion was present on brief sonographic assessment of the caudal thorax.

AGE

10yr

ULTRASONOGRAPHIC FINDINGS

- Mottled spleen.
- Multicentric hypoechoic to swollen mesenteric, medial iliac and sublumbar lymphadenopathy.
- Hepatomegaly with mild non-homogenous parenchyma.
- Mildly thickened stomach wall.
- Bicavitary effusion.

WEIGHT

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Secondary

- Mild chronic renal changes.
- Gallbladder sediment-possible early non-inflamed gallbladder mucocele.

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the sonographic abnormalities are consistent with multicentric neoplastic criteria with considerations including round cell neoplasia such as lymphoma, histiocytic sarcoma or other. FNA cytology of an enlarged lymph node +/- hepatosplenic FNA for additional staging and potential oncology consult could be considered. However, an unfavorable prognosis is indicated.

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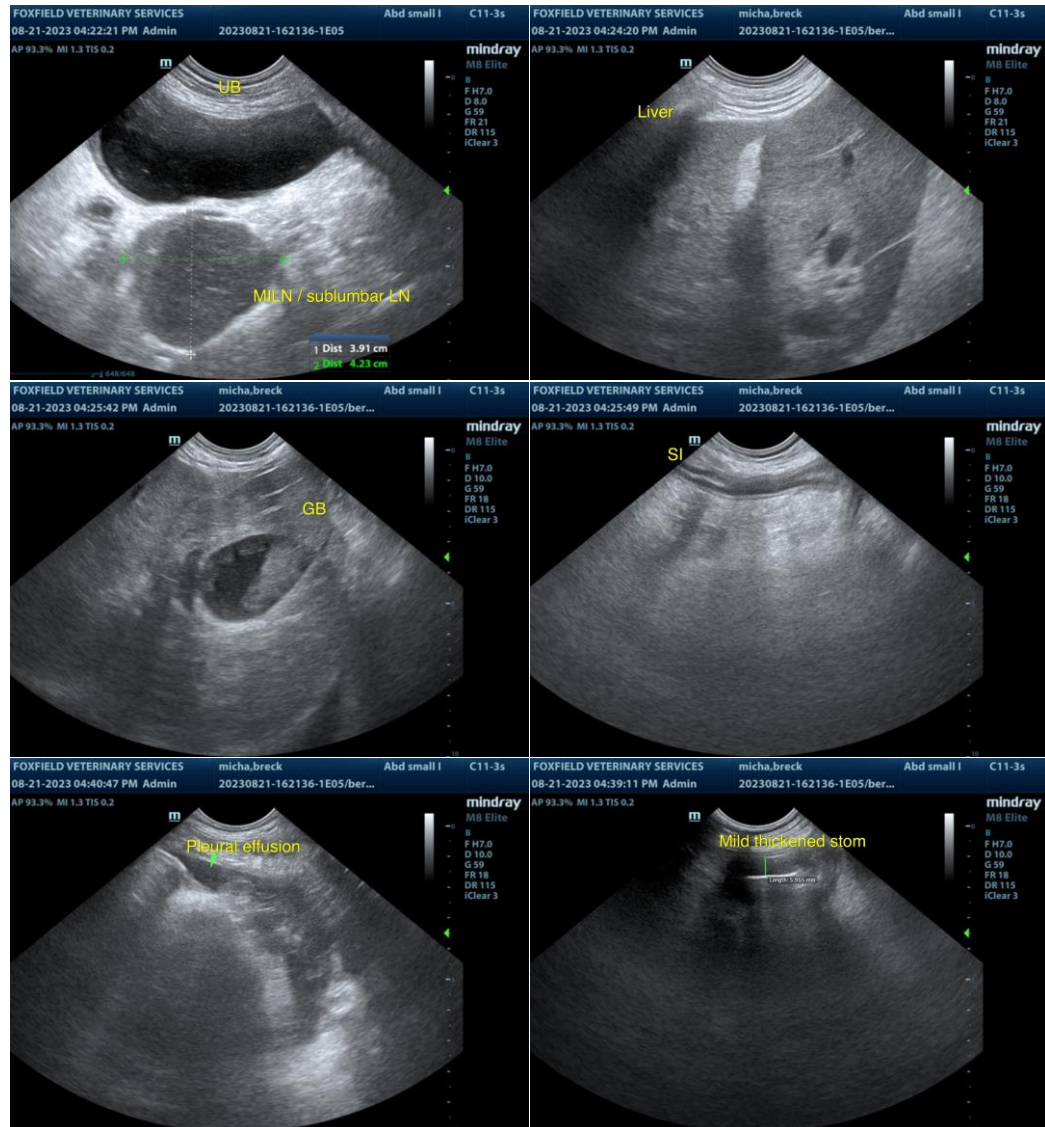
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SEX

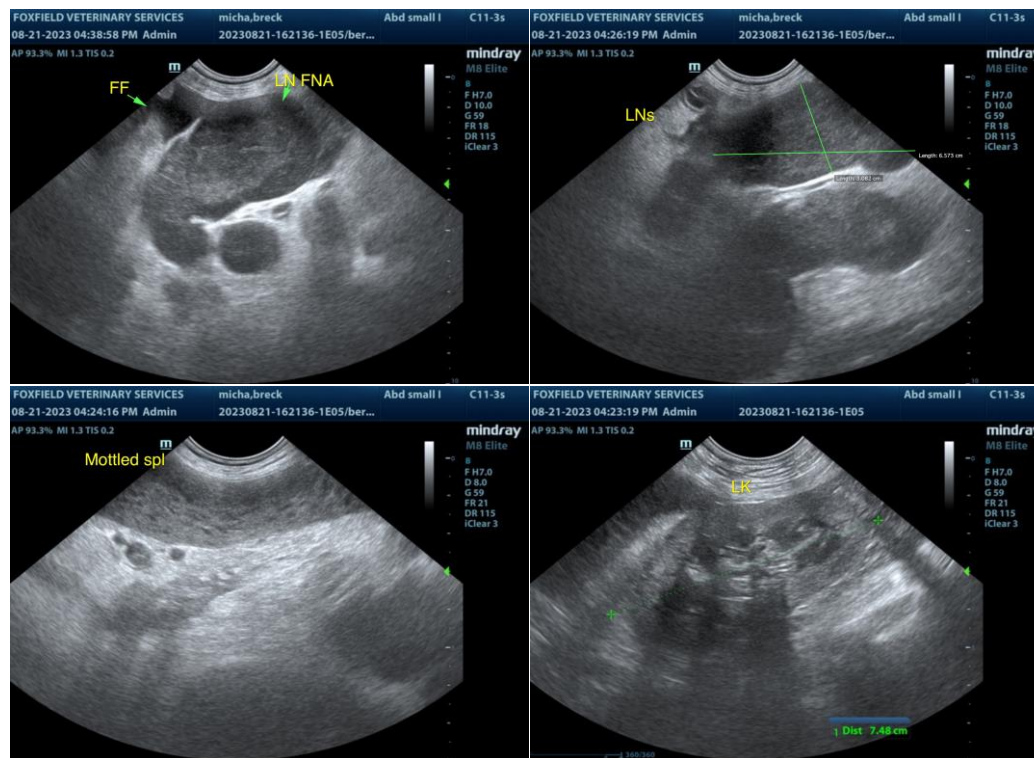
FS

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WEIGHT

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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.

IMAGING PERFORMED BY

A. Rodriguez

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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