

PATIENT PRESENTING CLINICAL SIGNS

Emma Hensley Began vomiting on Monday of last week- bright yellow vomit. Stopped eating and became lethargic. Now her abdomen is swollen and she is still not eating. Vomiting has stopped. FAST ultrasound reveals free fluid in cranial abdomen and suspected liver masses. Abdominocentesis reveals frank blood

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

12 Years

WEIGHT

54.4

ULTRASONOGRAPHIC EXAMINATION OF THE 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 were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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. Minor medullary mineral present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 7.0 cm in length.

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 2.3 cm length x 0.39 cm width in the caudal pole. The right adrenal gland measured 2.6 cm length x 0.68 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver exhibited generalized enlargement with variable lobar swelling, moderate coarse parenchyma echotexture, and multiple mildly expansive nonhomogeneous mass lesions. An example of a liver mass lesion measured 4.4 cm 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 visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate echogenic ingesta exhibiting strong distal acoustic shadowing without overt evidence of obstruction to pyloric outflow. The gastric body wall measured 0.45 cm width.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Edgewood Animal
Clinic

REFERRING VET

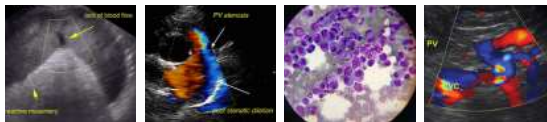
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INVOICE

47195

DATE

8-30-21



PATIENT

Emma Hensley

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental echogenic non-shadowing to mildly shadowing intestinal ingesta/chyme present. No evidence of mechanical small intestinal obstruction. The lumen of the small intestine was empty with no signs of ileus or foreign material. The duodenum wall measured 0.47 cm width.

SPECIES

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

BREED

Mix

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

SEX

FS

Perihepatic to cranial abdominal reactive mesentery along with moderate subjectively cellular peritoneal free fluid was present.

AGE

12 Years

No overt lymphadenopathy was noted.

Rapid view of the heart revealed no overt pericardial effusion or obvious masses.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

54.4

Primary

- Hepatomegaly with multifocal nonhomogeneous to expansive mass lesions.
- Perihepatic to cranial abdominal reactive mesentery and cellular peritoneal free fluid consistent with reported hemoabdomen.
- Shadowing gastric and segmental intestinal ingesta.

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Secondary

- Bilateral chronic renal changes with mild medullary mineral.
- Mild age related splenic changes, no splenic masses/nodules.

**IMAGING
PERFORMED BY**

Jenna Walsh

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatomegaly and multiple nonhomogeneous to expansive hepatic mass lesions is most consistent with neoplasia. Primary concern for hepatic hemangiosarcoma, given the sonographic appearance of the mass lesions in conjunction with hemoabdomen, although other neoplastic processes are possible. The potential for benign hepatic mass lesions and non-associated hemoabdomen considered unlikely.

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Coagulation panel +/- hepatic FNA and effusion cytospin cytology may be considered for further assessment. However, given the multifocal hepatic mass lesions, surgical options are likely precluded in this case.

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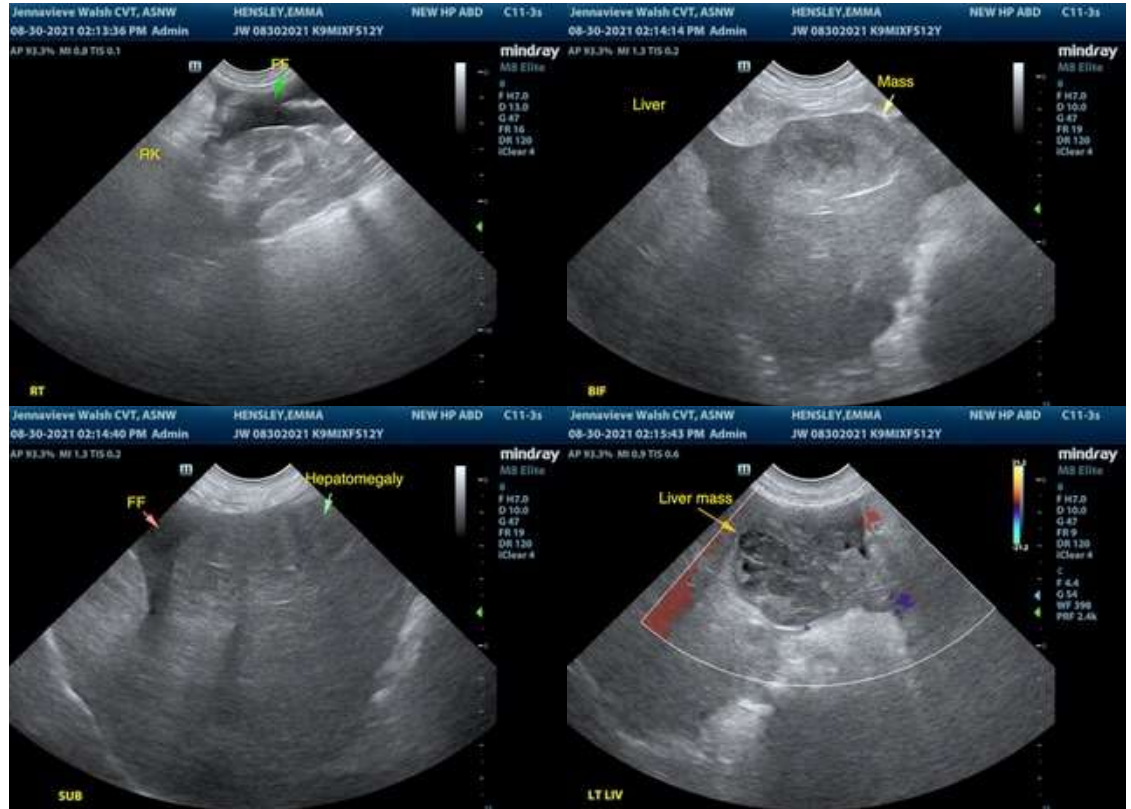
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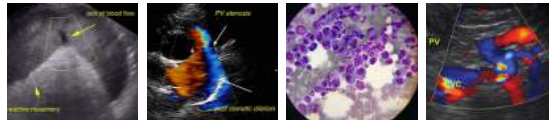
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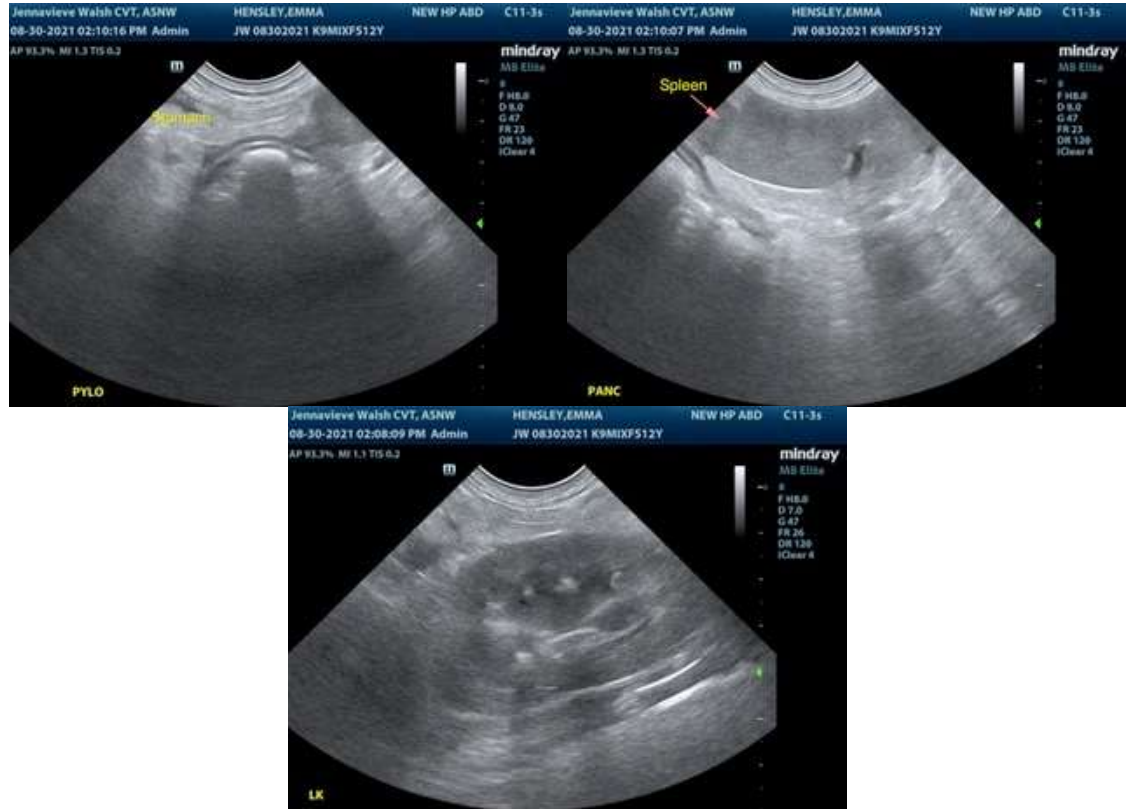
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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