

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jesse Jones	History: - patient has not eaten much but treats in last 2-3 days - pancreatitis apparently ruled out by blood work - reports of vomiting as well, from O - given Cerenia, Mirtazipine, Clavaseptin
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: 2022/08/03 ProCyte (x10 <sup>9</sup> /L): WBC 25.71 NEU 23.02 MONO 1.26 EOS 0.03
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	The submitted study contained 6 still images and 5 videos for review.
Papillion	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
MN	
<b>AGE</b>	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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral pinpoint areas of medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.6 cm in length.
12yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
3.90kg	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left and right adrenal glands were not definitively visualized.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
	The spleen was not visualized.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
JSS	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 signs of congestion.
<b>HOSPITAL NAME</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
King Hopkins Pet Hospital	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The stomach was not definitively visualized.
Dr. Conteh	The visualized small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio.
<b>INVOICE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
11301ag	<b>Pancreas</b>
<b>DATE</b>	The pancreas was not definitively visualized.
08/08/2022	<b>Free Abdomen</b>



**PATIENT**

Jesse Jones

Mild to moderate volume peritoneal free fluid exhibiting mild echogenic changes which may suggest cellularity was present.

**SPECIES**

Canine

A moderately sized non homogenous to cavitated mass was present in the mid to cranial abdomen directly effacing the caudal aspect of the liver measuring approximately 9-10 cm in diameter.

**BREED**

Papillion

Regional to generalized hyperechoic mesentery was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

- Large nonhomogeneous to cavitated intra-abdominal mass
- Mild to moderate volume peritoneal free fluid and generalized hyperechoic mesentery
- Mild chronic renal changes with minor medullary mineral
- Mild urinary bladder sediment

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

12yr

The primary finding of the intra-abdominal mass is suggestive of neoplastic criteria and is suspected to be of hepatic origin. Splenic origin or other cannot be definitively excluded. Assuming normal clotting status and using a 25g needle a FNA of the mass as well as effusion analysis is recommended for further clarification. A full Chem panel and UA to assess for elevated hepatic enzymes is recommended if not done. An unfavorable prognosis is likely indicated.

**WEIGHT**

3.90kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

JSS

**HOSPITAL NAME**

King Hopkins Pet  
Hospital

**REFERRING VET**

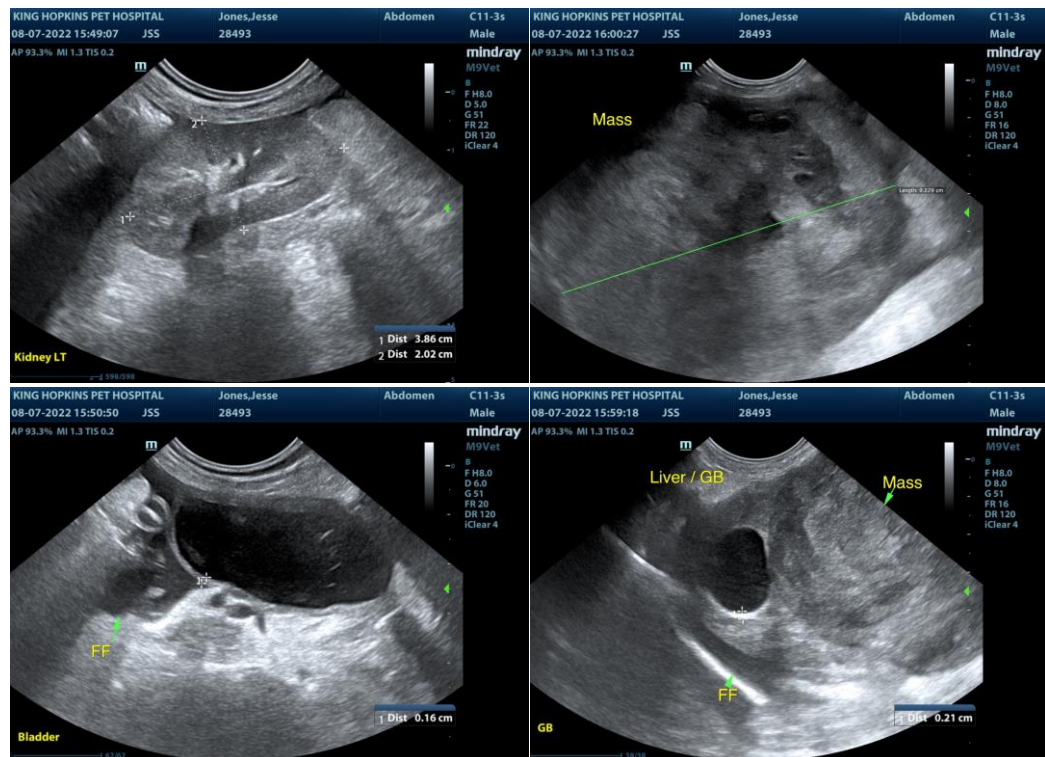
Dr. Conteh

**INVOICE**

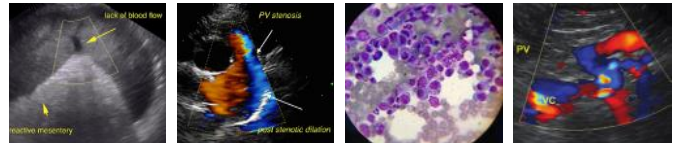
11301ag

**DATE**

08/08/2022



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.



**PATIENT**

Jesse Jones

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)

**SPECIES**

Canine

info@SonoPath.com

**BREED**

Papillion

**SEX**

MN

**AGE**

12yr

**WEIGHT**

3.90kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

JSS

**HOSPITAL NAME**

King Hopkins Pet  
Hospital

**REFERRING VET**

Dr. Conteh

**INVOICE**

11301ag

**DATE**

08/08/2022