



**PATIENT**

Cody Patterson

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

8 yrs

**WEIGHT**

87 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Creekside VC

**REFERRING VET**

Dr. Angstrom

**INVOICE**

14790

**DATE**

9/1/22

**PRESENTING CLINICAL SIGNS**

P presented for chronic inappetence, uninterested in food since 06/2022 but will eat sparingly, on and off diarrhea, acute vomiting. Hx of regenerative anemia back 06/2022, giardia +, never really bounced back. Submitted lab work results at exam today 8/29/22 - pending. aFAST scan performed - moderate free abdominal fluid (0.8 mg/L TS, pending cytology), hepatic nodules & cysts present, possible splenic mass; painful on palpation mid abdomen.

Abnormal PE/Chem/CBC/UA Results: Current Medications Cerenia SID, Mirtazapine SID

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

The area of the aortic trifurcation was free of pathology.

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 8.0 cm in length. The right kidney measured 9.5 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 0.68 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 0.65 cm width at the caudal pole.

**Spleen**

The spleen exhibited generalized enlargement with nonuniform decreased splenic parenchyma echogenicity. Multifocal, variably sized to expansive, nonhomogeneous splenic nodules were present with an example measuring 2.5 cm in diameter. Normal splenic vascularity was present.

**Liver/ Gallbladder**

The liver exhibited generalized enlargement with areas of capsule asymmetry. Nonhomogeneous, mixed echogenic hepatic parenchyma was noted including variably echogenic to variably sized intraparenchymal nodules to indistinct nodular masses. An example of an indistinct nodular mass measured approximately 7.0 cm in diameter. An example of a mildly hypoechoic liver nodule measured 2.0 cm in diameter. The gallbladder was non-distended in size with mildly prominent to hyperechoic gallbladder walls and mild hyperechoic luminal debris. The cystic and common bile ducts were normal.



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***Gastrointestinal***

Cody Patterson

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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Canine

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.

**BREED**

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

Labrador Retriever

***Pancreas***

**SEX**

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.

MN

**AGE**

***Free Abdomen***

8 yrs

Moderate volume peritoneal free fluid exhibiting mild echogenic changes suggestive of mild fluid cellularity was noted. No overt lymphadenopathy was present. Generalized mild increased omental echogenicity was noted.

**WEIGHT**

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Rapid view of the heart revealed no obvious evidence of cardiac or pericardial masses or overt pericardial free fluid.

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**ULTRASONOGRAPHIC FINDINGS**

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

- Hepatosplenomegaly exhibiting nonhomogeneous, variably echogenic to nodular hepatosplenic parenchyma
- Mild gallbladder debris (non-mucocele)
- Moderate volume peritoneal free fluid

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Although sampling is required for further assessment, the hepatosplenic presentation is most consistent with multicentric hepatosplenic neoplasia such as round cell neoplasia, sarcoma, or other.

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Assuming normal clotting status, hepatosplenic FNA for cytology and potential for oncology consult could be considered. This case is non-surgical. Correlation with a fluid analysis, as well as pending cytology, is warranted. However, an unfavorable prognosis is likely indicated.

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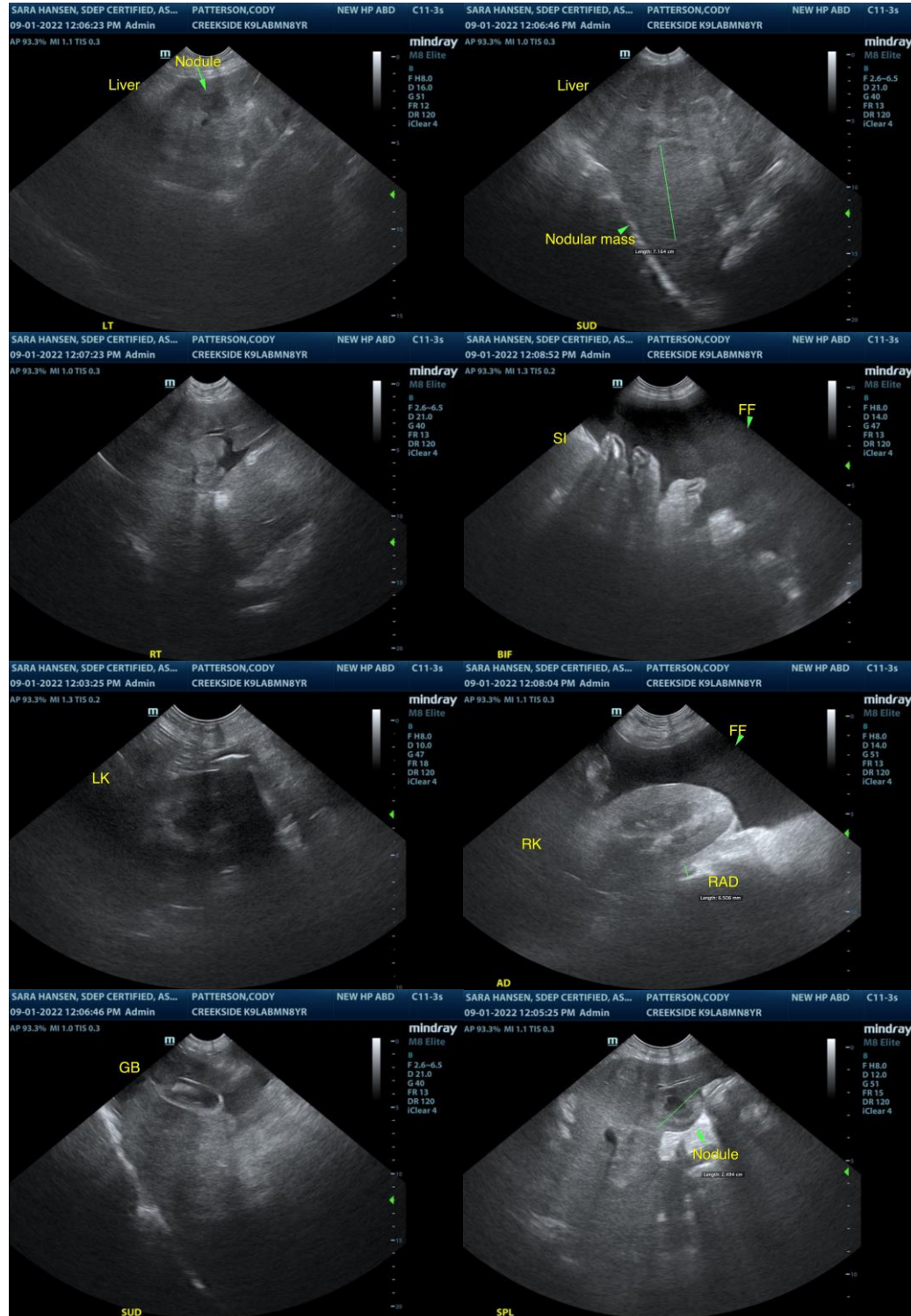
Dr. Angstrom

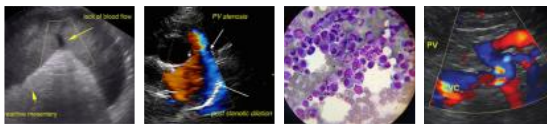
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com