



PATIENT

Captain Jack
Tevrizian

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

10 years

WEIGHT

17 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jennifer Simon

INVOICE

12216

DATE

9/13/21

PRESENTING CLINICAL SIGNS

Weight loss, lethargy, not eating much. Diagnosed with abdominal tumor at ER clinic over weekend. Abnormal PE/Chem/CBC/UA Results: One xray taken at ER clinic over weekend showing space occupying mass in the cranial abdomen.

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.

No evidence of pathology was noted in the area of the aortic trifurcation or residual prostate.

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 4.3 cm in length. The right kidney measured 4.2 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 0.54 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width at the caudal pole and 0.30 cm width at the cranial pole.

Spleen

The spleen presented generalized enlargement with reduced echogenicity and coarse echotexture. Several, mildly expansive mass lesions were present in the spleen. An example of a splenic mass lesion measured 5.7 cm in diameter. The capsule contour was rounded and asymmetrical or scalloped. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

The liver exhibited generalized enlargement with asymmetrical contour. Diffuse, variably sized, hypoechoic, expansive parenchymal nodules to nodular mass lesions were present. An example of a liver nodule measured 3.4 cm in diameter. An example of a liver mass measured 6.3 cm in diameter. 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 was empty with no signs of ileus, obstruction, or foreign material.



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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.

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

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Pancreas

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 perisplenic and perihepatic reactive mesentery was present. Mild to moderate peritoneal free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

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- Asymmetrical splenomegaly with decreased splenic echogenicity and multiple mass lesions
- Hepatomegaly with diffuse hypoechoic nodules to nodular mass lesions
- Primarily perihepatic to perisplenic reactive mesentery and associated mild to moderate peritoneal free fluid

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Secondary Findings

- Bilateral mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the sonographic abnormalities are consistent with hepatosplenic multicentric neoplasia. Lymphoma vs. other round cell neoplasia is possible. Sarcoma is less likely.

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Assuming normal clotting status, hepatosplenic FNA may be considered for screening cytology and potential oncology consultation. However, an unfavorable prognosis is unfortunately indicated.

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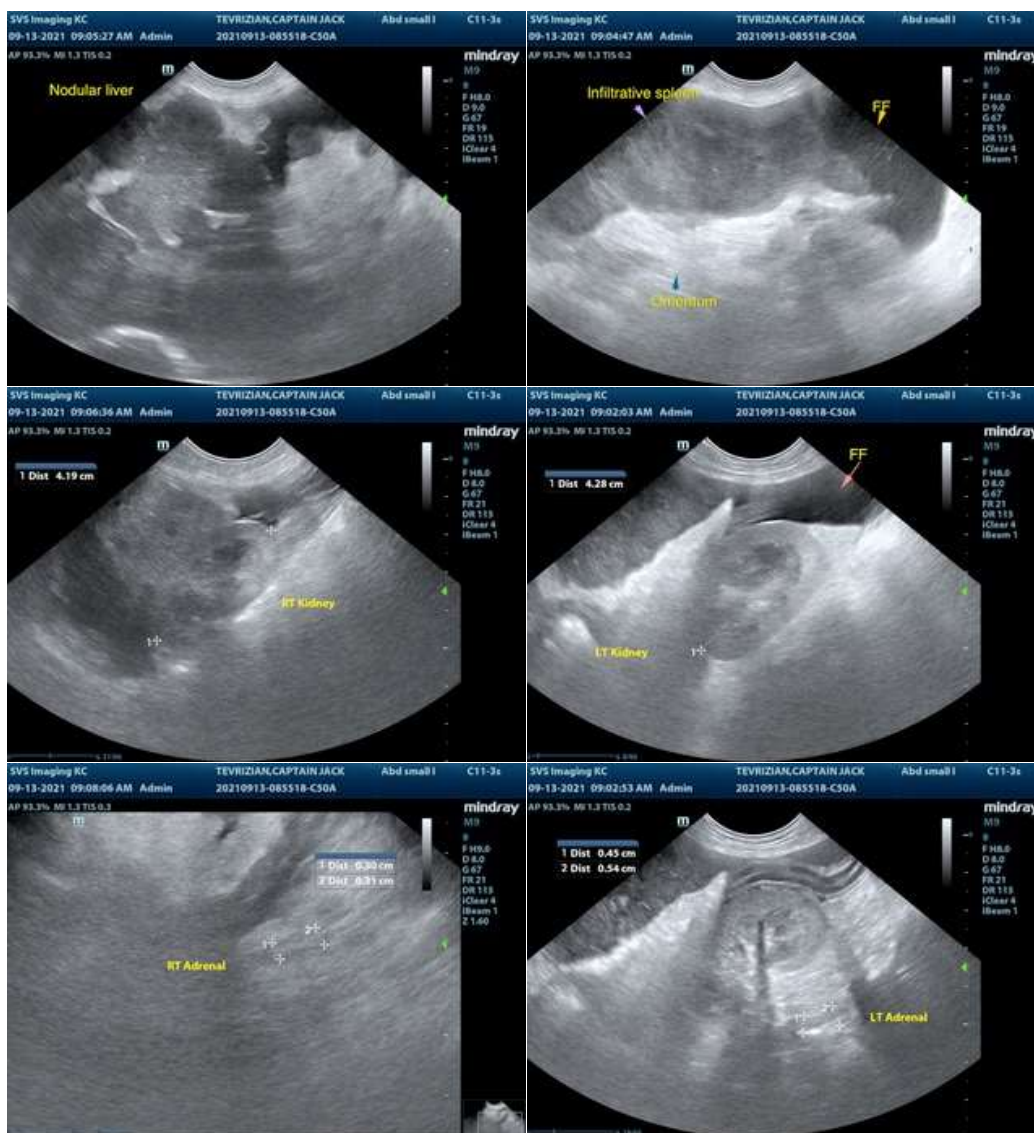
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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