



PATIENT

Dolly Knaub

SPECIES

Canine

BREED

Terrier Mix

SEX

SF

AGE

9 yrs

WEIGHT

9 lbs.

PRESENTING CLINICAL SIGNS

Per owner some cancer was removed previously at another clinic in Las Vegas a few years ago. Weight loss, not eating last 4 days. Did eat small amt last night after getting gabapentin, Tramadol, Cerenia and Entyce and SQ fluids. No vomiting, no bowel movements. Did not eat breakfast this AM to prepare for ultrasound. Took patient to urinate outside after ultrasounding bladder. Two cutaneous/SQ masses FNA today. Larger multilobulated firm one btw front limbs over sternum/manubrium.

Abnormal PE/Chem/CBC/UA Results: Labwork done about 1 mo. ago at previous DVM was wnl, except for a mild eosinophilia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the iliac trifurcation was free of obvious pathology including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 4.6 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size with irregular parenchyma and capsule contour. Potential for discrete nodular adrenal change is possible yet not obvious. The left adrenal gland measured 0.77 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland measured 0.78 cm width at the caudal pole and 1.0 cm width at the cranial pole.

Spleen

The spleen exhibited subjective mild enlargement yet maintained symmetrical capsule contour and finely texture homogeneous parenchyma. No splenic masses or nodules were noted. Normal splenic vascularity was present.

Liver/ Gallbladder

The liver exhibited generalized enlargement with generalized nonuniform parenchyma exhibiting diffuse variably sized, hypoechoic nodular parenchyma. The hypoechoic nodules were variably sized to variably expansive. Some of the nodules exhibited central echogenicity with hypoechoic periphery suggestive of target lesions. An example of a nodule measured 2.4 cm in diameter. The gallbladder was non-distended in size containing mild, non-dependent, to mildly congealed, mildly echogenic luminal debris. The gallbladder and peripheral gallbladder were otherwise sonographically normal. The cystic and common bile ducts were normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

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Gastrointestinal

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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.

SEX

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Pancreas

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

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9 yrs

Free Abdomen

No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

9 lbs.

- Subjective mild splenomegaly exhibiting symmetrical capsule contour and homogeneous parenchyma
- Hepatomegaly exhibiting diffuse nonuniform to hypoechoic nodular parenchyma, suspect intermittent hepatic target lesions
- Mild gallbladder debris (non-mucocele)
- Bilateral mild chronic renal changes
- Mildly enlarged to irregular bilateral adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for a further diagnosis, the nodular hepatic pattern is consistent with primary vs. metastatic neoplasia, specifically intermittent centrally echogenic to peripherally hypoechoic hepatic nodules suggestive of target lesions and neoplastic criteria. Assuming normal clotting status ultrasound-guided FNA of the liver, specifically a nodule or ideally centrally echogenic to peripherally hypoechoic target lesion if accessible is recommended for screening cytology and potential for oncology consult.

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The bilateral adrenal glands are nonspecific with considerations including benign hyperplasia, and adenomatous change, while the possibility of emerging adrenal neoplasia i.e., pheochromocytoma, adenocarcinoma, metastasis, cannot be definitively excluded. Screening blood pressure to assess for evidence of hypertension is recommended. A very guarded to potentially unfavorable prognosis, pending hepatic cytology.

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