



PATIENT	PRESENTING CLINICAL SIGNS
Daisy Gallagher	In June patient presented for vomiting and excessive panting. She had splenectomy for a cancerous mass two years earlier so as a rule out I did a brief abdominal ultrasound. I found what looked like a 8cm liver mass, even though the splenic mass had come back benign. 5mg Prednisone EOD PO
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: 3/17/21 ALKP too high to read Resting cortisol normal
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Beagle	Urinary System
SEX	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 was noted.
Spayed Female	
AGE	The area of the aortic trifurcation was free of pathology.
11 years	
WEIGHT	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 5.6 cm in length. The right kidney measured 6.2 cm in length.
14 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.73 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 0.59 cm width at the caudal pole and 0.57 cm width at the cranial pole.
IMAGING PERFORMED BY	Spleen
Jenna Walsh	No overt pathology was noted in the area of the previous spleen.
HOSPITAL NAME	Liver/ Gallbladder
Silver Creek AC	The liver exhibited generalized enlargement with symmetrical to subtly asymmetrical capsule contour. Variable parenchymal swelling and subjective mild decreased overall hepatic parenchyma echogenicity with mild to moderate coarse echotexture were present. A solitary, isoechoic to nonhomogeneous mass lesion was noted in the deep mid liver, measuring 5.2 cm in diameter. The gallbladder was sonographically unremarkable yet displaced caudally owing to hepatic parenchymal swelling.
REFERRING VET	
Dr. Tangeman	Transdiaphragmatic view revealed a moderate comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out
INVOICE	
12255	
DATE	
9/17/21	



PATIENT

Daisy Gallagher

SPECIES

Canine

BREED

Beagle

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Spayed Female

AGE

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WEIGHT

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alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation. Multiple, likely hypoechoic, variably sized caudal thoracic to peri-diaphragmatic nodules were present in the area of the caudal thorax. An example of a caudal thoracic nodule measured 2.2 cm in diameter.

Gastrointestinal

The stomach presented intact yet mildly prominent walls and prominent rugal folds owing to subjective mild mucosal hypertrophy. The stomach was primarily empty with mild luminal gas and without evidence of retained fluid or ingesta.

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.

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

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.

Free Abdomen

Multiple, variably sized, cranial omental to hepatic lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of a hepatic lymph node measured 2.7 cm length and 1.6 cm width. No effusion was noted.

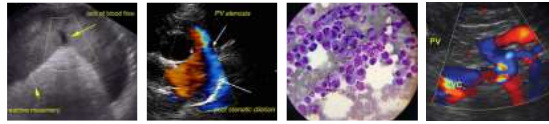
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatomegaly with variable parenchymal swelling and nonhomogeneous deep mid parenchymal mass lesion
- Caudally displaced gallbladder owing to hepatomegaly / hepatic parenchymal swelling
- Multiple hypoechoic to swollen cranial omental to hepatic lymph nodes
- Transdiaphragmatic comet tail artifact with evidence of caudal thoracic to peri-diaphragmatic nodules
- Gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although cytology is required for further clarification, high concern for multicentric round cell neoplasia such as lymphoma or other involving the liver, multiple cranial omental to hepatic lymph nodes, as well as the caudal to peri-diaphragmatic thorax, is warranted. Non-neoplastic etiologies



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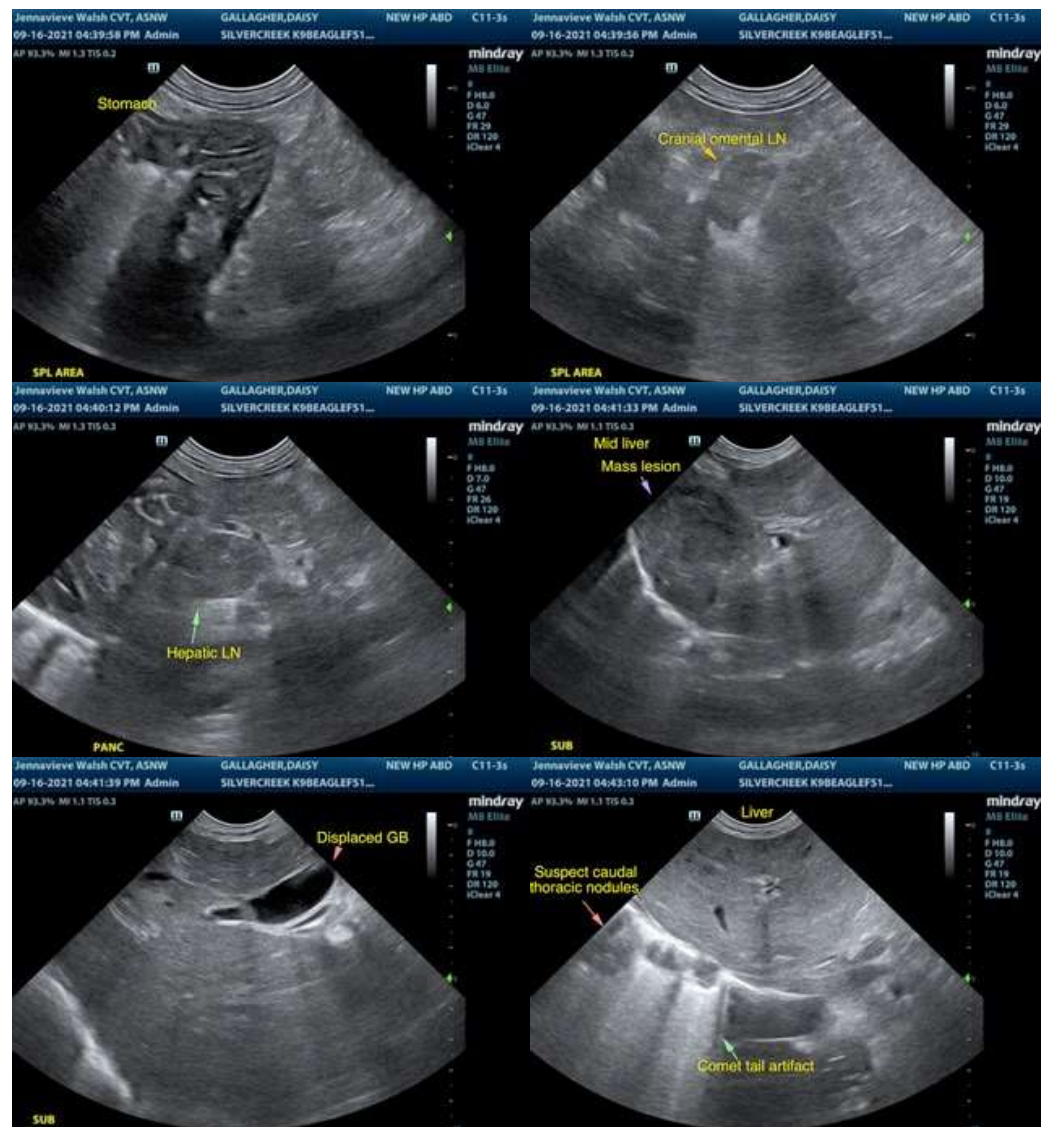
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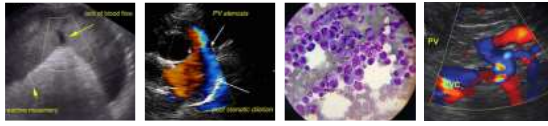
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such as Inflammation, vacuolar hepatopathy with nodular hyperplasia, granuloma, or similar are possible yet considered less likely.

Assuming normal clotting status, hepatic and if accessible cranial omental to hepatic lymphatic cytology is warranted for screening cytology with potential for oncology consultation. Three view chest radiographs are recommended.





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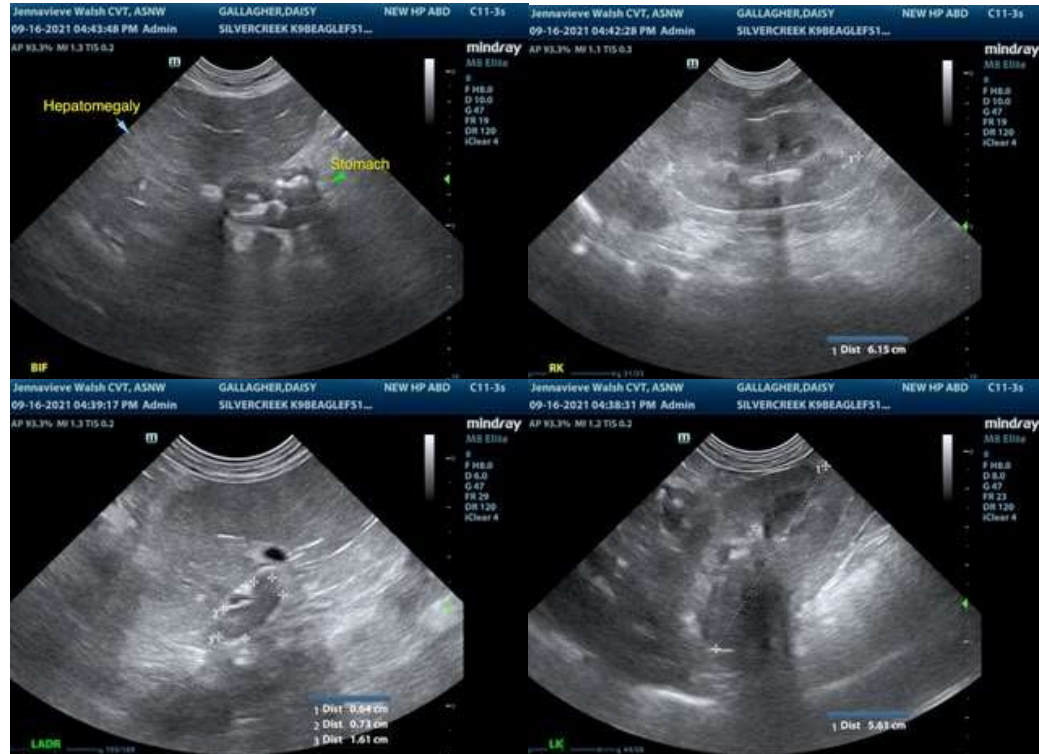
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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