



PATIENT

Mugsy Stenger

SPECIES

Canine

BREED

American
Staffordshire Terrier

SEX

Spayed Female

AGE

15.5 years

WEIGHT

52 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh

HOSPITAL NAME

Salem Oregon
Animal Rehab

REFERRING VET

Dr. Rowley

INVOICE

12167

DATE

9/2/21

PRESENTING CLINICAL SIGNS

-Tight abdomen very difficult to palpate -Chronic Pancreatitis -Vomiting episodes off and on - Diarrhea episodes randomly -Recent Syncopal episodes w/ Bradycardia Seen at Heart of Oregon for Cardiac US w/ holder monitor = Increased vagal tone finding -Recent "Possible" seizure episodes (lasting 5 seconds+ randomly) -Chronic arthritis Current Medications -Recent Rx of Terbutaline 5mg giving 1 tablet by mouth every 8 hours. Rx of Gabapentin 100 mg 2x daily, Tramadol 50mg 1/2 tab 2x daily, Methocarbamol 750mg 1/2 tab 2x daily, Amantadine 100mg once daily, Adequan 1ml IM weekly, B12 injection 1ml SQ weekly

ALP 1585, ALT 183, Na-K ratio 27, T4 0.6, Hematocrit 32, Resting cortisol 1.2

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 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 6.6 cm in length. The right kidney measured 6.9 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 3.7 cm length x 0.57 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size and presence of the right to caudate liver mass, subjectively measuring 2.6 cm length x 0.55 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No evidence of concurrent splenic masses or nodules.



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Liver/ Gallbladder

The liver was subjectively normal in size and structure. 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. Mildly expansive, nonhomogeneous to cystic mass was present subjectively in the right to caudate liver, measuring approximately 8.5 cm in diameter. The gallbladder was non distended in size with echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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

Free Abdomen

Mild perihepatic reactive mesentery was present. No overt evidence of associated lymphadenopathy or peritoneal free fluid

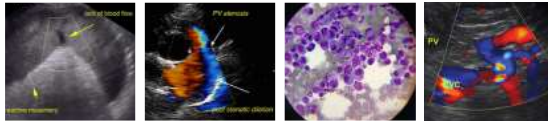
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right to caudate liver mass
- Mild gallbladder debris
- Mild chronic renal changes
- Heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass was nonspecific with neoplasia such as adenocarcinoma favored. Potential for non-neoplastic etiologies such as hyperplasia or granuloma are possible, yet considered less likely. Further assessment including ultrasound-guided FNA, assuming normal clotting status, for screening cytology may be considered. Potential resectability of the hepatic mass is questionable given its location adjacent to portal vasculature and potential extension into the area of the porta hepatis. The possibility of non-hepatic origin cannot be definitively excluded yet considered unlikely.



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Possible mild gastric displacement owing to this mass may be possible.

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The presence of mild gallbladder debris is nonspecific and likely incidental, potentially owing to fasting or mild nonclinical cholestasis.

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No overt evidence of concurrent gastrointestinal pathology. Continued gastrointestinal support is recommended.

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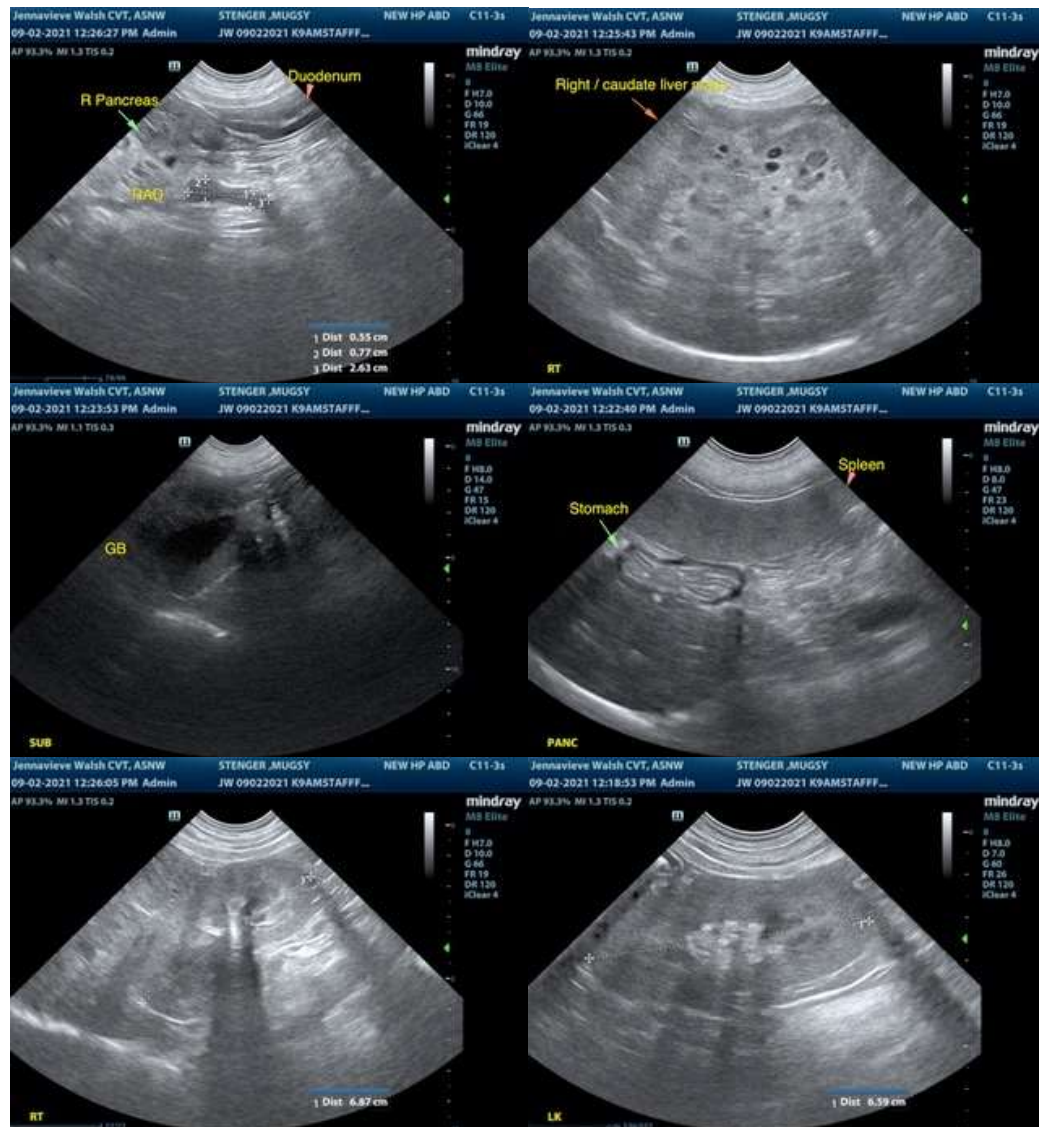
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com