



PATIENT

Izzy Reichert

SPECIES

Canine

BREED

Morkie

SEX

FS

AGE

15.5 yr

WEIGHT

7.5 lbs.

PRESENTING CLINICAL SIGNS

Prev dx with oral melanoma
Abnormal PE/Chem/CBC/UA Results: N/A

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.

No obvious pathology was noted in the area of the uterine remnant.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. The left kidney measured 4.0 cm in length. The right kidney measured 3.7 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was normal in size and primarily maintained symmetrical capsule contour with areas of minor medial capsule asymmetry and generalized mild parenchyma heterogeneity. Multiple variably sized to coalescing hyperechoic to nonhomogeneous splenic nodules were present. Normal splenic vascularity was noted. No distinct splenic mass was visualized.

IMAGING PERFORMED BY

A. Rodriguez

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Right kidney small cortical cysts were present. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent discrete nondisruptive hypoechoic intraparenchymal nodules were noted with an example measuring 0.73 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.

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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.



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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.

Free Abdomen

Moderately sized, Irregular, nonhomogeneous cystic to cavitated mass, which appeared to surround the area of the iliac trifurcation cranial to the urinary bladder was present measuring approximately 5.2 cm x 4.0 cm. The mass appeared to be vascular with subjective iliac blood flow within the center of the mass. A subjective separate smaller yet similarly-appearing mass lesion was present in the area of the left adrenal gland Immediately cranial to the left kidney measuring approximately 2.4 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderately sized nonhomogeneous cystic to cavitated mass area of and likely surrounding iliac trifurcation - significant nonhomogeneous medial iliac lymphadenopathy or undifferentiated mass
- Subjective separate smaller similarly-appearing mass lesion area of left adrenal gland
- Hepatic parenchymal remodeling with intermittent nondisruptive discrete intraparenchymal nodules

Secondary Findings

- Moderate chronic renal changes with mild left kidney pyelectasia and right kidney cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling or advanced imaging is required for further assessment, the moderately sized mass in the area of the iliac trifurcation, as well as the subjective separate smaller mass lesion in the area of the left adrenal gland, is consistent with neoplastic or metastatic criteria, given the patient's history of oral melanoma.

Assuming normal clotting status and using a 25-gauge needle, ultrasound-guided FNA of the mass in the are of the iliac trifurcation could be considered for screening cytology, yet potential complication, given its location and surrounding significant vasculature, should be considered. Abdominal CT is likely ideal given this presentation for further assessment, yet given high likelihood of neoplastic or metastatic criteria, an unfavorable prognosis is likely indicated.



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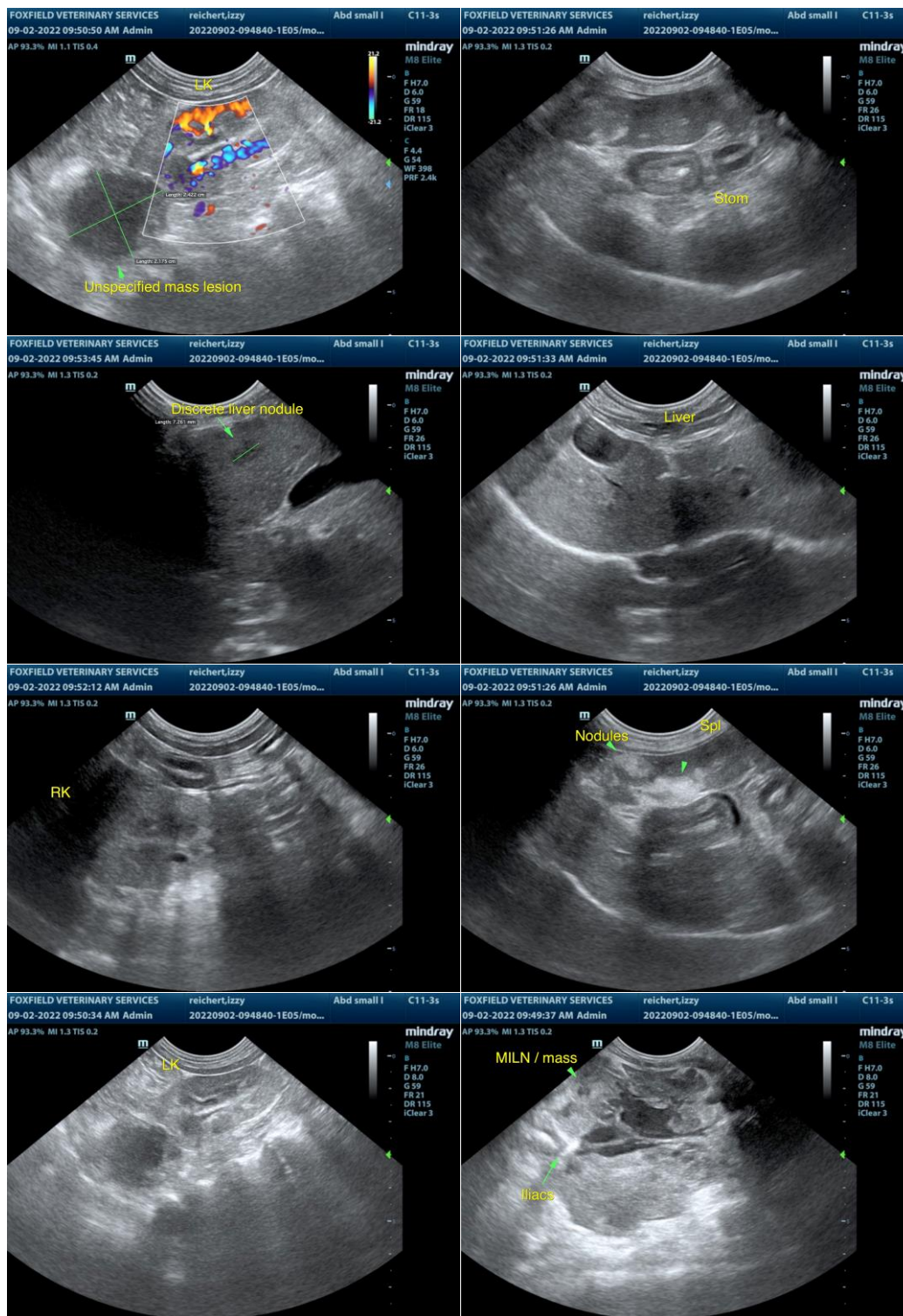
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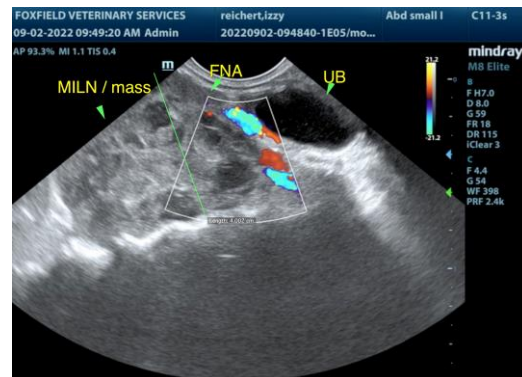
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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