



PATIENT

Daisy Gibson

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

12.5 years

WEIGHT

66 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Sheridan

INVOICE

14943

DATE

9/22/22

PRESENTING CLINICAL SIGNS

Weight loss (6 lbs in 2 months). Soft tissue density in R dorso-caudal lung lobe on X-ray.
Abnormal PE/Chem/CBC/UA Results: PE: tachypneic, QAR/depressed, T 102.5 BW: very high WBC ct, rest WNL RADS: round soft tissue density in caudo-dorsal R lung field adjacent to the diaphragm.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN & HEART

Urinary System

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.

No evidence of pathology was noted In the area of the uterine remnant or iliac trifurcation / sublumbar space.

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. The left kidney exhibited discrete non-cystic mildly nonhomogeneous cortical nodules present in the caudal lateral and medial cortex. An example of a caudal lateral nodule measured 1.1 cm in diameter. The nodule did not distort the adjacent cortex parenchyma or renal capsule. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 8.4 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.64 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver exhibited mild enlargement with areas of mild caudal capsule asymmetry. Generalized nonhomogeneous, nonuniform to mildly mixed echogenic hepatic parenchyma was present. No discernable hepatic intraparenchymal masses were noted. The gallbladder was non-distended in size containing mild, nondependent, mildly hyperechoic gallbladder debris. The gallbladder or peripheral gallbladder were otherwise normal. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed focal 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



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alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

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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.

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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

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

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Thorax

Brief sonographic assessment of the caudal thorax revealed a moderately sized caudal thoracic / pulmonary mass lesion, which appeared to be surrounded by aerated lung. No overt evidence of concurrent pleural effusion was noted. The caudal thoracic / pulmonary mass lesion appeared to directly efface the regional diaphragm present in the right caudal thorax. The mass lesion appeared to exhibit primarily homogeneous, mildly hypoechoic parenchyma with focal hyperechoic areas which may indicate emerging mineralization, air entrapment, or possible fibrosis.

IMAGING PERFORMED BY

Dr. Ebersole

ULTRASONOGRAPHIC FINDINGS

- Nonspecific discrete left kidney nodules
- Hepatomegaly exhibiting nonhomogeneous, nonuniform, to mildly mixed echogenic parenchyma
- Focal transdiaphragmatic comet tail artifact
- Caudal thoracic / pulmonary mass lesion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although pending cytology is required for further assessment, the caudal thoracic / pulmonary mass lesion is most suggestive of neoplastic criteria with non-neoplastic etiology i.e., consolidation, granuloma, infection, etc., possible yet thought less likely.

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Although the hepatic presentation and discrete left kidney nodules are nonspecific, possible multicentric neoplasia is of concern if thoracic / pulmonary neoplastic process is confirmed. Screening hepatic FNA cytology may be considered for further staging and assessment. A guarded to very guarded prognosis is warranted pending caudal thoracic / pulmonary mass lesion cytology.



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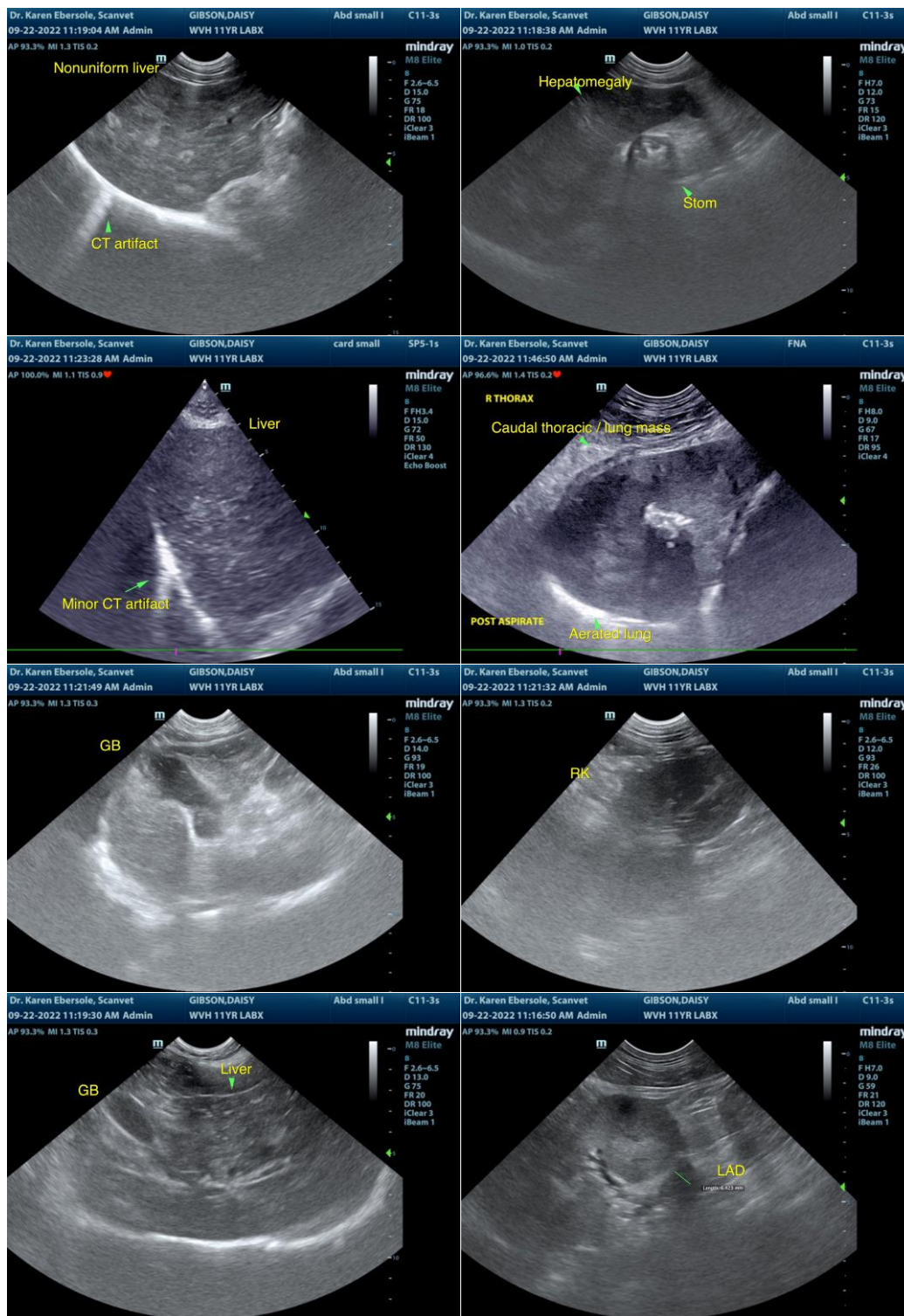
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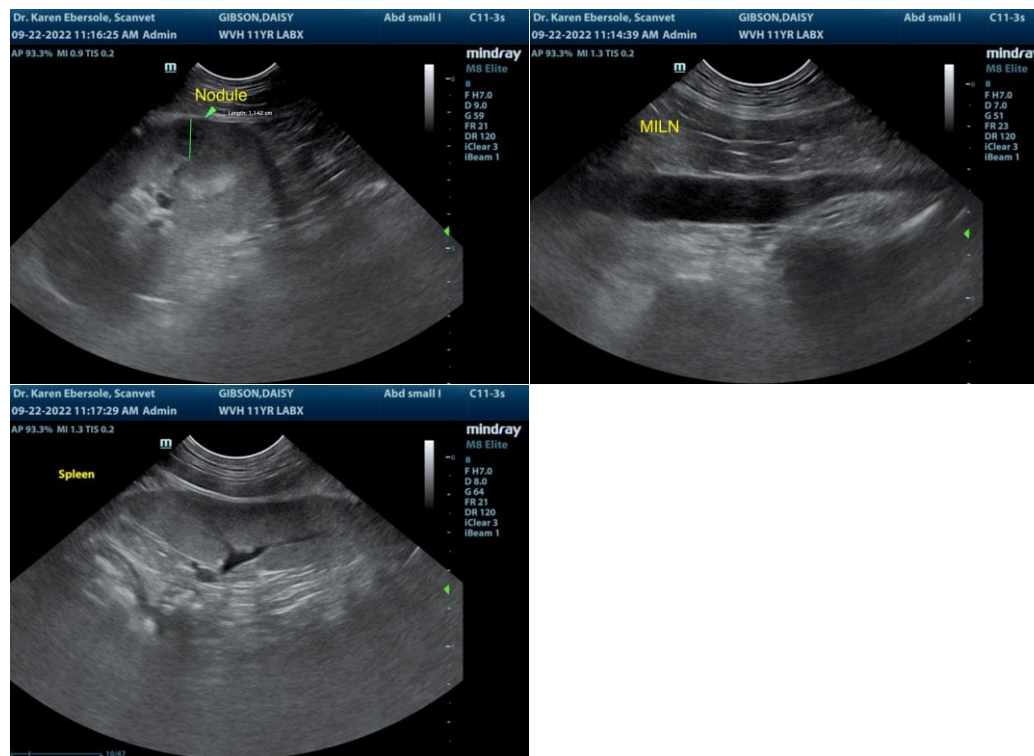
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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