



**PATIENT PRESENTING CLINICAL SIGNS**

Millie Ickes History: Abdominal mass, FNA  
 Previous U/S 9/8/21

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.  
 Lab Mix

**SEX** 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 6.6 cm. The left kidney measured 5.5 cm.  
 FS

**AGE** The area of the aortic trifurcation was free of pathology.  
 9 years **Adrenal Glands**

**WEIGHT** The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm at the cranial pole and 0.60 cm at the caudal pole. The left adrenal gland measured 0.58 cm at the cranial pole and 0.63 cm at the caudal pole.  
 51.4 Pounds

**Spleen**

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

**IMAGING PERFORMED BY Liver**

Rebekah Jakum, CVT  
 ARDMS/RVT  
**HOSPITAL NAME** 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. A mildly expansive nodular mass lesion was noted in the right liver lobes, measuring approximately 6.0 cm x 6.0 cm. Concurrent intermittent, non-associated mid parenchymal nodule to nodules exhibiting mild central echogenicity to subtle hypoechoic periphery also present. Example of mid liver nodule measured 2.4 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.  
 Stanglein VC  
**REFERRING VET** Dr. Meyer

**Gastrointestinal**

**INVOICE** 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.  
 25777

**DATE** 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.

9.23.2021



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

Millie Ickes **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 was evident.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Lab Mix

Unspecified hypoechoic, asymmetrically margined to mildly expansive mass lesion was noted in the mid cranial abdomen caudal to the stomach, medial to the spleen, and adjacent to cranial abdominal small bowel. This mass lesion measured approximately 6.0 cm x 4.0 cm. Subtle regional reactive mesentery was noted around the unspecified mass lesion. No effusion.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Right liver nodular mass lesion with concurrent mid liver nodules/target lesions
- Mild gallbladder debris (non-mucocele)
- Unspecified abdominal mass mid cranial abdomen – neoplasia continues to be probable/favored. Pancreatic, lymphatic, or less likely intestinal origin possible.

**AGE**

9 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

51.4 Pounds

The liver nodular mass to parenchymal nodules, although not definitive, are strongly suggestive of concurrent primary or likely metastatic lesion to the liver. Oncology consult could be considered pending FNA cytology. Benign etiologies such as pancreatic nodular hyperplasia, lymphadenitis, or non-neoplastic granulomatous etiologies for both the liver nodule and/or unspecified abdominal mass possible, yet thought less likely. 3-view chest radiographs suggested if not done.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

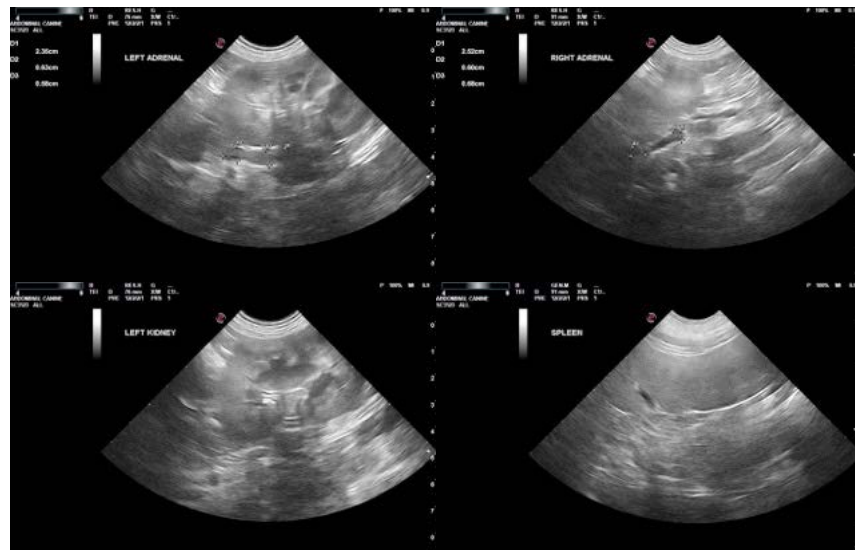
Dr. Meyer

**INVOICE**

25777

**DATE**

9.23.2021





**PATIENT**

Millie Ickes

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

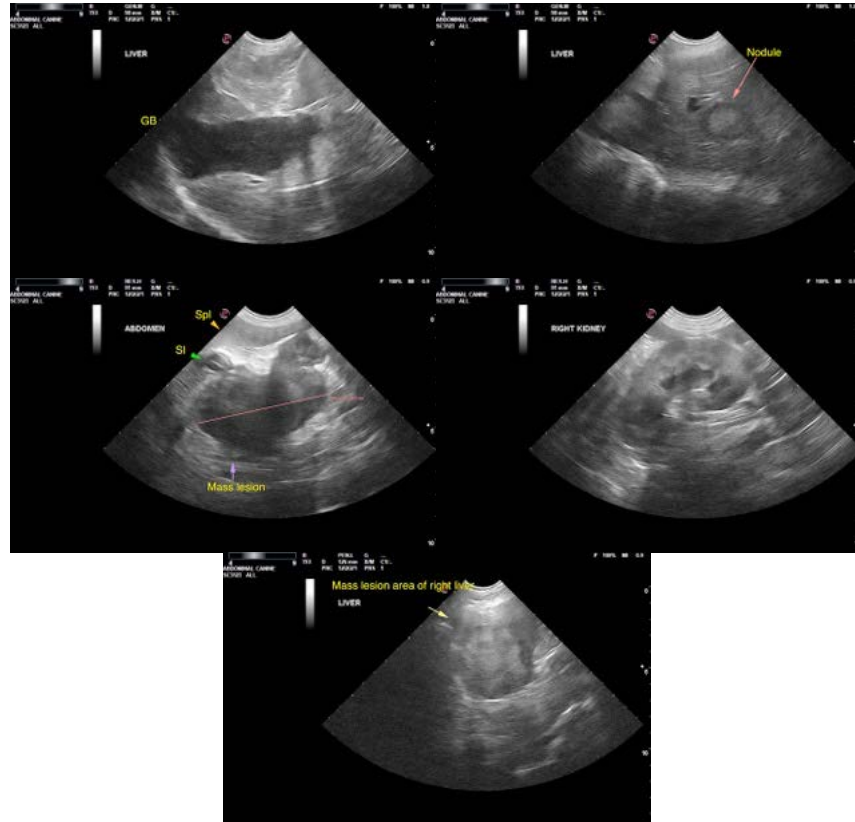
FS

**AGE**

9 years

**WEIGHT**

51.4 Pounds



**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

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)**  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Dr. Meyer

**INVOICE**

25777

**DATE**

9.23.2021