



PATIENT

Piper McKee

SPECIES

Canine

BREED

Coton De Tulear

SEX

M/N

AGE

13 yrs

WEIGHT

8.1 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal
Emergency & SC

REFERRING VET

Adam Stone DVM

INVOICE

14961

DATE

9/23/22

PRESENTING CLINICAL SIGNS

Piper presented to BAESC for evaluation of acute changes: - Trouble walking today but normally very active, pulling at leash. - Trembling heavily, breathing loudly. - Vomited once this morning, possible diarrhea. PPH: - Finished clindamycin for an anal sac infection. Only medication given by pet sitter in the last 2 weeks. TREATMENTS: - Cerenia - Methadone - SQ LRS - Outpatient care
Abnormal PE/Chem/CBC/UA Results: PE: Mucous membranes slightly tacky, Temp: 104.1 F, tense and slightly painful cranial abdomen, deep palpation limited. Survey abdominal radiographs: - Large cranial abdominal mass, unable to determine if splenic or hepatic in nature Blood work: - ALT too high to read, dilution pending - Lytes wnl - ALP: 1356 U/L - Neutrophilia, 20,800/uL - Leucocytosis, 27,020 - HCT: 40%

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 residual prostate was free of overt pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Intermittent left kidney cortical cysts were noted. Bilateral mild pyelectasia was present. Pinpoint to focal medullary mineral was noted. The left kidney measured 4.8 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size with the right adrenal gland mildly enlarged compared to the left. Nonhomogeneous parenchyma was noted with areas of asymmetrical capsule contour. No adrenal mineralization was noted. The left adrenal gland measured 2.2 cm length x 0.80 cm width at the caudal pole. The right adrenal gland measured 3.0 cm length x 1.1 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and contour with primarily homogeneous parenchyma. A solitary discrete nondisruptive splenic nodule measuring 0.62 cm in diameter was noted.

Liver/ Gallbladder

The liver exhibited generalized enlargement with areas of capsule asymmetry and generalized heterogeneous, irregular to mixed echogenic hepatic parenchyma. A moderately sized to large nonhomogeneous mass appearing to arise from a small aspect of the caudal liver extending into the cranial to mid-abdomen was present measuring 8.0-9.0 cm in diameter.



PATIENT	The gallbladder was non-distended in size containing mineralized debris to potential nonobstructive cholelith. No overt peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
Piper McKee	
SPECIES	Gastrointestinal
Canine	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.
BREED	
Coton De Tulear	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.
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
M/N	Pancreas
AGE	Variably prominent to hypoechoic nonhomogeneous pancreas exhibiting mild swollen to asymmetrical contour was noted primarily in the pancreas base and right pancreatic limb, as well as mildly in the left pancreatic limb.
13 yrs	
WEIGHT	Free Abdomen
8.1 kg	Regional peripancreatic to perihepatic hyperechoic mesentery with mild volume primarily anechoic cranial abdominal free fluid were present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Hepatomegaly exhibiting generalized irregular nonhomogeneous parenchyma, moderately sized nonhomogeneous caudal hepatic mass - Potential non-neoplastic etiology i.e., vacuolar hepatopathy, chronic inflammatory / immune mediated disease, cholestasis, fibrosis, nodular hyperplasia, hematopoiesis, or other hepatopathy possible • Mineralized gallbladder debris, nonobstructive cholelith • Nonspecific discrete splenic nodule - hyperplasia, hematopoiesis, small hematoma, focal splenitis, emerging primary vs. metastatic nodule possible • Bilateral chronic renal changes exhibiting bilateral pyelectasia, minor medullary mineral, and left kidney cortical cysts • Bilateral mildly enlarged to irregular adrenal glands - more prominent in the right adrenal gland, adenomatous change, benign hyperplasia, potential for primary vs. metastatic adrenal neoplasia possible • Variably prominent to mildly hypoechoic pancreas - potential for low-grade to active pancreatitis • Potential peripancreatic to perihepatic regional peritonitis
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9/23/22	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the hepatic mass and potential generalized hepatic changes are suggestive of neoplastic criteria. Further assessment may include ultrasound-guided hepatic mass and parenchyma FNA for screening cytology and potential for oncology consult.



PATIENT

Piper McKee

Spec cPL is recommended. Screening blood pressure to assess for evidence of hypertension, which may allude to emerging adrenal pathology, is suggested.

SPECIES

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Empirically, as-needed supportive care for possible pancreatitis including GI and hepatic support, pending additional diagnostics and assessment of clinical response, would be reasonable.

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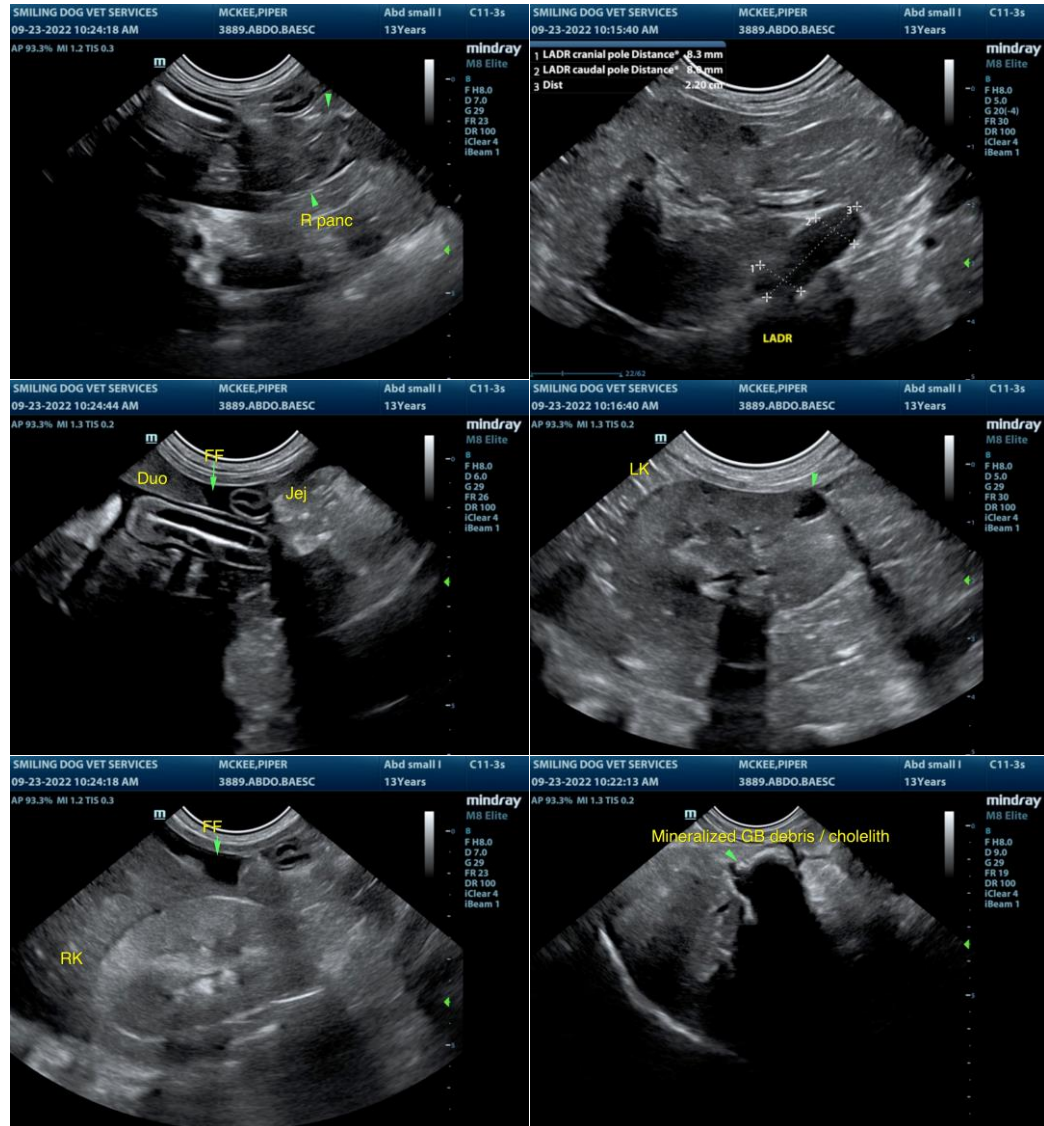
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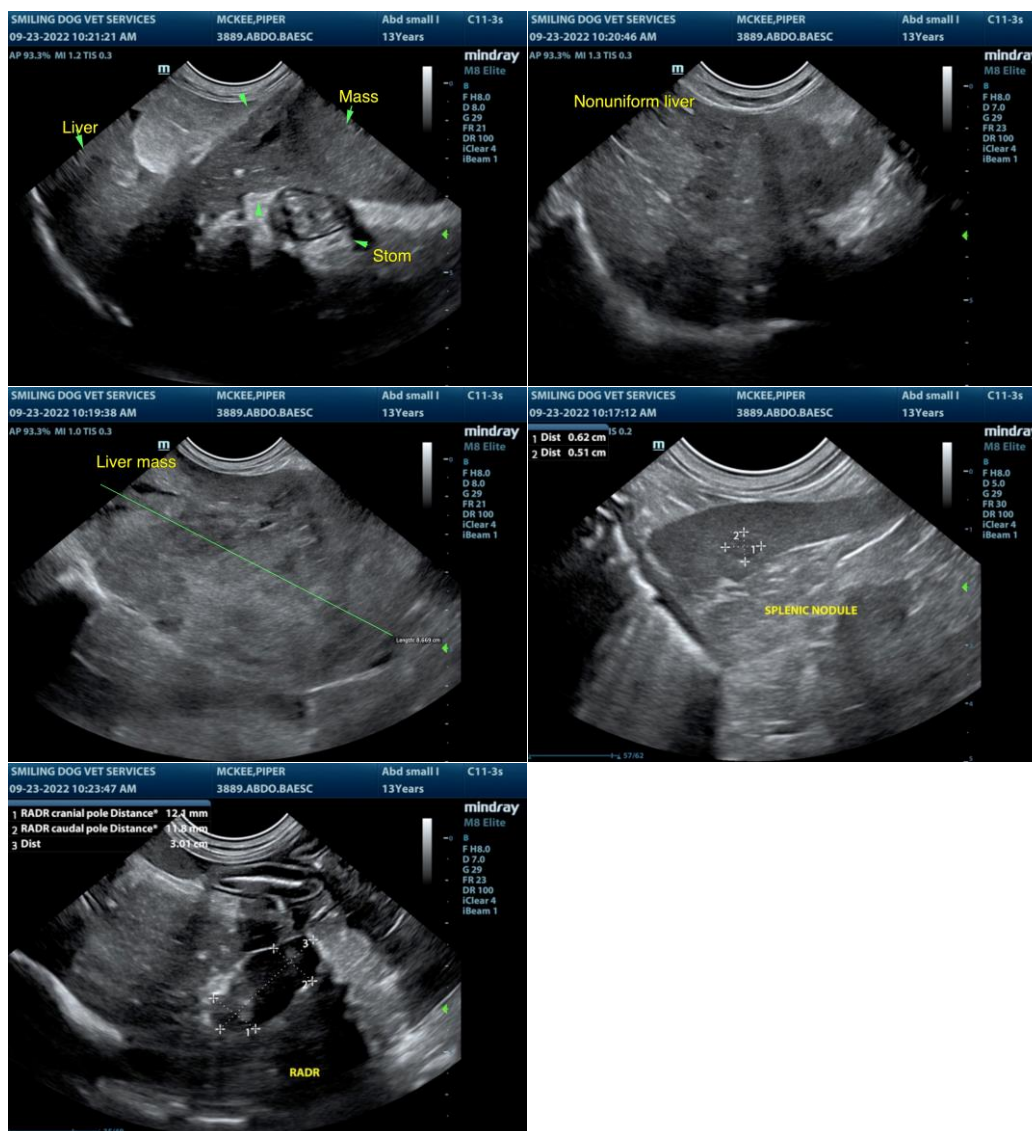
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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