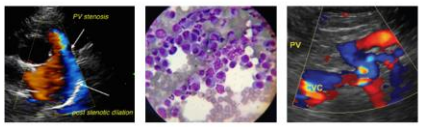
IMAGING PERFORMED BY
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bentley Firzlaff

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

MN

AGE

8yr

WEIGHT

51lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Merkes

INVOICE

11697ag

DATE

09/26/2022

PRESENTING CLINICAL SIGNS

Weight loss. Decreased appetite. Vomiting, Lethargy. Was neutered about 3 months ago after a long history of straining to defecate. I suspect prostatic disease. Still holds his tail funny. Fasted for 17 hours prior to scan

Abnormal PE/Chem/CBC/UA Results: Blood work all WNL. Has lost 4 pounds since his neuter, but is no longer straining to poop. Chest rads: unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 8.3 cm in length. The right kidney measured 7.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was not definitively visualized owing to overlaying pelvic shadowing.

Focal, mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.3 cm x 0.62 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 3.0 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width at the caudal pole and 3.3 cm length.

Spleen

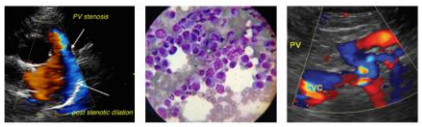
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Medial folding of the cranial and caudal spleen was present which is not indicative of underlying pathology and is likely incidental. The capsule was smooth and regular without 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

The liver exhibited subjective generalized enlargement, homogeneous parenchyma in the left to mid liver extending into the right liver with a large mixed echogenic mass in the area of the right lateral to caudate liver measuring ~ 10-11 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.

Gastrointestinal

IMAGING PERFORMED BY
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bentley Firzlaff

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

MN

AGE

8yr

WEIGHT

51lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Merkes

INVOICE

11697ag

DATE

09/26/2022

The stomach presented intact wall layering with a normal wall layer ratio. Possible displacement was present possibly owing to the cranial abdominal mass. 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 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.

Free Abdomen

Scant perihepatic free fluid was present.

Suspect variably sized prominent isoechoic to homogeneous hepatic lymphadenopathy adjacent to the portal vein, an example measuring 3.5 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Large nonhomogeneous cranial abdominal mass in the area of the right lateral to caudate liver
- Suspect associated hepatic lymphadenopathy
- Overtly normal GI tract with suspected gastric displacement
- Scant perihepatic free fluid

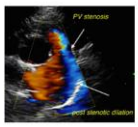
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

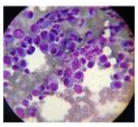
Although sampling is required for further assessment, primary concern for neoplastic criteria of hepatic origin is warranted. Non neoplastic etiologies are possible but thought less likely. Assuming normal clotting status a hepatic FNA of the mass for cytology is recommended for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult GI or pancreatic disease. An abdominal CT is likely ideal for further assessment of the mass and surgical planning if resectable.

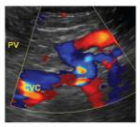
IMAGING PERFORMED BY

svsimaging.net 309-737-3070

SVS IMAGING







SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bentley Firzlaff

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

MN

AGE

8yr

WEIGHT

51lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

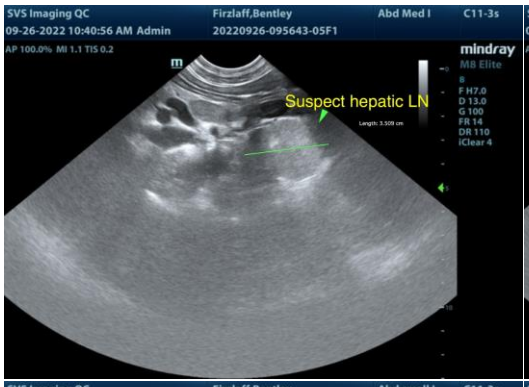
Dr. Merkes

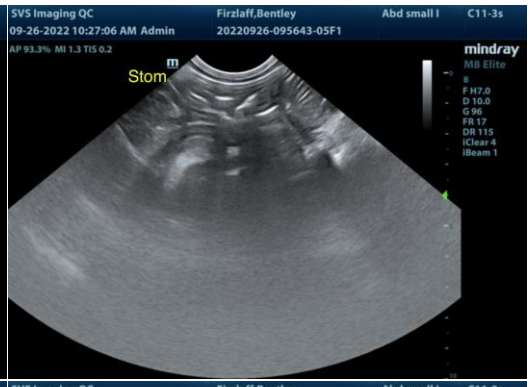
INVOICE

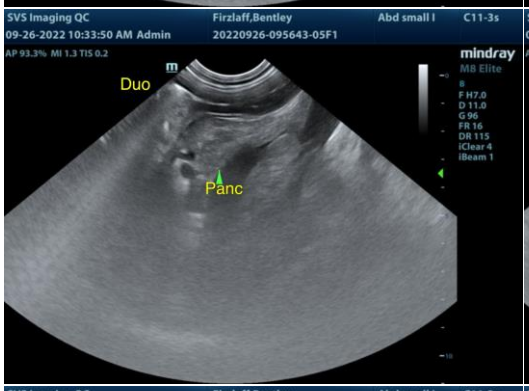
11697ag

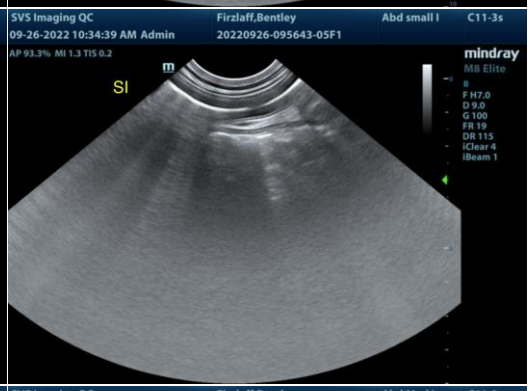
DATE

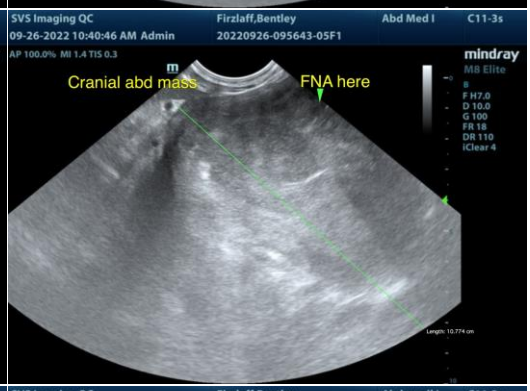
09/26/2022





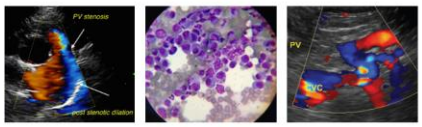






IMAGING PERFORMED BY

svsimaging.net 309-737-3070



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bentley Firzlaff

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

MN

AGE

8yr

WEIGHT

51lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

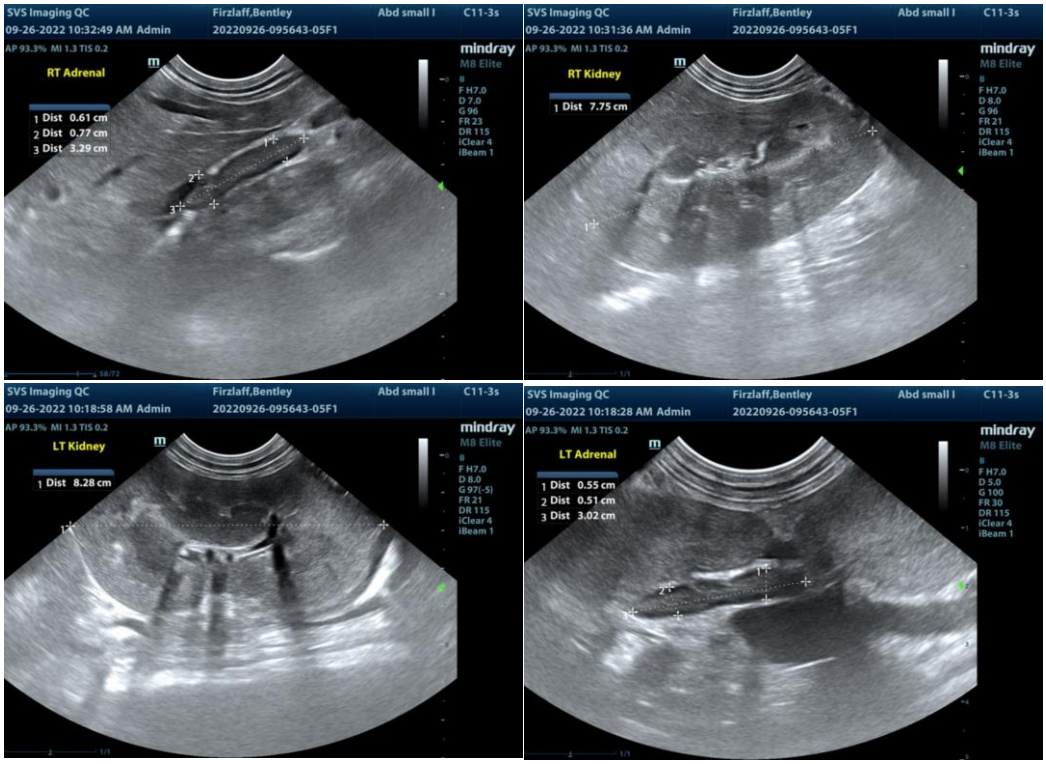
Dr. Merkes

INVOICE

11697ag

DATE

09/26/2022



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