

PATIENT

Abbey Dewitt

PRESENTING CLINICAL SIGNS

History: Splenectomy 9.8 Hemangiosarcoma

Medication: Keflex, Pred, cough tabs

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

BREED

Golden Retriever Mix

The area of the aortic trifurcation was free of pathology.

SEX

FS

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. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm in length. The right kidney measured 5.9 cm in length.

AGE

12 years

WEIGHT

33.6 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.74 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.57 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The area of the previous spleen revealed no overt or discernable persistent masses.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver/ Gallbladder

The liver was mildly enlarged in size with normal structure and contour. The liver exhibited normal overall parenchyma echogenicity compared to the falciform fat and renal cortices with generalized parenchymal remodeling. The hepatic and portal vasculature was normal in appearance without signs of congestion. Focal, cystic to cavitated ovoid nodule was noted in the deep mid parenchyma, measuring approximately 2.0 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.

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Eckman

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.

INVOICE

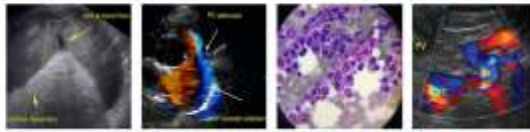
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

DATE

9.28.2021

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



PATIENT *Pancreas*

Abbey Dewitt

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.

SPECIES

Canine

Free Abdomen

Generalized mildly nonuniform omentum was present along with moderate peritoneal free fluid. No overt lymphadenopathy was noted.

BREED

Golden Retriever Mix

Rapid view of the heart revealed no overt evidence of pericardial effusion or tumors.

ULTRASONOGRAPHIC FINDINGS

SEX

FS

Primary Findings

- Mild generalized hepatic parenchymal remodeling with focal cavitated to cystic parenchymal nodules
- Generalized nonuniform omentum
- Mild peritoneal free fluid

AGE

12 years

WEIGHT

33.6 Pounds

Secondary Findings

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of structural cardiomyopathy, pericardial effusion, and assuming normal albumin levels, unfortunately, primary concern for focal to potential multifocal hepatic metastasis, as well as the possibility of omental seeding secondary to splenic hemangiosarcoma, is a primary differential diagnosis in this case. Correlation with a peritoneal effusion analysis and cytology is warranted to assess for potential recurrent hemoabdomen. As-needed palliative care is recommended.

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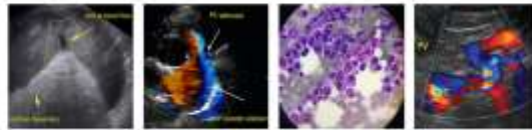


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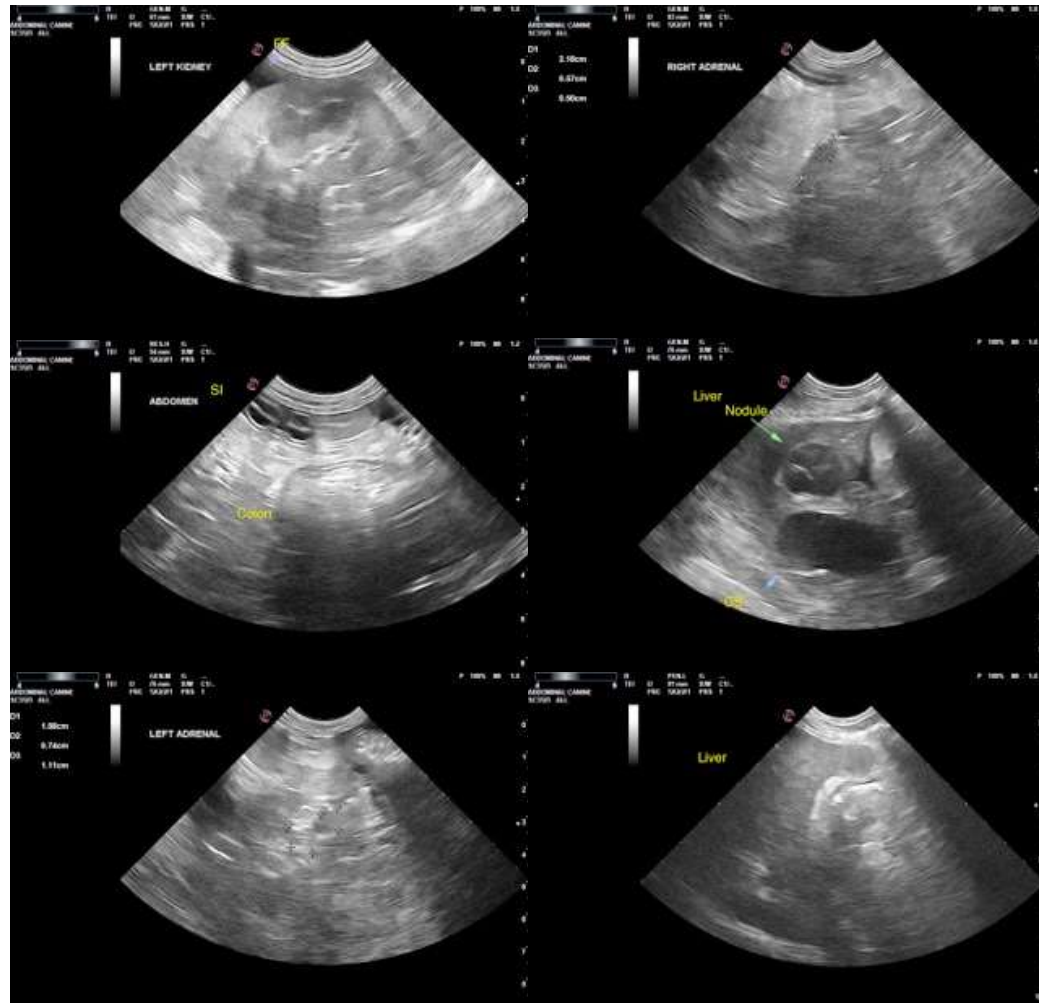
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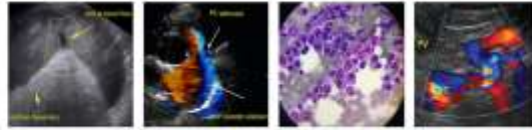
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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