



**PATIENT**

Kayne Brown

**SPECIES**

Canine

**BREED**

PitBull Mix

**SEX**

MI

**AGE**

14yr

**WEIGHT**

55.8lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

Dr. Johnson

**INVOICE**

11756ag

**DATE**

09/30/2022

**PRESENTING CLINICAL SIGNS**

Present 9-12-22 for extreme weight loss and intermittent vomiting O reports that p still eating but will vomit after (bile and food). P will also vomit randomly throughout the day. P has been having diarrhea x 3 days, no blood. Some coughing. O reports p is not currently on any meds.

Abnormal PE/Chem/CBC/UA Results: See attached labs - Unremarkable CBC/Chem No rads performed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

A sessile based mass with asymmetrical margination was present in the mid dorsal bladder and measured 2.5 cm x 2.0 cm. The parenchyma of the mass was non-homogeneous with areas of mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. 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.

Normal size and margination was 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 dilatation was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt evidence of medial iliac or sublumbar lymphadenopathy/masses.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. Intermittent small intraparenchymal cysts were present. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.9 cm x 2.9 cm.

**Adrenal Glands**

The left adrenal gland was irregular to enlarged exhibiting non-homogeneous parenchyma and asymmetrical capsule contour. The left adrenal gland measured 1.2 cm width at the caudal pole and 1.5 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

**Spleen**

The spleen exhibited generalized mild enlargement with a moderately expansive mixed echogenic mass in the cranial spleen measuring 6.5 cm in diameter. A concurrent primarily homogeneous caudal splenic mass measuring 3.5 cm in diameter was present.

**Liver**

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild variably echogenic debris. The cystic and common bile ducts were normal.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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**Gastrointestinal**

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The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.76 cm in width.

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The small intestine presented intact wall layering with prominent submucosa layer. 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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MI

**Pancreas**

The right pancreatic limb exhibited mild prominent size, asymmetrical contour and non-homogeneous to mixed echogenic parenchyma with homogeneous nodular changes. Concurrent probable regional pancreaticoduodenal lymphadenopathy likely.

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**Free Abdomen**

No peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

55.8lb

- Dorsal urinary bladder mass-consistent with neoplastic criteria is transitional cell carcinoma
- Mild chronic renal changes
- Enlarged to irregular left adrenal gland-suggestive of primary vs metastatic adrenal neoplastic criteria
- Non-specific cranial/caudal splenic masses-benign vs neoplastic etiologies both possible
- Hepatic parenchyma remodeling
- Prominent irregular to nodular right pancreas-age related variant, remodeling due to previous inflammation, hyperplasia, chronic pancreatitis or other. Neoplastic criteria considered less likely
- Mild gastritis pattern, potential generalized inflammatory bowel-no evidence of GI neoplastic criteria

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A cytospin cytology of free catch urine sample to assess for atypical transitional cells as well as screening BRAF assay is suggested. Screening BP recommended to assess for evidence of hypertension. Three view chest radiographs are recommended to assess for thoracic pathology. A spec cPL is warranted.

Empirically, a limited antigen or hydrolyzed diet trial with high colony count probiotic (Provable or Visbiome), may prove beneficial.

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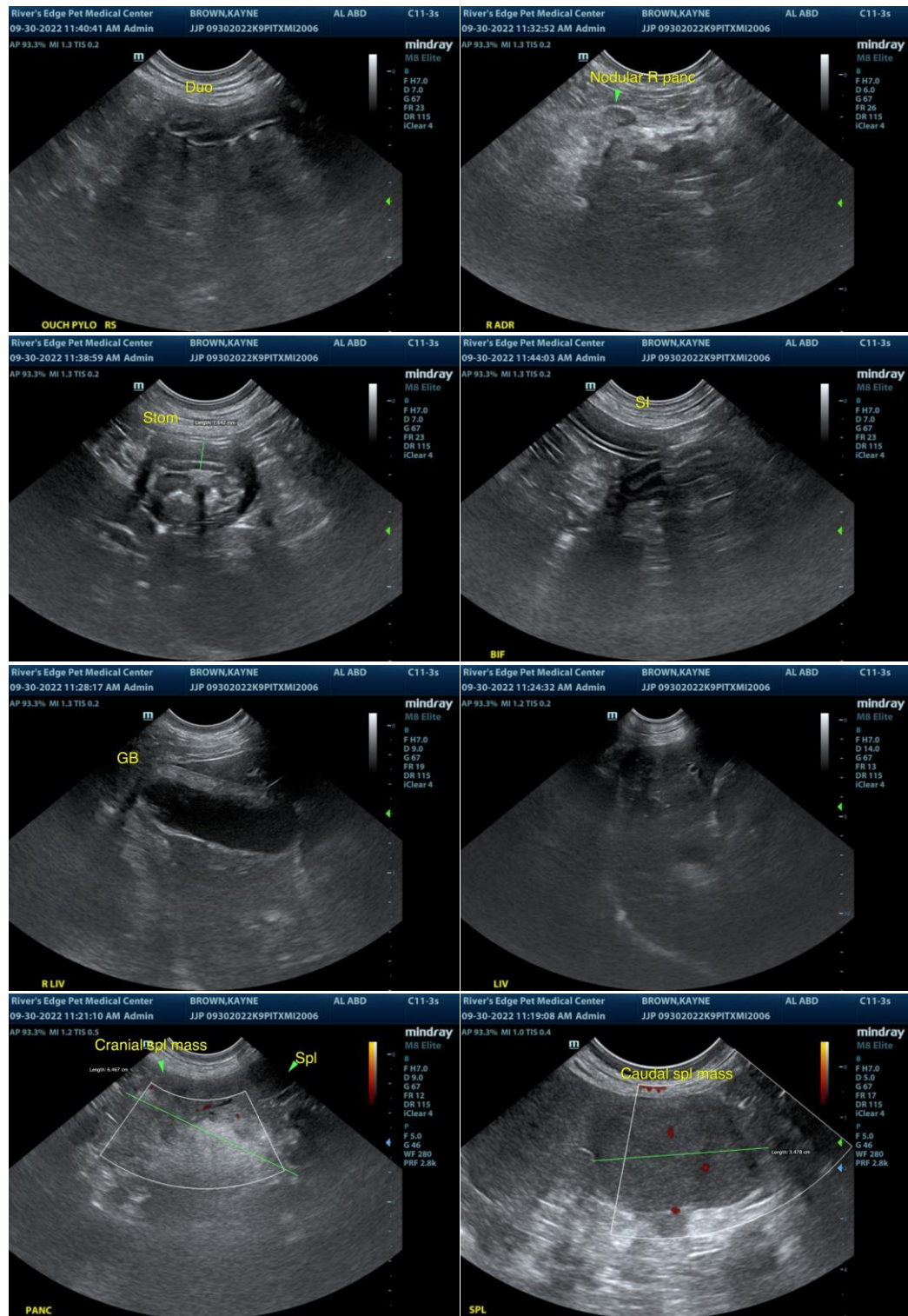
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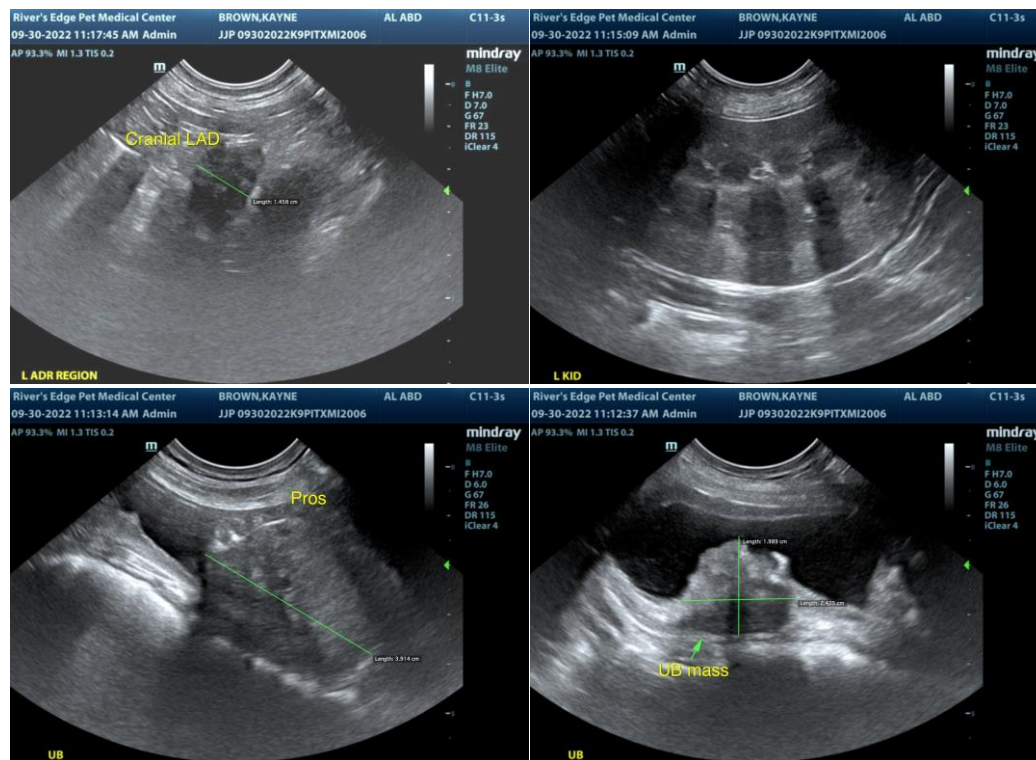
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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