



PATIENT PRESENTING CLINICAL SIGNS

Milly Ickes History: Vomiting for several months, lethargy
Medication: Cerenia, Baytril

SPECIES
Canine ALP 813, ALT 146, AST 249, WBC 18.3 with neutrophilia

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Lab Mix *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.

SEX
Neutered Male No overt pathology was noted in the area of the residual prostate or aortic trifurcation.

AGE
9 years 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 6.4 cm in length. The right kidney measured 6.7 cm in length.

WEIGHT *Adrenal Glands*
57 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.75 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 2.7 cm length x 0.80 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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.

HOSPITAL NAME

Lehigh Valley AH
(Allen)

Liver/ Gallbladder

REFERRING VET

Dr. Meyer

The liver was subjectively normal in size and structure. 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, nonhomogeneous, nodular mass lesion was noted in the area of the deep mid-liver, measuring 4.0 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.

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PATIENT *Gastrointestinal*

Milly Ickes The stomach exhibited mild to moderate mural hypertrophy subjectively within the area of the gastric antrum and pylorus with decreased mural echogenicity and indistinct wall layering. The pylorus wall width measured 0.72 cm.

SPECIES

Canine The upper duodenum exhibited mildly Indistinct to prominent wall layering with minor upper duodenal ileus. The upper duodenum wall width measured 0.74 cm. The mid to distal descending duodenum, jejunum and ileum to the level of the colon were sonographically unremarkable.

BREED

Lab Mix Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

SEX

Neutered Male Sonographic assessment of the pancreas was limited owing to the presence of the right cranial abdominal mass. Overt evidence of pathology associated with the left pancreas was not noted.

Free Abdomen

AGE

9 years A large, expansive to asymmetrically marginated mass was present in the right cranial abdomen within the area of the right lateral to caudate liver lobe, pancreas base, right pancreatic limb, and upper gastrointestinal tract. The mass measured approximately 11.0 cm x 10.0 cm. Associated regional peritonitis exhibited by increased omental echogenicity and small pockets of scant peritoneal free fluid were present. The potential for associated gastric or pancreaticoduodenal lymphadenopathy is possible.

WEIGHT

57 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings

- Unspecified mass in right cranial abdomen with associated regional peritonitis
- Focal mid liver nodular mass lesion
- Thickened gastric antrum / pylorus and thickened upper duodenum adjacent to the right cranial abdominal mass

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Secondary Findings

- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mid liver nodular lesion is strongly suspicious for a concurrent primary or metastatic lesion.

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The right cranial abdominal mass is consistent with neoplasia and suspected to be of primarily hepatic origin, given the potential for portal vasculature noted within the mass. However, the potential for non-hepatic origin i.e., pancreatic, lymphatic, or intestinal origin, cannot be definitively excluded given the expansive nature of the mass. However, likely involvement of the pancreas and upper gastrointestinal tract is suspected. Subjectively, the mass is not likely amendable to complete surgical resection based on location.

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PATIENT

Milly Ickes

Further assessment may include an ultrasound-guided FNA for screening cytology assuming normal clotting status and/or abdominal CT. Three view chest radiographs are recommended.

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

9 years

WEIGHT

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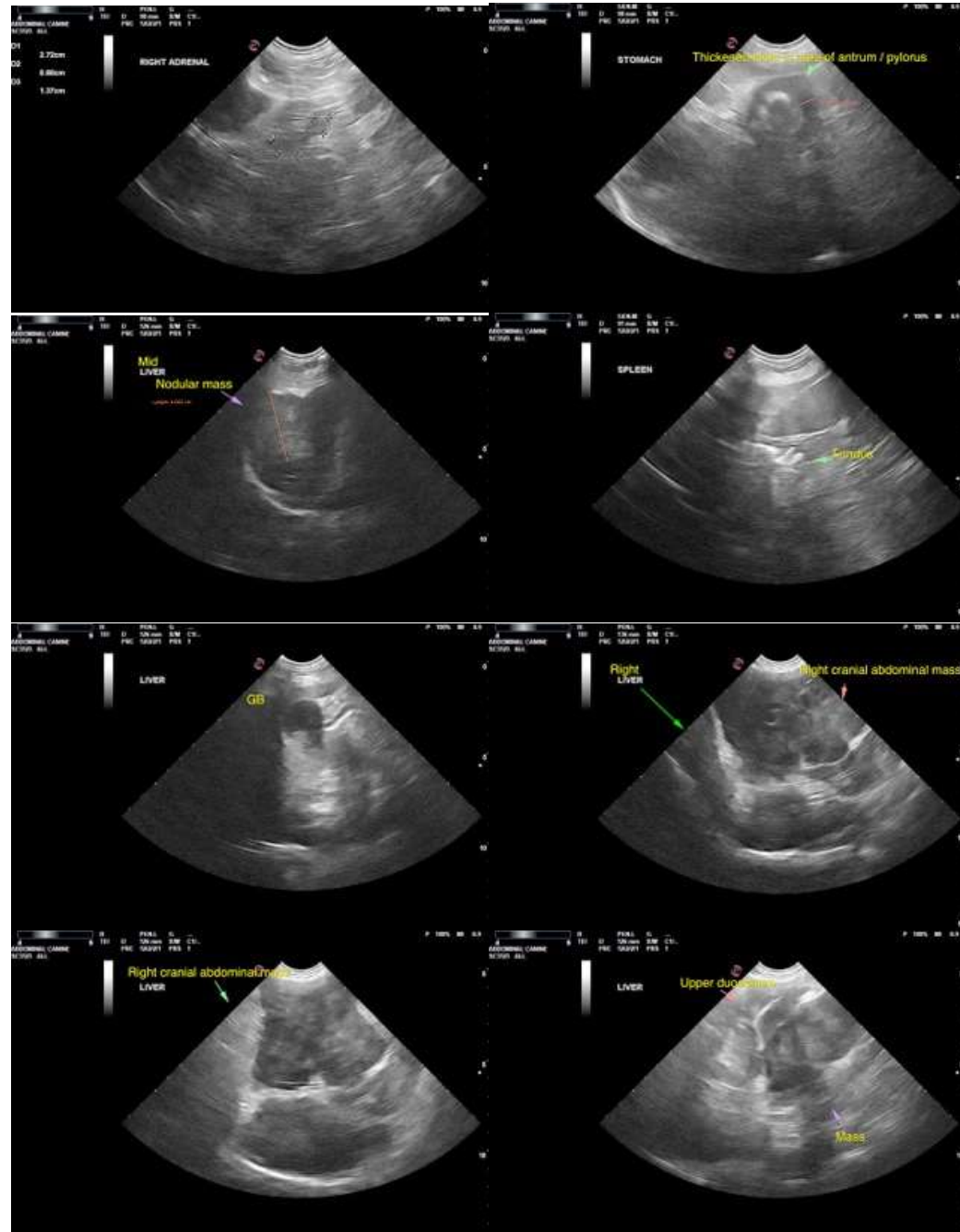
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Milly Ickes

SPECIES

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Lab Mix

SEX

Neutered Male

AGE

9 years

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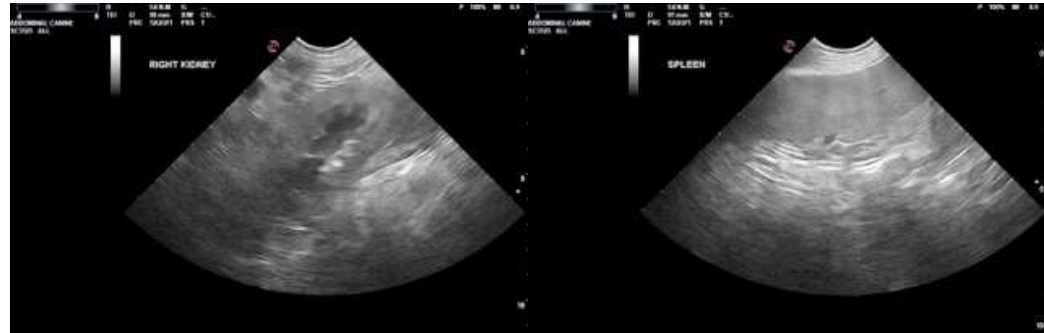
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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