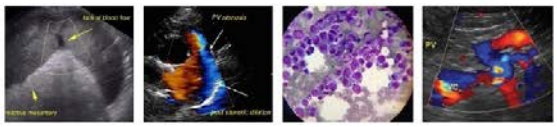
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Teddy McDonald

SPECIES

Canine

BREED

Chow Chow

SEX

Neutered Male

AGE

9 Years

WEIGHT

24.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Southside AC

REFERRING VET

Dr. Grams

INVOICE

25271

DATE

9/9/21

PRESENTING CLINICAL SIGNS

Was clinically doing well. Has significantly slowed down in the last 24 hours. Weight loss drastic since February. Significant elevation in ALT and ALP, normal values one year ago.
Abnormal PE/Chem/CBC/UA Results: ALP 355, ALT 698, Hct 32.9, Retics 21.5, WBC 13.3 w/mild lymphopenia. Platelets 618

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 were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm. The right kidney measured 4.8 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.63 cm at the caudal pole. The right adrenal gland was not definitively visualized given the presence of peritoneal effusion, regional omental artifact, and patient size.

Spleen

The discernable spleen was not visualized, potentially owing to displacement secondary to the large mid to cranial abdominal mass and/or potential volume contraction.

Liver

The discernable deep aspects of the left, mid and right liver exhibited uniform subjectively normal hepatic parenchyma echogenicity with mild coarse echotexture. The gallbladder was non distended in size with mild, echogenic to hyperechoic debris, primarily dependent. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

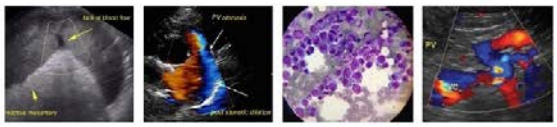
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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.

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



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Teddy McDonald

SPECIES

Canine

BREED

Chow Chow

SEX

Neutered Male

AGE

9 Years

WEIGHT

24.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Southside AC

REFERRING VET

Dr. Grams

INVOICE

25271

DATE

9/9/21

Free Abdomen

Significant peritoneal effusion exhibiting subjective mild cellularity was present. Generalized reactive mesentery noted. No overt lymphadenopathy.

A large, expansive, asymmetrically marginated, non-homogeneous nodular to cystic mass occupying the majority of the mid to cranial abdomen was present. The mass measured at least 15 cm in diameter, but was likely larger, as the entire mass would not fit into a single viewing window. The mass was directly effacing the caudal aspect of the liver while extending into the area of the spleen.

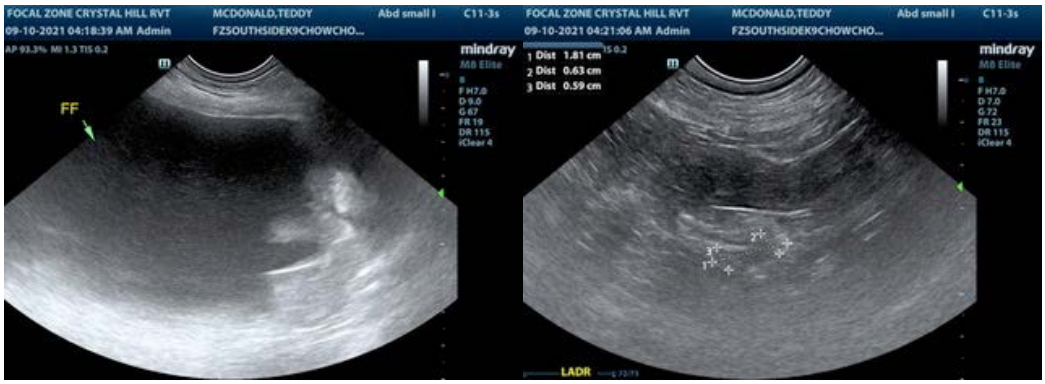
ULTRASONOGRAPHIC FINDINGS

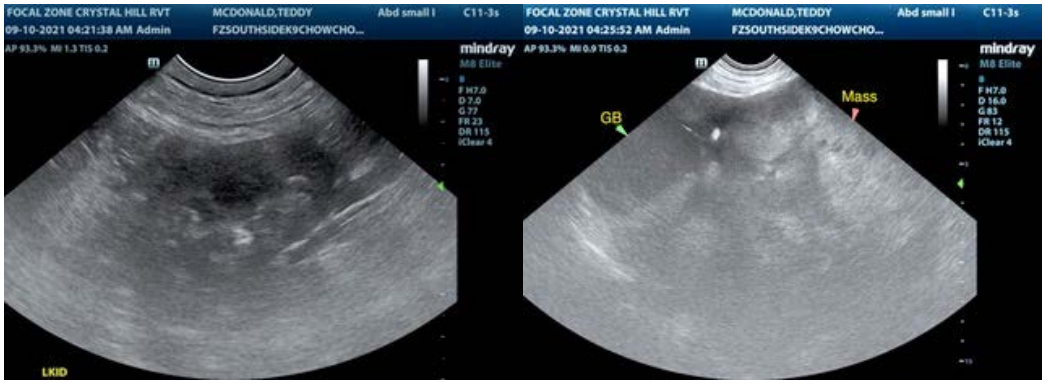
- Large, non-homogeneous nodular to cystic/cavitated abdominal mass
- Concurrent significant, mildly cellular peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

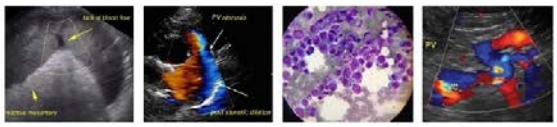
Given the size and extensiveness of the mass directly effacing the caudal liver as well as extending into the area of the spleen, definitive origin of the mass was not evident. Hepatic origin of the mass is considered most likely given its direct effacement of the caudal liver with similar echogenicity to the liver as well as concurrent elevated hepatic enzymes. However, potential for splenic origin cannot be definitively excluded, yet thought less likely.

FNA of the mass may be considered (assuming normal clotting status) for further clarification. Additionally, effusion analysis cytology recommended. If non-hemorrhagic free fluid, effusion secondary to portal hypertension may be considered. If surgical options are a consideration, further evaluation and surgical planning with abdominal CT would be ideal. 3-view chest radiographs are recommended.





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



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Teddy McDonald

SPECIES

Canine

BREED

Chow Chow

SEX

Neutered Male

AGE

9 Years

WEIGHT

24.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Southside AC

REFERRING VET

Dr. Grams

INVOICE

25271

DATE

9/9/21

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)
info@SonoPath.com