



PATIENT

Molly Kahn

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

12 years

WEIGHT

51.6 lbs

PRESENTING CLINICAL SIGNS

History: Weight loss and inappetence -picky with food for few weeks. Some vomiting bile in AM (2-3x per week) before breakfast. Treatment for UTI - is also leaking some urine now. Current meds: enroflox, cerenia, famotidine
Abnormal PE/Chem/CBC/UA Results: ALP 201, fecal-neg. UA: WBC 50-75, Bact. marked rods and cocci. SG: 1.027

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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.

The area of the iliac trifurcation was free of pathology.

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 dilation was present. Multiple, variably sized, thinly walled cysts containing anechoic fluid was noted. The left kidney measured 7.1 cm in length. The right kidney measured 7.7 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length, 0.69 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 3.1 cm length x 0.69 cm width at the caudal pole.

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Long Valley AH

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Intermittent, hyperechoic, nodules consistent with probable benign myelolipomas. There was no evidence of splenic neoplastic criteria. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

REFERRING VET

Dr. Welch

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Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly



PATIENT	coarse echotexture. Large, expansive, mixed echogenic, focally cystic mass was noted and appeared to occupy the majority of the mid to right liver. Secondary gastric displacement is likely. The mass measured 14.0 cm in diameter, but likely larger as the entire mass would not fit into a single viewing window. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was indistinctly visualized potentially owing to displacement. Subjectively mild gallbladder debris was noted. The debris is mildly hyperechoic and non-organized. There was no evidence of gallbladder or peripheral gallbladder inflammation.
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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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Several hepatic lymph nodes adjacent to the portal vein. An example measured 2.0 cm in diameter. There is no evidence of peritoneal free fluid.

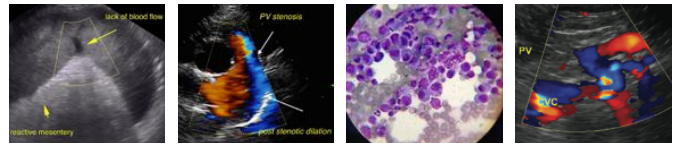
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, mixed echogenic to cystic liver mass.
- Overtly normal gastrointestinal tract with subjective gastric displacement secondary to liver mass.
- Associated hepatic lymphadenopathy.
- Sonographically normal urinary bladder and visible proximal urethra.

Secondary Findings

- Age related spleen with probable benign nodules, consistent with myelolipomas.
- Bilateral chronic renal changes with bilateral cysts.



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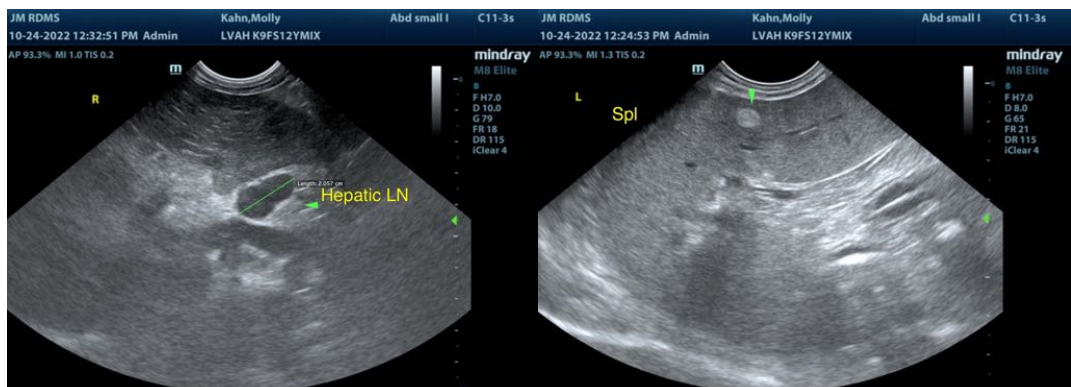
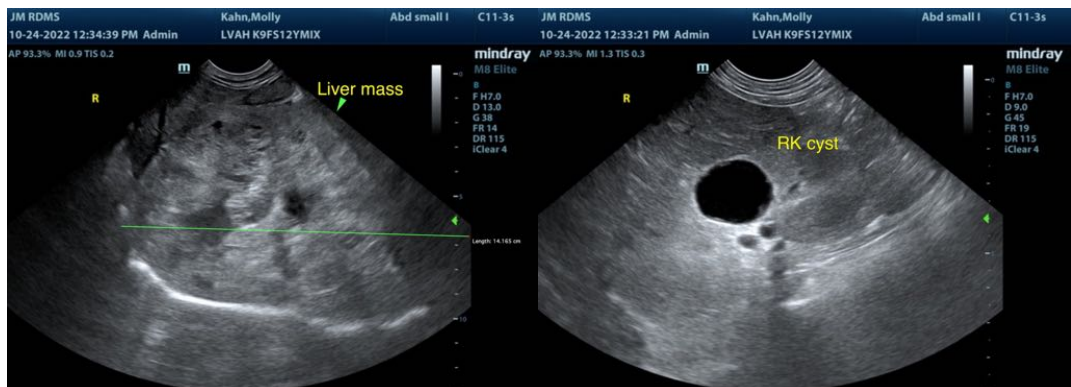
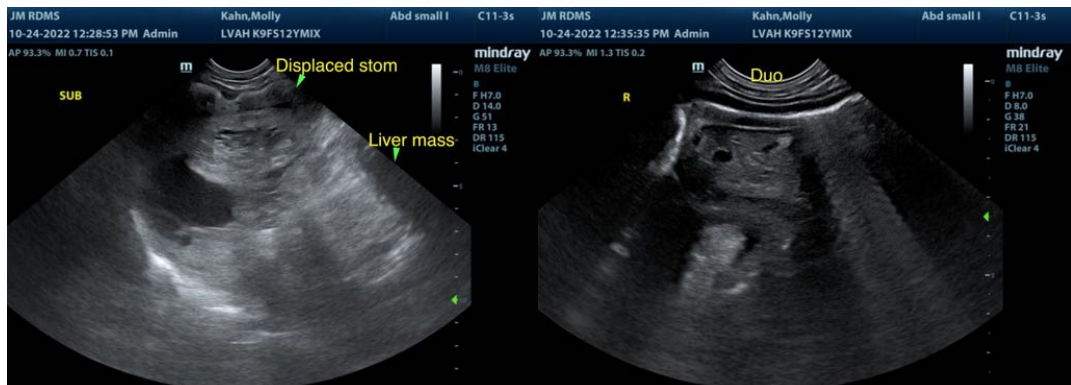
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment the liver mass is most consistent with neoplastic criteria. Screening FNA and cytology of the liver mass can be considered for further assessment. Surgical options for resection of the liver mass are likely precluded given the location adjacent to the portal hilus. Concurrent screening, splenic FNA and cytology can be considered primarily to ensure only benign splenic changes are present. Smaller, more frequent feedings of a canned bland diet and as needed gastroprotectants may prove beneficial.





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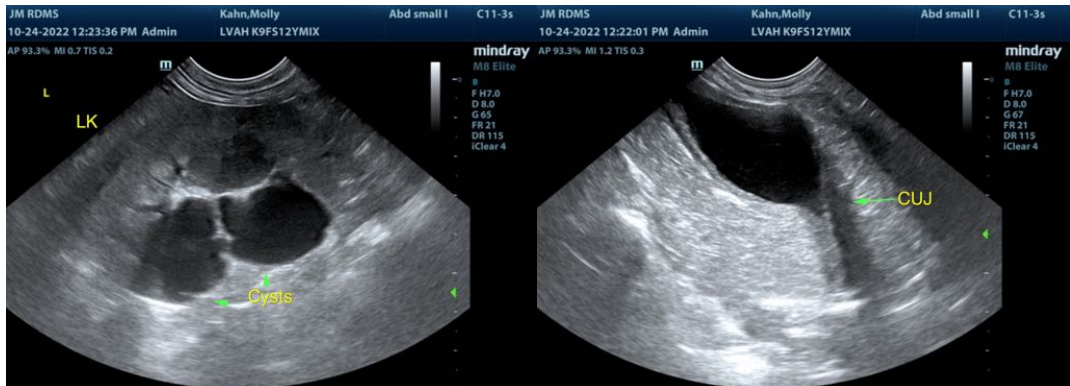
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Jessica Miller, RDMS

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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