



PATIENT PRESENTING CLINICAL SIGNS

Jeff Mackenzie liver looked enlarged on rads, panting more

Abnormal PE/Chem/CBC/UA Results: ALT 597, ALKP 732

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

St. Poodle

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

SEX

Neutered Male

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins).

AGE

11 Years

The kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 6.2 cm. The right kidney measures 6.8 cm.

WEIGHT

36 kg

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 6.9 mm at the cranial pole and 7.3 mm at the caudal pole. The right adrenal gland measures 8.2 mm at the cranial pole and 7.7 mm at the caudal pole.

Spleen

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

IMAGING PERFORMED BY

Kelly Reschny

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a 7.9 cm x 4.4 cm slightly hypoechoic mass located in the left caudal aspect of the liver. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

HOSPITAL NAME

BPH Stoney Creek

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

REFERRING VET

Dr. Baskin

The stomach is empty. The gastric wall could not be measured due to the presence of normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

INVOICE

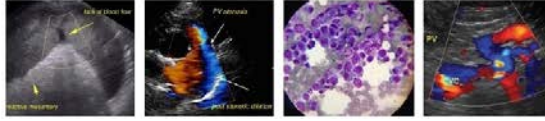
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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Jejunum measures 4.4 mm. Duodenum measures 5.5 mm. Intestinal motility appears normal.

DATE

9/23/22

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is visualized and is normal.



PATIENT *Pancreas*

Jeff Mackenzie

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Canine

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

BREED

St. Poodle

PRIMARY FINDINGS

- Liver mass arising from the left caudal aspect of the liver

SEX

Neutered Male

SECONDARY FINDINGS

- Chronic renal changes

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass arising from the liver could represent a benign hepatoma, or alternately a malignancy such as a carcinoma. Because of the location, there is a concern for torsion, so surgical removal is recommended.

WEIGHT

36 kg

- A CT could be performed prior to surgery for additional planning.
- 3-view chest radiographs are recommended.
- If surgical removal is not elected, laparoscopic or ultrasound guided biopsy could be performed for definitive diagnosis.

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HOSPITAL NAME

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REFERRING VET

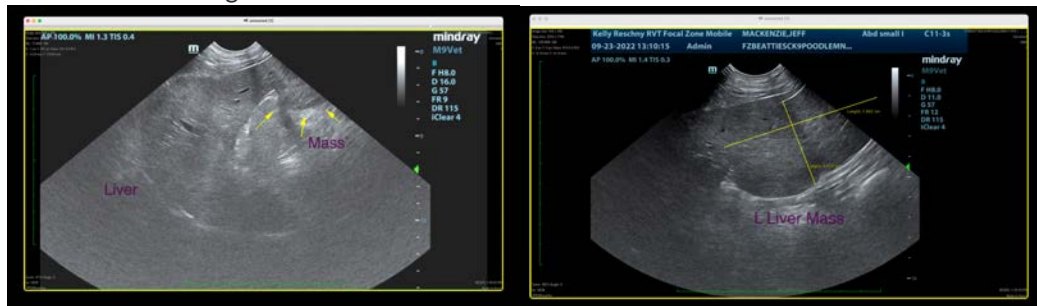
Dr. Baskin

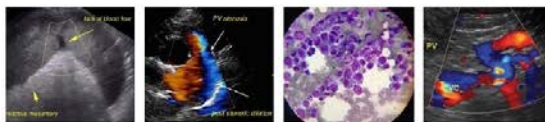
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PATIENT

Jeff Mackenzie

SPECIES

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Neutered Male

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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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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