



**PATIENT**

Oliver Coffaro

**SPECIES**

Canine

**BREED**

Shih Tzu X

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

10.6 Pounds

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

A Murphy, CVT

**HOSPITAL NAME**

Wauwatosa Vet Clinic

**REFERRING VET**

Dr. Ericka Haynes

**INVOICE**

45079

**DATE**

2/10/23

**PRESENTING CLINICAL SIGNS**

P diagnosed with splenic nodule at referral DVM. Screening ultrasound performed due to chronic vomiting and to follow up pancreatic nodule present on abdominal ultrasound on 3/17/22 Splenic nodule - mixed echogenic non cavitated lesion measuring 7.9mm 1.4cm : pancreatic nodule not seen at screening today for presence of splenic nodule.

Abnormal PE/Chem/CBC/UA Results: all wnl

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The prostate measures appropriate for neutered status of the dog. The parenchyma appears homogenous.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.8 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.71 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal in size (0.42 cm at the caudal pole, 0.34 cm at the cranial pole). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.39 cm in width). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

**Spleen**

In the mid body of the spleen there is a hypoechoic nodule that has grown in size since last year. Last year the nodule was a more mixed echogenicity as compared to today. It is more uniformly hypoechoic. Today the nodule measures 0.79 cm x 1.4 cm. Last year it measured 0.40 cm x 0.46 cm. The mass does not bulge the contour of the spleen.

**Liver**

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is distended with a large amount of anechoic bile as well as a moderate amount of dependent echogenic debris. The wall is a normal thickness and smooth. The cystic and common bile ducts are normal/not visible.



**PATIENT**

Oliver Coffaro

**SPECIES**

Canine

**BREED**

Shih Tzu X

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

10.6 Pounds

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

A Murphy, CVT

**HOSPITAL NAME**

Wauwatosa Vet Clinic

**REFERRING VET**

Dr. Ericka Haynes

**INVOICE**

45079

**DATE**

2/10/23

**Gastrointestinal**

The gastric lumen contains a small volume of ingesta and strongly shadowing material, although the pyloric outflow tract is patent with no evidence of foreign material. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal with distinct wall layering. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

**Pancreas**

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal. The prior pancreatic nodule is not visualized today.

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Very mild reactive mesenteric lymphadenopathy noted. The omentum is of normal uniform echogenicity.

**PRIMARY FINDINGS**

- Splenic nodule – larger in size compared to previous measurements.
- Resolved pancreatic nodule
- Reactive mesenteric lymphadenopathy

**SECONDARY FINDINGS**

- Gallbladder sludge

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This study is compared to one performed on 3/17/22. On the current study, the prior pancreatic nodule was not found and has resolved. The splenic nodule is still present and has grown in size, and its echogenic has subtly changed (more diffusely hypoechoic today). This nodule likely represents a benign nodule such as lymphoid hyperplasia or extramedullary hematopoiesis, though occult slow-growing neoplasia cannot be ruled out based on sonography alone. Fine needle aspirate could be considered for more information, though for certain tumor types this is a low yield test, and biopsy may be necessary for a diagnosis. Alternatively, serial ultrasound monitoring can be continued.

The reactive mesenteric lymph nodes are subtle. Given the history of chronic vomiting, these lymph nodes are very likely reactive and related to chronic enteropathy. Consider a diet trial with a novel protein, hypoallergenic, or elemental diet if not contraindicated for this patient. Also consider proton pump inhibitor therapy or further workup for chronic vomiting such as a GI panel and intestinal biopsies. Consider Ursodiol therapy for this patient if not contraindicated.



**PATIENT**

Oliver Coffaro

*Radiographs: A right lateral radiograph and ventrodorsal radiograph are submitted for review and there are no significant findings. There is ample formed feces within the descending colon and gas within the stomach.*

**SPECIES**

Canine

**BREED**

Shih Tzu X

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

10.6 Pounds

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

A Murphy, CVT

**HOSPITAL NAME**

Wauwatosa Vet Clinic

**REFERRING VET**

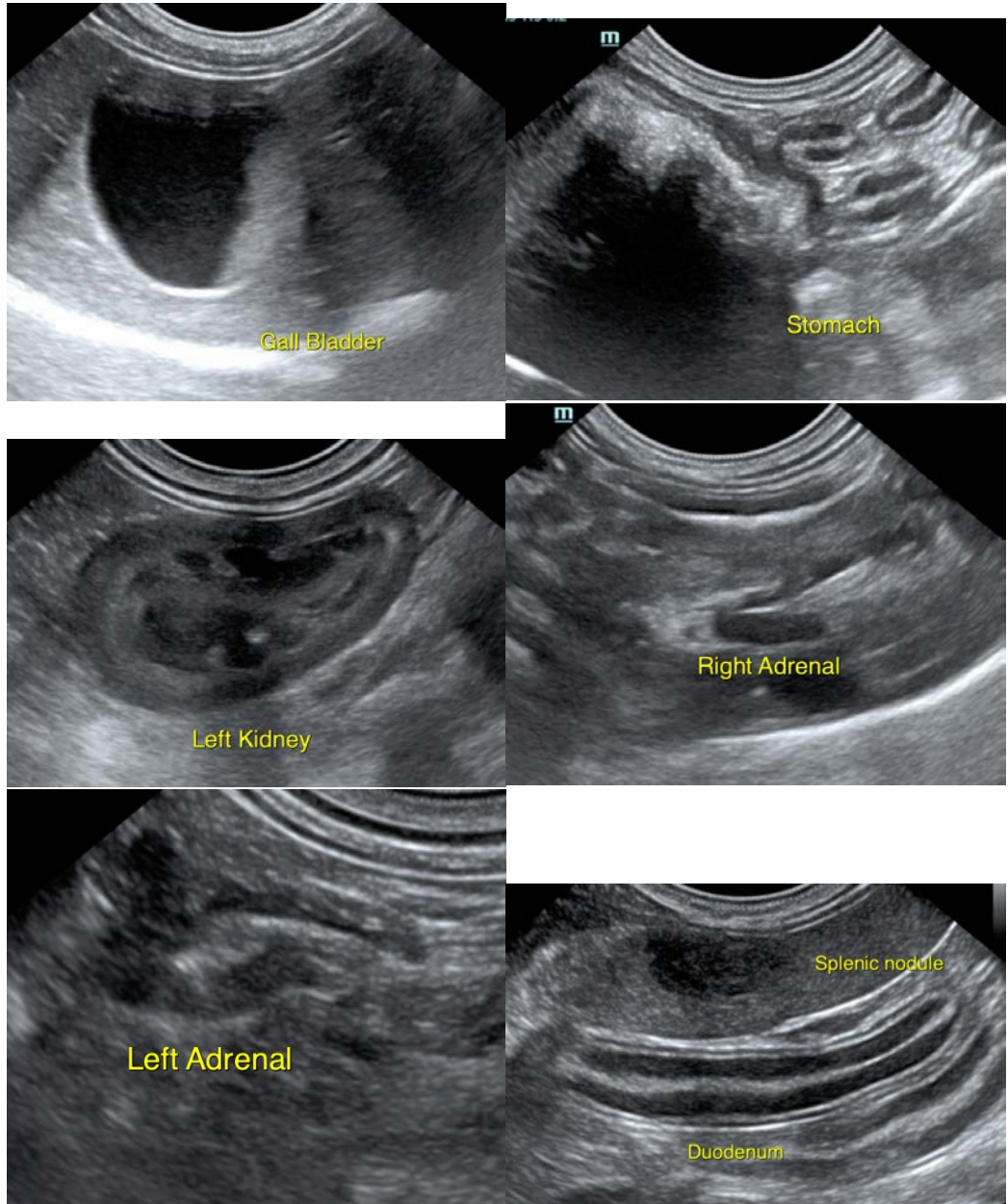
Dr. Ericka Haynes

**INVOICE**

45079

**DATE**

2/10/23





**PATIENT**

Oliver Coffaro

**SPECIES**

Canine

**BREED**

Shih Tzu X

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

10.6 Pounds

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING  
PERFORMED BY**

A Murphy, CVT

**HOSPITAL NAME**

Wauwatosa Vet Clinic

**REFERRING VET**

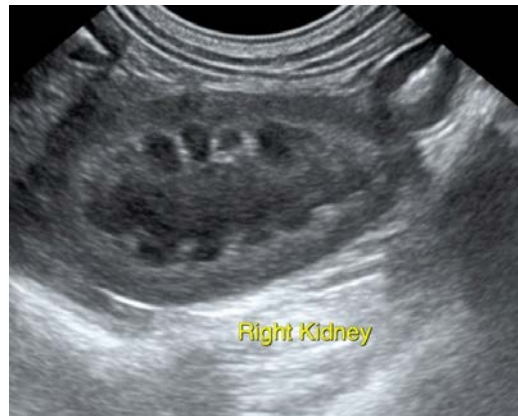
Dr. Ericka Haynes

**INVOICE**

45079

**DATE**

2/10/23



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.

Jessica Midence, DVM, DACVIM (SAIM)

[info@SonoPath.com](mailto:info@SonoPath.com)