



**PATIENT**

Zara Fernando

**SPECIES**

Canine

**BREED**

Vizsla

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

47 Pounds

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Emily Kirk

**HOSPITAL NAME**

Shiloh AH

**REFERRING VET**

Dr. Shana Silverstein

**INVOICE**

45329

**DATE**

2/16/23

**PRESENTING CLINICAL SIGNS**

Hx of fully excised schwannoma (sarcoma) from pinna 12/21, and now another suspect sarcoma on same ear, different location (<1cm). Chest x-rays and abdominal ultrasound performed as met check prior to surgery.

Abnormal PE/Chem/CBC/UA Results: labs wnl. Chest x-rays unremarkable.

**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 distended with a very large volume of anechoic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.65 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 6.99 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 (0.48 cm at the caudal pole, 0.60 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 (0.52 cm at the caudal pole, 0.39 cm at the cranial pole). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

**Spleen**

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

**Liver**

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. Echogenicity was mildly hyperechoic (almost isoechoic to the spleen) 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. The wall is a normal thickness and smooth. Moderate volume of bile present. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal**

The gastric lumen is empty. 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 and the pyloric outflow tract appears patent.



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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. The duodenal mucosa did have a moderate number of hyperechoic mucosal speckles.

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.

**Free Abdomen**

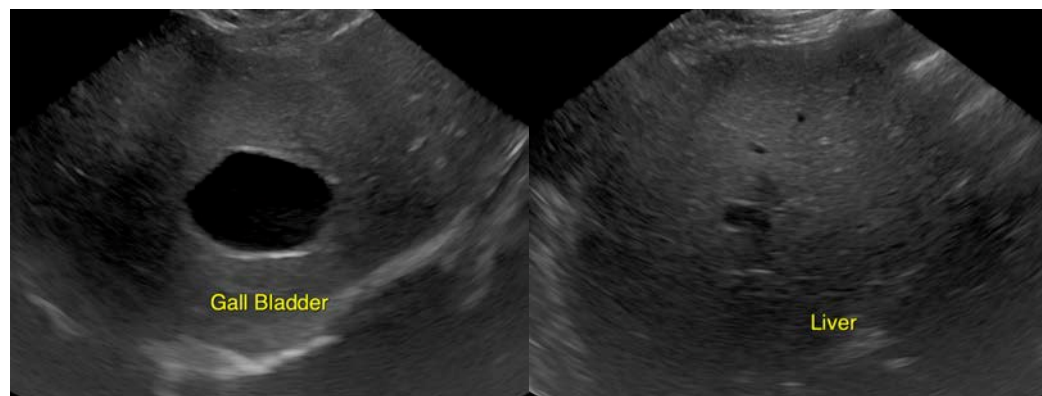
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

- Mildly hyperechoic liver
- Mucosal speckling of the duodenum

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This sonographic examination is largely normal, as both primary findings were relatively mild and could be clinically insignificant. Hyperechoic changes to the liver are usually benign vacuolar change that can be normal with age in certain dogs, or certain endocrinopathies. The mucosal speckling of the duodenum is something that can be associated with protein losing enteropathy, though if the lab work is normal then this is likely a normal variation without clinical significance in this patient. The ultrasound was negative for any obvious metastatic or other neoplastic disease.





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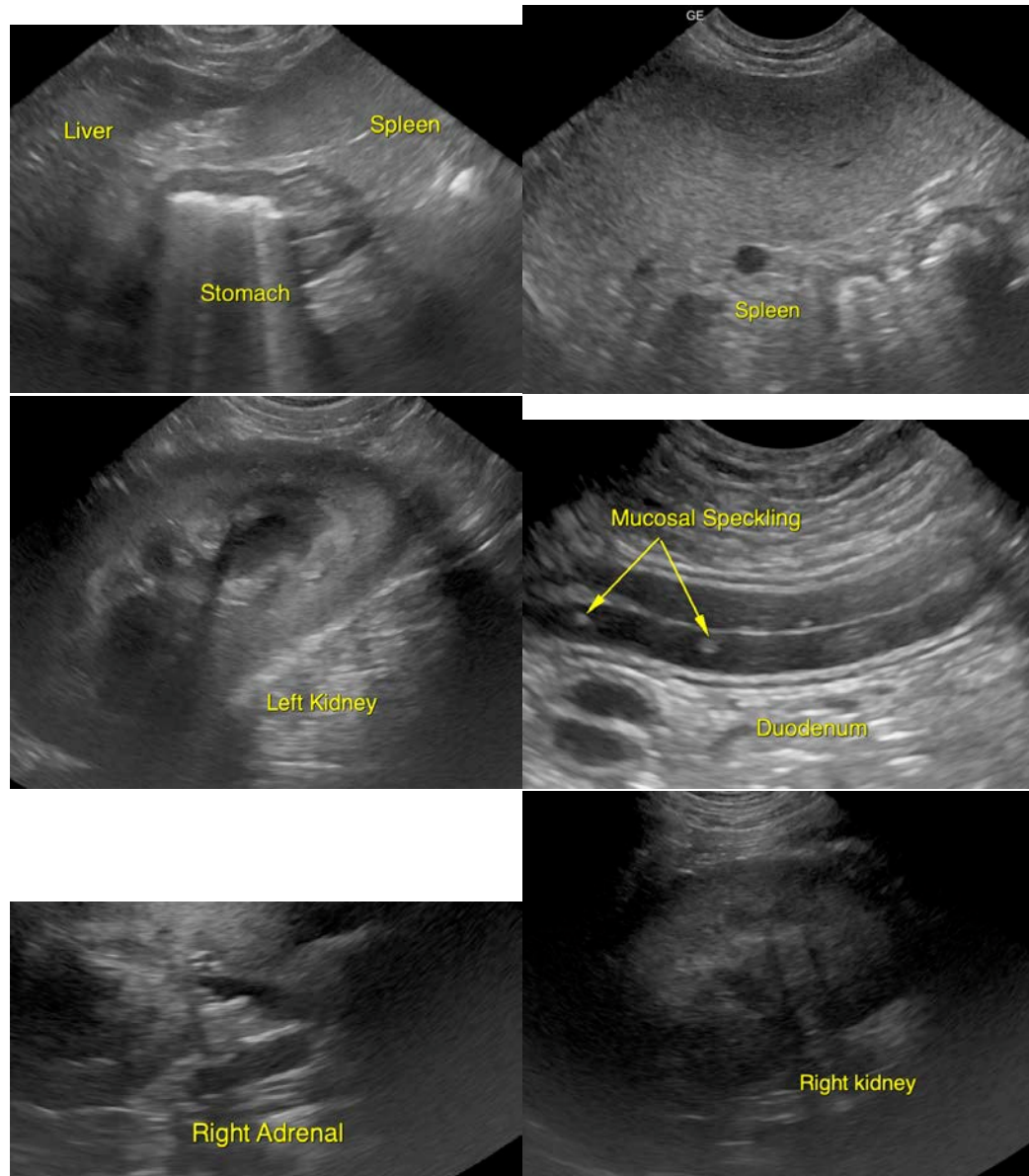
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)