



**PATIENT**

Daisy Boudreau

**SPECIES**

Canine

**BREED**

Mixed Breed K9

**SEX**

FS

**AGE**

12 years

**WEIGHT**

58.5 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Glen Rock VH

**REFERRING VET**

Dr. Scott Stekler

**INVOICE**

15808

**DATE**

1/12/23

**PRESENTING CLINICAL SIGNS**

Patient presents for vomiting, diarrhea, anorexia, anemia, and suspicion of large cranial-mid abdominal mass visualized on radiographs.

Currently in-hosp on IVFs, Cerenia, and Cefazolin.

**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. 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 5.8 cm in length.

**Adrenal Glands**

A non-distruptive, primarily homogeneous, nonmineralized nodule was present in the cranial left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The cranial left adrenal nodule measured 1.2 cm x 1.0 cm. The overall left adrenal gland measured 2.6 cm length x 0.79 cm width in the caudal pole.

A non-distruptive, primarily homogeneous, nonmineralized nodule was present in the mid to cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The mid to cranial right adrenal gland nodule measured 2.1 cm x 0.96 cm. The overall right adrenal gland 2.9 cm length x 0.79 cm width in the caudal pole.

**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. 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. No splenic masses or neoplastic criteria were noted.

**Liver/ Gallbladder**

The liver exhibited generalized enlargement primarily secondary to large, nonhomogeneous cystic mass involving the majority of the hepatic parenchyma with mild subjective expansive caudally into the area



<b>PATIENT</b>	of the gastric axis. The mass measured approximately 12 cm - 13 cm in diameter. Non-involved hepatic parenchyma exhibited parenchymal remodeling with discrete nondisruptive hypoechoic nodular changes. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Daisy Boudreau	
<b>SPECIES</b>	
Canine	<b><i>Gastrointestinal</i></b>
<b>BREED</b>	The stomach exhibited intact prominent gastric wall layering secondary to mild to moderate echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a moderate amount of retained variably echogenic fluid along with focal to diffusely strongly shadowing ingesta subjectively extending into the area of the pyloric outflow. The strongly shadowing ingesta or possible echo measured up to 3.0 cm in diameter.
Mixed Breed K9	
<b>SEX</b>	
FS	The duodenum exhibited intact prominent wall layering with concurrent mild duodenal ileus and possible similar appearing hyperechoic to mildly shadowing ingesta to possible duodenal echoes. The duodenum contained concurrent mild amount of retained variably echogenic fluid. Visualized jejunum and ileum to the level of the colon were sonographically unremarkable without evidence of mechanical / metabolic ileus and intact wall layering.
<b>AGE</b>	
12 years	
<b>WEIGHT</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
58.5 lbs.	<b><i>Pancreas</i></b>
<b>INTERPRETED BY</b>	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 were evident.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b><i>Free Abdomen</i></b>
<b>IMAGING PERFORMED BY</b>	No overt lymphadenopathy or peritoneal effusion was present.
Kelly Vazquez	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>• Nonspecific shadowing gastric and suspect duodenal ingesta / echoes with mild to moderate hypomotile gastroduodenitis pattern</li> <li>• Large nonhomogeneous to cystic liver mass - cystic biliary adenoma, cystic biliary adenocarcinoma, or other</li> <li>• Bilateral nondisruptive nonmineralized adrenal nodules - suspect adenomas, possibility of emerging nodular to early neoplastic criteria i.e., pheochromocytoma considered less likely</li> <li>• Bilateral mild chronic renal changes</li> </ul>
Glen Rock VH	
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<b>INVOICE</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
15808	Although not definitive, strong concern for gastric and possible duodenal foreign material i.e., fabric, cloth, hair, or similar is warranted. Correlation with most recent meal ingestion is suggested. Sonographic monitoring for evidence of gastric emptying or persistent shadowing gastroduodenal ingesta over the next 12-24 hours with documented NPO is recommended. Endoscopy, if available, is likely ideal for further assessment. Screening liver mass FNA cytology could be considered for further
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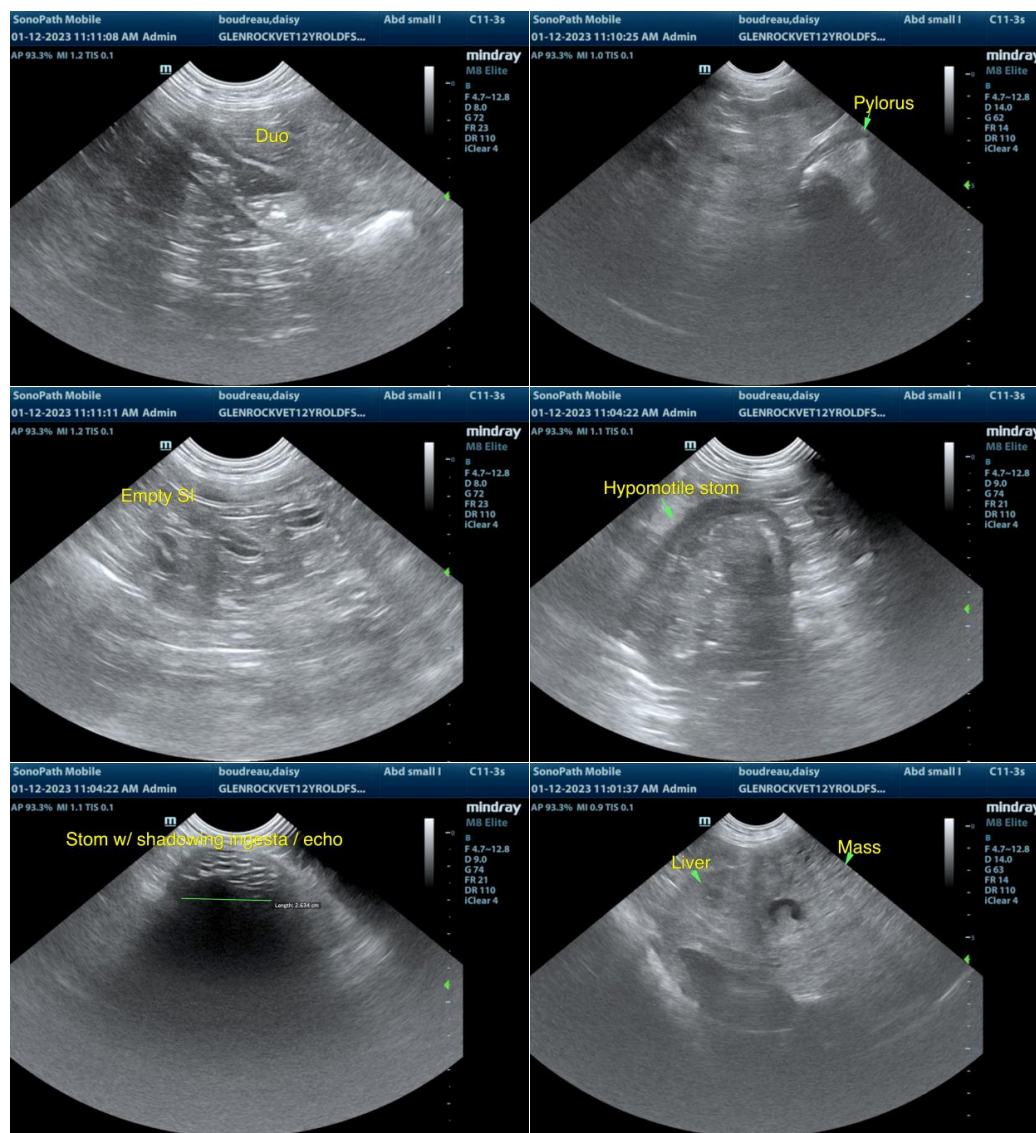
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clarification yet may prove unrewarding given the cystic appearance of the liver mass. Screening blood pressure is suggested to assess for evidence of hypertension which may allude to an emerging left or right pheochromocytoma. Sonographic monitoring of the adrenal nodules for evidence of progression is recommended.





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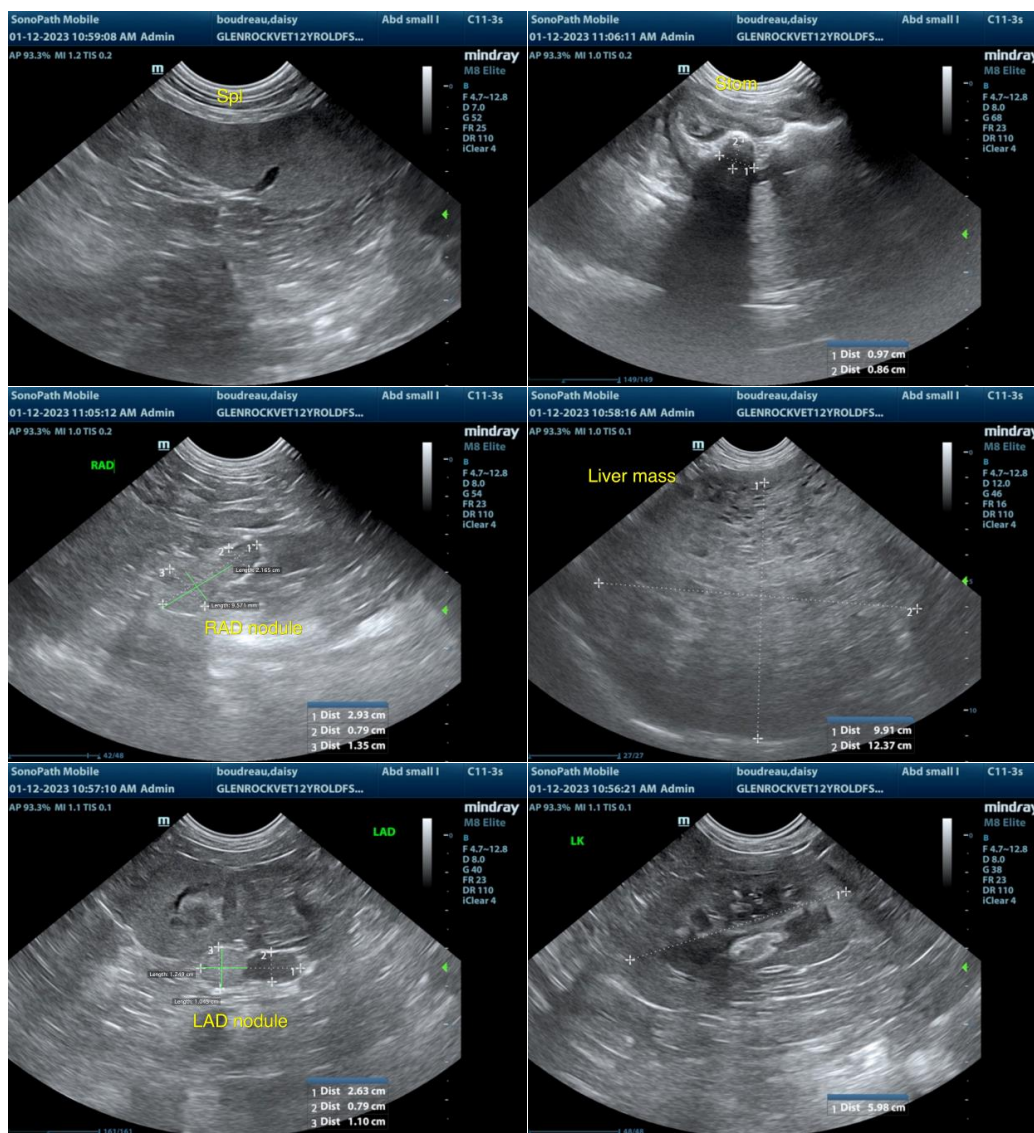
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com