



PATIENT

Zero Quiroz

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

12 Years

WEIGHT

21.8

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

20648

DATE

1/19/23

PRESENTING CLINICAL SIGNS

History: Vomiting on and off Diarrhea on and off Gurgling sound from the abdomen
Abnormal PE/Chem/CBC/UA Results: Blood work-elevated AST, low total T4, elevated platelets X-ray-not clear mass in the abdomen, mild thick intestine Palpation-mid caudal abdominal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size, which prohibited full evaluation of the urinary bladder walls. Subjective generalized urinary bladder wall thickening was noted, exhibiting mild nonhomogenous nonmineralized mural echogenicity. Mild anechoic urine was present with no sediment or calculi. The urinary bladder wall measured 0.55 cm. The urethra was normal to a depth of 3.0 cm.

The residual prostate 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 4.7 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland was subjectively normal in size, position and shape. The left adrenal gland measured 0.66 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented mildly 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 coarse echotexture. 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 non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild luminal nonshadowing ingesta/chyme.

A mid to caudal abdominal jejunal nonhomogenous mural mass was present with associated adjacent to segmental intact thickened intestinal wall layering. Concurrent segments of intact intestinal walls,



PATIENT	exhibiting maintained 1:3 muscularis to mucosal ratio were noted. The jejunal mural mass measured subjectively 4-5 cm in length with wall width up to 0.74 cm. The mass did not appear to be obstructive, without evidence of segmental to generalized retained intestinal fluid. Normal appearing small intestine measured 0.33 cm wall width by comparison.
Zero Quiroz	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	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 was evident.
Beagle	Free Abdomen
SEX	Regional periintestinal hyperechoic mesentery was noted. No evidence of peritoneal effusion noted.
Neutered Male	Mid abdominal variably prominent hypoechoic to nonhomogenous mesenteric lymphadenopathy was noted, exhibiting borderline abnormal width to length ratio (approximately 0.5). An example of mesenteric lymph node measured 2.2 cm x 1.1 cm.
AGE	
12 Years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Segmental jejunal mural mass with adjacent intact yet variably thickened intestinal walls • Regional mild periintestinal peritonitis • Associated mid abdominal mesenteric lymphadenopathy • Mild chronic renal changes • Nonspecific thickened urinary bladder • Mild hepatomegaly- nonspecific
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IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Sharkaway	Although sampling is required for further assessment, the segmental jejunal mural mass is sonographically suggestive of neoplastic criteria. Associated mesenteric lymphadenopathy is suspicious for early lymphatic metastasis, complicated inflammatory bowel, segmental intestinal granulomatous disease, mesenteric lymphadenitis vs hyperplasia is possible yet thought less likely. Potentially, ultrasound guided FNA cytology of the intestinal mural mass and accessible lymph node could be considered for further assessment. Biopsies are likely required for a definitive diagnosis. The extent of intestinal involvement was difficult to ascertain. Referral for further assessment and diagnostics, if surgery is a potential possibility, may be considered. No evidence of pathology on three view chest radiographs.
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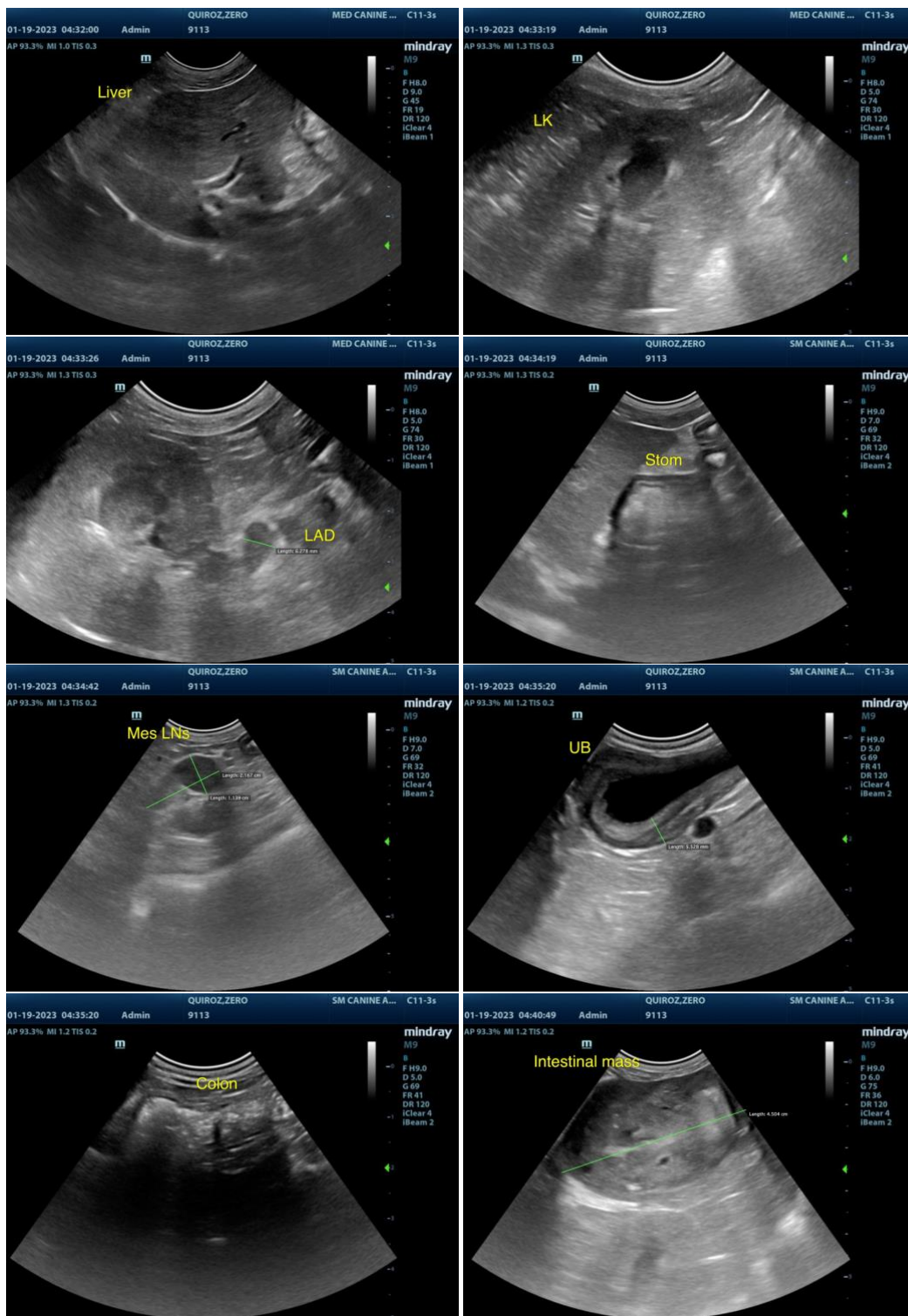
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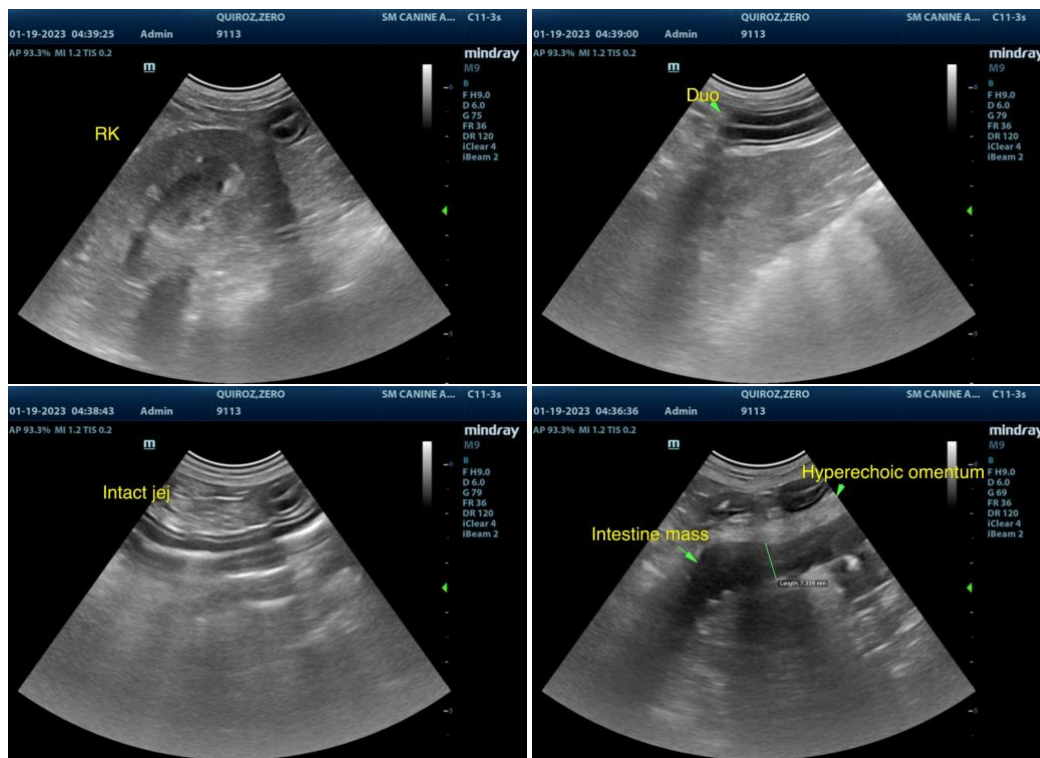
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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