



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Maya Vulvetic	History: Presented to ER for vomiting, inappetence, lethargy, chronic GI issues PU/PD and weight loss. No BW or Radiographs.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.
Pitbull/Mix	
<b>SEX</b>	Both kidneys were normal size with mild asymmetrical margination. Overall maintained 1:3 cortex / medulla ratio with mild loss of corticomedullary definition. Both kidneys exhibited discreet to mildly expansive hypoechoic nodules. An example of left kidney nodule measured 1.6 cm in diameter. An example of right kidney nodule measured 1.8 cm in diameter. The left kidney measured 7.8 cm in length. The right kidney measured 8.3 cm in length.
Spayed Female	
<b>AGE</b>	<b>Adrenal Glands</b>
5 Years	The left and right adrenal glands were not definitively visualized, owing to regional periadrenal lymphadenopathy and increased omental artifact.
<b>WEIGHT</b>	<b>Spleen</b>
46.8 Pounds	The spleen was enlarged with symmetrical to mildly rounded splenic contour. Generalized mild heterogenous splenic parenchyma was noted, exhibiting decreased parenchyma echogenicity and normal vascularity. No distinct splenic masses or nodules noted.
<b>INTERPRETED BY</b>	<b>Liver</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver exhibited mild to potential moderate generalized enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. Primarily maintained symmetrical hepatic capsule contour was noted. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. Intermittent discreet hypoechoic intraparenchymal nodule was noted.
<b>IMAGING PERFORMED BY</b>	
Kim Leidberg	
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
SVS Imaging WI	The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Payne- WVRC	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
<b>INVOICE</b>	The small intestine exhibited primarily intact wall layering with propensity for mildly prominent segmental to generalized muscularis and submucosa layers. Intermittent to multifocal areas of potential muscularis proliferation noted, with potential for impinging hypoechoic to swollen periintestinal lymphadenopathy. Intact small intestinal wall layering measured 0.34 cm. Areas of potential muscularis proliferation measured up to 1.4 cm wall width.
20647	
<b>DATE</b>	
1/20/23	



**PATIENT**

Normal visible colon wall layers were present with apparent formed feces in lumen.

Maya Vulvetic

**Pancreas**

**SPECIES**

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.

Canine

**Free Abdomen**

**BREED**

Multiple variably sized hypoechoic to swollen mesenteric lymph nodes were noted, exhibiting abnormal width to length ratio (<0.5). An example measured 3.7 cm x 2.2 cm. Generalized hyperechoic mesentery was noted. Intermittent small pocket of scant peritoneal free fluid was noted.

Pitbull/Mix

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

- Hepatosplenomegaly, with decreased parenchyma echogenicity, intermittent hypoechoic hepatic intraparenchymal nodule

**AGE**

5 Years

- Bilateral kidney nodules
- Generalized prominent small bowel walls, exhibiting potential for multiple areas of mural proliferation vs impinging periintestinal lymphadenopathy

**WEIGHT**

46.8 Pounds

- Multiple variably sized hypoechoic to swollen mesenteric lymphadenopathy
- Scant peritoneal free fluid

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Although sampling is required for further assessment, primary concern for multicentric neoplasia, involving the spleen, liver, intestinal tract, and multiple intraabdominal lymph nodes and likely kidneys is warranted. Primary concern for multicentric round cell neoplasia, such as lymphoma or other. Nonneoplastic etiologies such as hepatosplenic inflammatory disease, mesenteric lymphatic hyperplasia, lymphadenitis, or similar considered less likely.

**IMAGING PERFORMED BY**

Kim Leidberg

Further assessment may include, assuming normal clotting status, hepatosplenic and accessible lymph node FNA cytology, with potential for oncology consult and chemotherapeutic intervention. This case appears to be nonsurgical. Three view chest radiographs are recommended. Extremely guarded prognosis.

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Payne- WVRC

**INVOICE**

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**PATIENT**

Maya Vulvetic

**SPECIES**

Canine

**BREED**

Pitbull/Mix

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

46.8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kim Leidberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

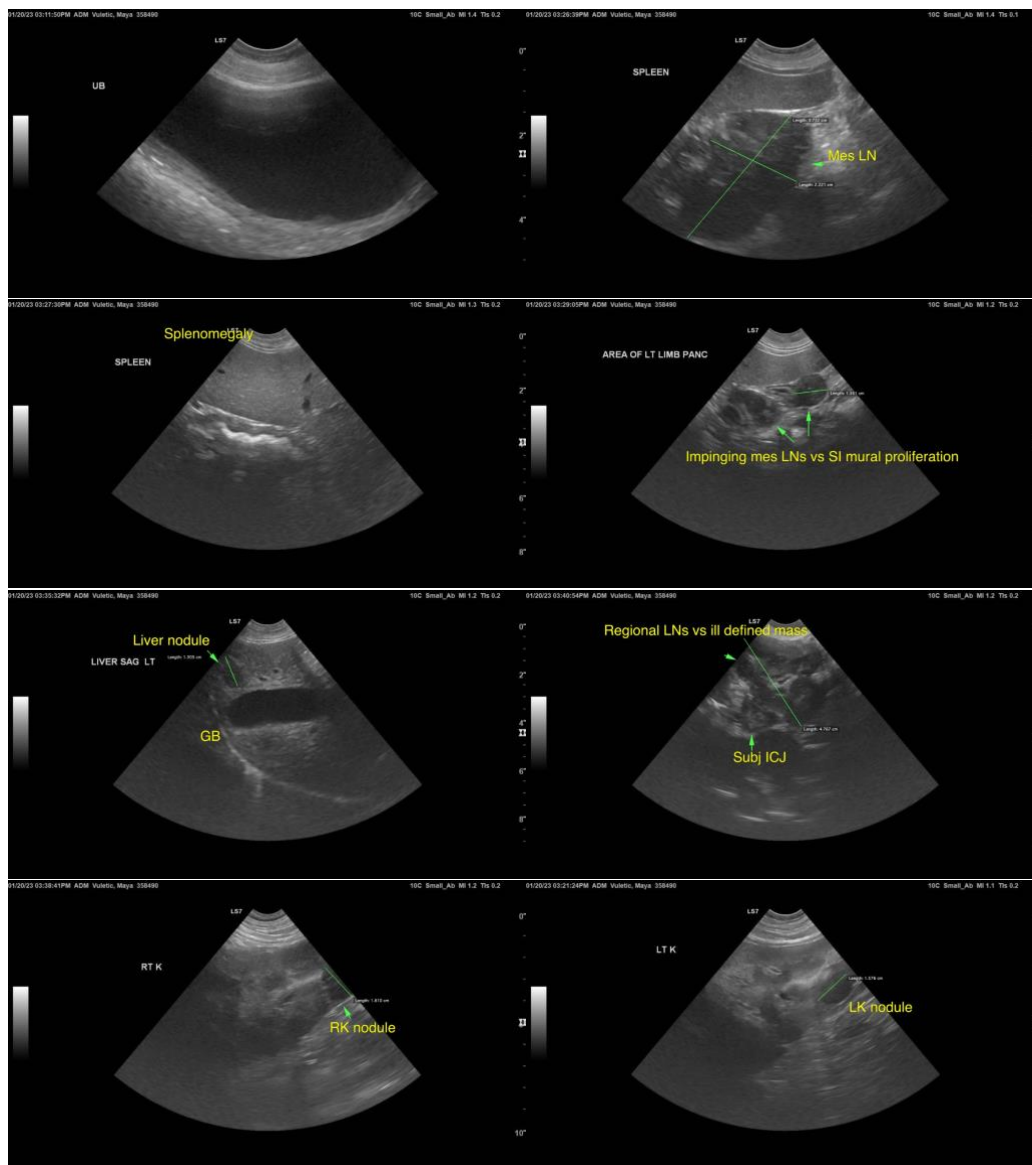
Dr. Payne- WVRC

**INVOICE**

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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)**  
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