



PATIENT

Flint Reffo

SPECIES

Canine

BREED

Barbet

SEX

Neutered Male

AGE

8 Years 6 Months

WEIGHT

25.4 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Ranchlands Vet Clinic

REFERRING VET

Dr. Hewa

INVOICE

13343

DATE

01/22/26

PRESENTING CLINICAL SIGNS

- The patient presents with a history of chronic gastrointestinal issues, including chronic vomiting and recent soft stool, culminating in a diagnosis of Giardia, alongside a slight weight loss.
- The primary clinical issue is chronic, intermittent vomiting, which was an ongoing concern as of November. More recently, diarrhea began in the last week of December, occurring two to three times a week and described as soft but not watery. A decreased appetite was also reported on 12/31. On 12/31, the patient tested positive for Giardia and was treated with Panacur; follow-up testing was not documented. Radiographs taken on 10/07 showed no evidence of gastric dilation or small intestinal obstruction.
- Supporting findings include blood work from 11/01 that showed an elevated white blood cell count with neutrophilia. A peripheral lymphadenopathy was previously identified but is noted as currently resolved today. The patient's weight has decreased from 26.6 kg in October to 25.5 kg as of the last documented visit.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 5.2 cm in length with probable mild underestimation of right kidney size.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

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 & Gallbladder



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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

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The small intestine revealed a mid-duodenal mural mass exhibiting segmental markedly thickened to irregular duodenum wall. Decreased to mild nonhomogenous mural echogenicity and loss of duodenal mural detail and subjectively involving the mid-duodenum potentially measuring approximately 6.0 cm in length with a wall width of 1.2 cm. Normal appearing upper and distal descending duodenum wall with upper duodenum wall measuring 0.57 cm wall width. The visualized jejunum and ileum to the level of the colon exhibited intact nonthickened wall with maintained wall layer detail and empty lumen. The jejunum wall measured 0.45 cm wall width.

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Normal visible colon wall layers were present with soft fecal matter in lumen.

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Pancreas

The area of the left pancreas was sonographically normal.

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Free Abdomen

A solitary visualized enlarged hypoechoic to swollen cranial mesenteric lymph node was visualized measuring 2.5 cm x 1.6 cm. Mild surrounding hyperechoic omentum with no evidence of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Duodenal mass, otherwise, sonographically unremarkable empty gastrointestinal tract.
- Hypoechoic to swollen cranial mesenteric lymph node.
- Sonographically normal left pancreas.
- Soft fecal matter in colon.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The duodenal mass does not appear to be obstructive to upper gastrointestinal flow. Neoplastic criteria for the duodenal mass is met with significant inflammatory, infectious or granulomatous disease thought less likely.

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High concern for regional lymphatic metastasis. If normal clotting status and accessible, FNA cytology of the duodenal mass and lymph node is warranted for further clarification. Biopsies likely required for a definitive diagnosis with surgical or oncology consult.

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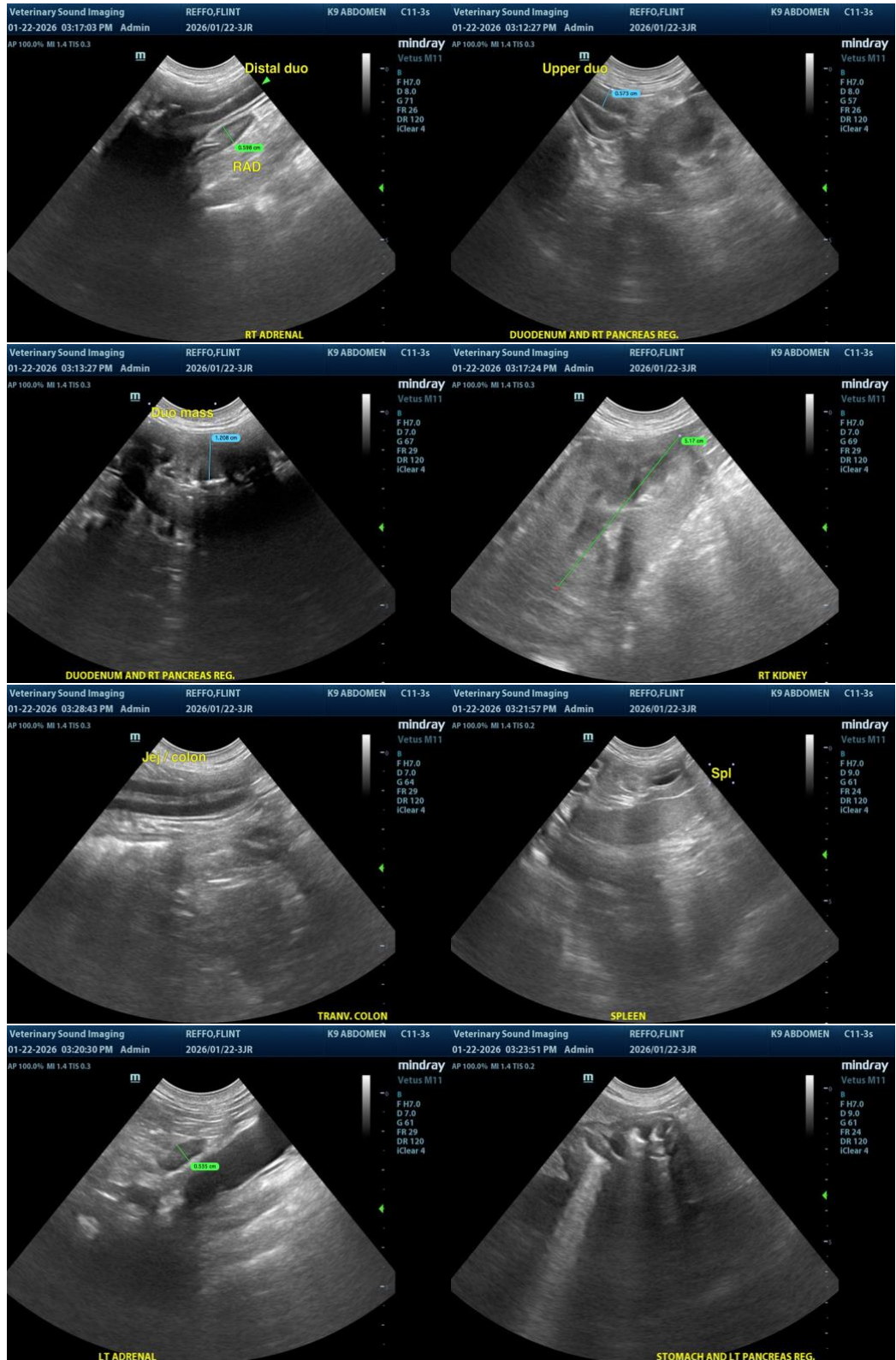
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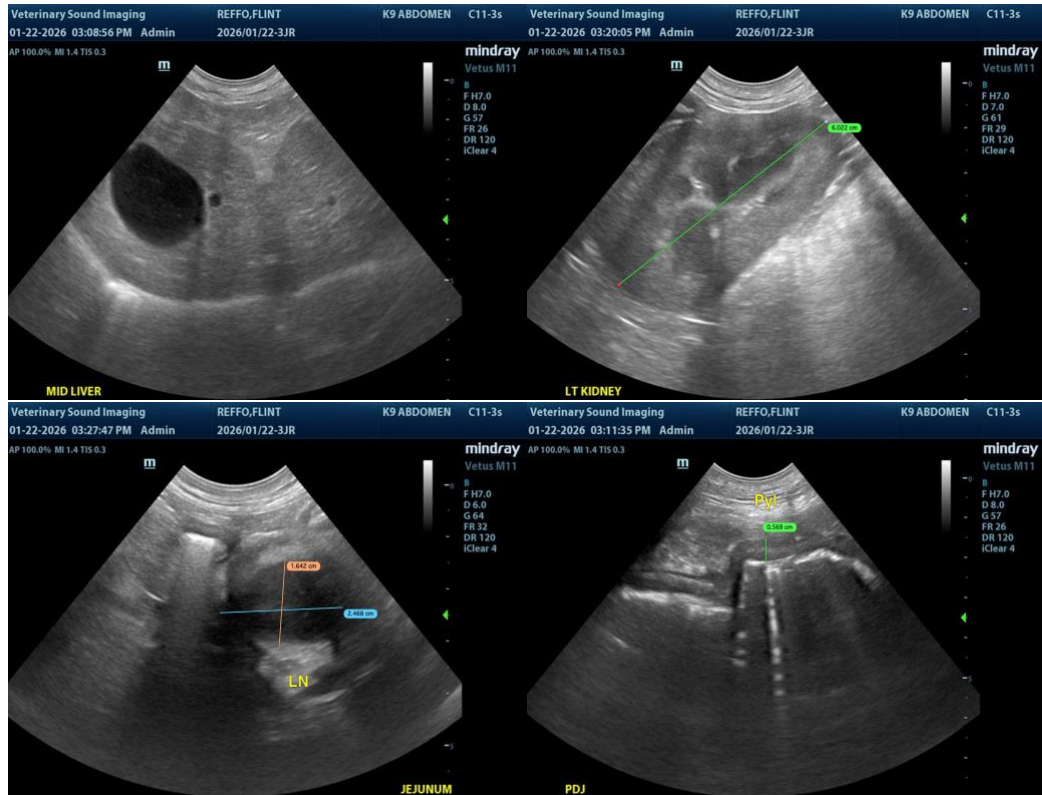
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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