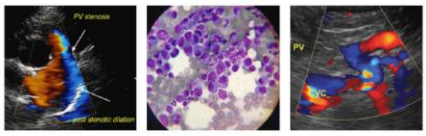
IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Ollie Reyes

SPECIES
Canine

BREED
Puggle

SEX
MN

AGE
11 years

WEIGHT
36.8 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Patterson Dog and Cat Hospital Doctor: Dr. Amanda Lee

INVOICE
15960

DATE
1/26/23

PRESENTING CLINICAL SIGNS

Presents to ER for lethargy, pot belly, and diarrhea. Was also vomiting and not eating normally. Diagnosed with hemoabdomen. Presented to DVM for second opinion.
Abnormal PE/Chem/CBC/UA Results: BW pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

The residual prostate was free of pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 5.2 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.43 cm width at the cranial pole. The right adrenal gland was indistinctly visualized with only the caudal pole of the right adrenal gland visualized measuring 0.59 width.

Spleen

The spleen was normal in size with minor areas of capsule asymmetry with generalized mild heterogeneous parenchyma. Intermittent nondisruptive discrete hypoechoic splenic nodules were noted with an example measuring 0.54 cm in diameter. The nodules did not distort the splenic capsule. Normal vascularity was present with no splenic masses noted.

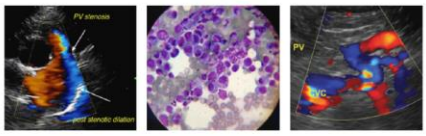
Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and 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 echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Ollie Reyes

SPECIES
Canine

BREED
Puggle

SEX
MN

AGE
11 years

WEIGHT
36.8 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Patterson Dog and Cat Hospital Doctor: Dr. Amanda Lee

INVOICE
15960

DATE
1/26/23

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

Pancreas

The pancreas base and right pancreatic limb were variably prominent sized exhibiting nonhomogeneous mixed echogenic to nodular parenchyma.

Free Abdomen

An ill-defined irregular nonhomogeneous mass lesion was present in the right cranial abdomen within the area of the pancreas base, right pancreatic limb, and caudate liver lobe measuring approximately 6.5 cm in diameter. Regional hyperechoic mesentery was present in the right cranial abdomen peripherally around the ill-defined mass with concurrent scant pericardial effusion. No overt lymphadenopathy was noted. Potential for possible regional vascular invasion or associated vascular thrombus formation in adjacent vasculature, possible though not definitive.

Brief subjective echocardiogram revealed potential for minor to indistinct pleural vs. pericardial effusion. No overtly visualized cardiac or pericardial tumors.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes exhibiting intact renal architecture
- Mild heterogeneous spleen exhibiting nonspecific discrete nodules
- Hepatic parenchymal remodeling
- Nonuniform to nodular pancreas base / right pancreatic limb
- Ill-defined irregular mass right cranial abdomen area of right pancreas and caudate liver lobe
- Associated regional peritonitis and mild peritoneal effusion
- Subjective mild to indistinct concurrent pleural vs. pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

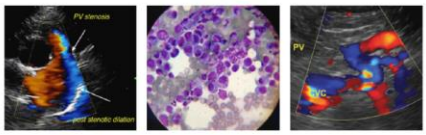
A definitive origin of the ill-defined right cranial mass lesion was difficult to ascertain with pancreatic caudate hepatic origin possible. Potential right adrenal origin or involvement cannot be definitively excluded. Screening FNA cytology of the ill-defined mass, assuming normal clotting status, could be considered for further assessment.

The discrete splenic nodules may indicate benign process i.e., hyperplasia, hematopoiesis, or similar, although potential for early splenic or pericardial / thoracic metastasis could be possible. Three-view chest radiographs are recommended if not done.

The mass did not have the typical sonographic appearance of active pancreatitis, although some degree of mixed pattern right limb pancreatitis is suspected. Correlation with pending blood work +/- Spec cPl is warranted. Thoracoabdominal CT if possible is likely ideal given this presentation.

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Ollie Reyes

SPECIES

Canine

BREED

Puggle

SEX

MN

AGE

11 years

WEIGHT

36.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

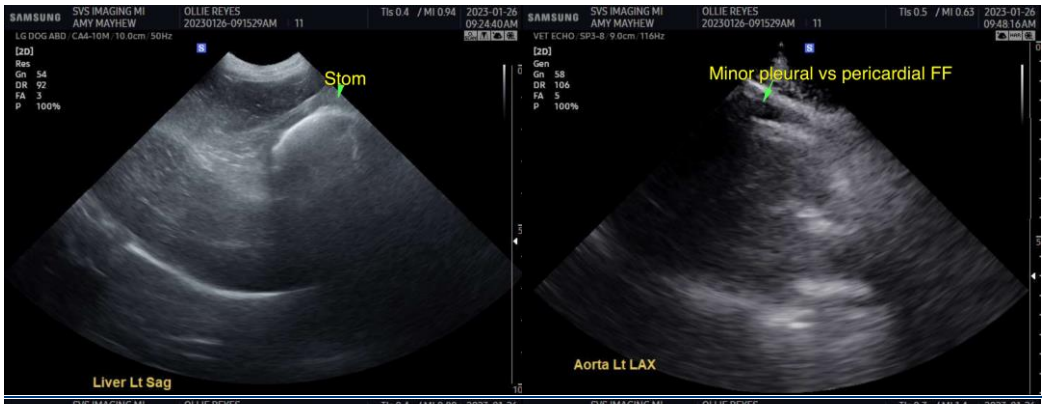
Patterson Dog and Cat Hospital Doctor: Dr. Amanda Lee

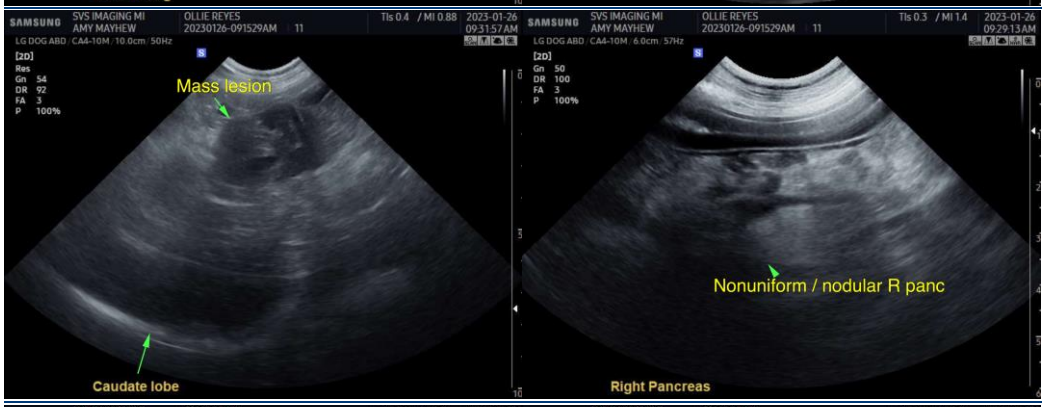
INVOICE

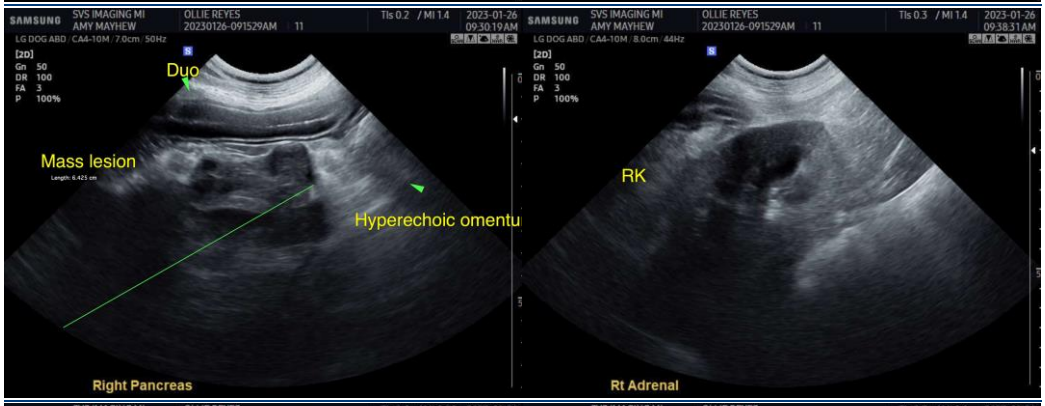
15960

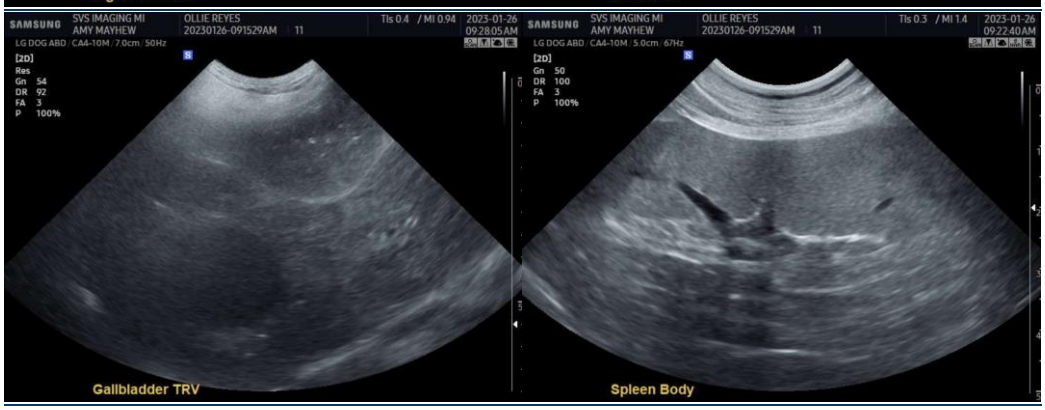
DATE

1/26/23



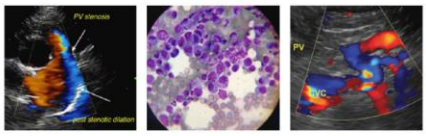






IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Ollie Reyes

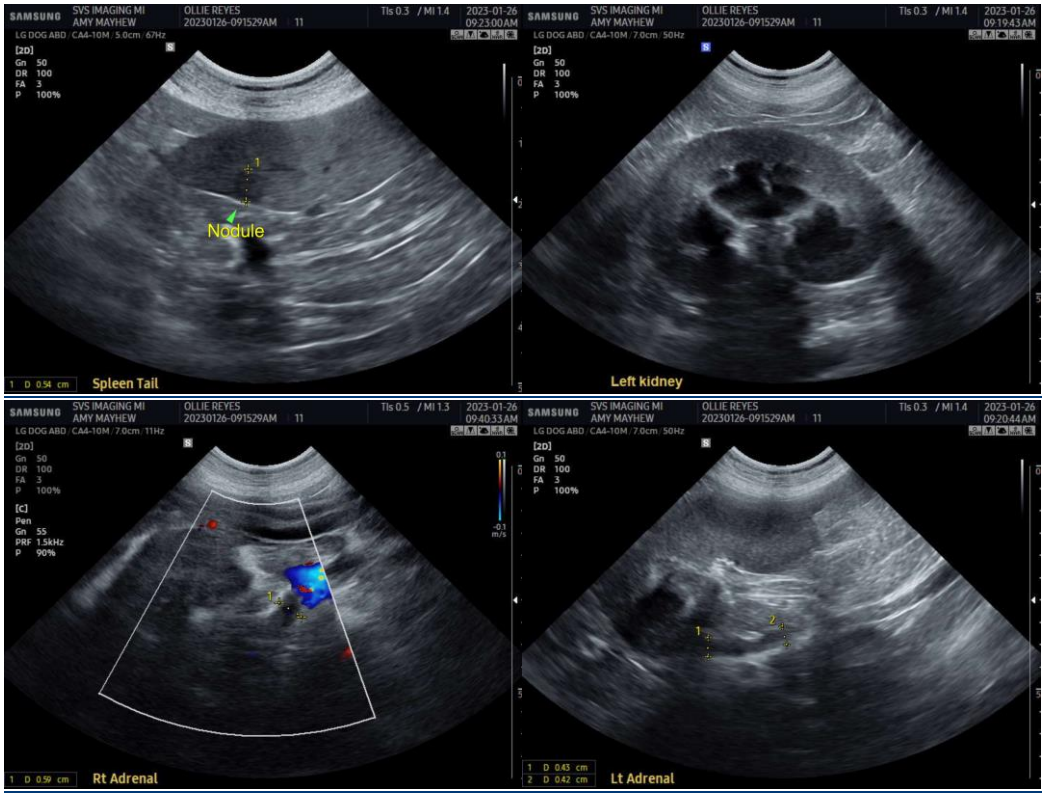
SPECIES
Canine

BREED
Puggle

SEX
MN

AGE
11 years

WEIGHT
36.8 lbs.



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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Patterson Dog and Cat Hospital Doctor: Dr. Amanda Lee

INVOICE
15960

DATE
1/26/23

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