



PATIENT

Bruno Chavez

SPECIES

Canine

BREED

Boston Terrier

SEX

MN

AGE

11 years

WEIGHT

25

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amanda Farvis

HOSPITAL NAME

Ruidoso AC

REFERRING VET

Dr. Amanda Farvis

INVOICE

16000

DATE

1/27/23

PRESENTING CLINICAL SIGNS

5 pounds of weight loss in an unknown period of time. 24 hour history of vomiting and decreased appetite.

Abnormal PE/Chem/CBC/UA Results: CBC - monocytosis, Chemistry - creatinine 1.2, BUN 34, globulins 5.7, ALT 577, ALP 534, cholesterol 327. Potassium 2.4, chloride 103.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No overt pathology associated with the residual prostate was noted.

No obvious 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 5.3 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were variably prominent in size exhibiting mild capsule asymmetry and subtle nonhomogeneous parenchyma. The left adrenal gland measured 2.9 cm length x 1.0 cm width at the caudal pole. The right adrenal gland measured 3.0 cm length x 0.7 cm width at the caudal pole.

Spleen

The spleen was overall normal in size exhibiting generalized mild parenchyma heterogeneity. A mildly expansive, mixed echogenic macro nodule was present in the subjective caudal spleen with mild associated splenic capsule distortion, yet without evidence of parenchymal escape measuring approximately 2.7 cm in diameter. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver presented normal in size. 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. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size containing primarily anechoic content with mild, non-organized, echogenic luminal gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis/ mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

An unspecified mild irregular nonhomogeneous mass lesion was noted cranial abdomen adjacent to or directly effacing the mid-caudal liver and within the area of the pancreas with peripheral hyperechoic omentum. The mass lesion measured 5.0 cm in diameter. No evidence of peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Mild chronic renal changes
- Mildly prominent to irregular bilateral adrenal glands - nonspecific
- Mildly expansive mixed echogenic splenic macronodule - subjectively benign, hyperplasia, hematopoiesis, atypical to consolidated macro lipogranuloma, splenitis, or similar likely
- Hepatopathy - subjectively acute
- Mild gallbladder debris (non-mucocele)
- Unspecified irregular to nonhomogeneous mass lesion area of caudal liver and pancreas with mild peripheral peritonitis
- Gastroenteritis pattern - no evidence of mechanical gastrointestinal obstruction

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The unspecified mass lesion may indicate hepatic or pancreatic origin with lymphatic origin considered less likely. Consolidated abscess, necrosis, necrotic granuloma, and neoplastic criteria are all potentials. Assuming normal clotting status and if accessible, FNA guided cytology of the unspecified mass for further clarification is recommended. Concurrent hepatic parenchyma FNA cytology would be warranted, assuming normal clotting status. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for evidence of pancreatitis or occult small intestinal disease as a



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contributing factor to the weight loss is recommended. Three-view chest radiographs are suggested if not done. As-needed hepato-gastrointestinal support would be appropriate.

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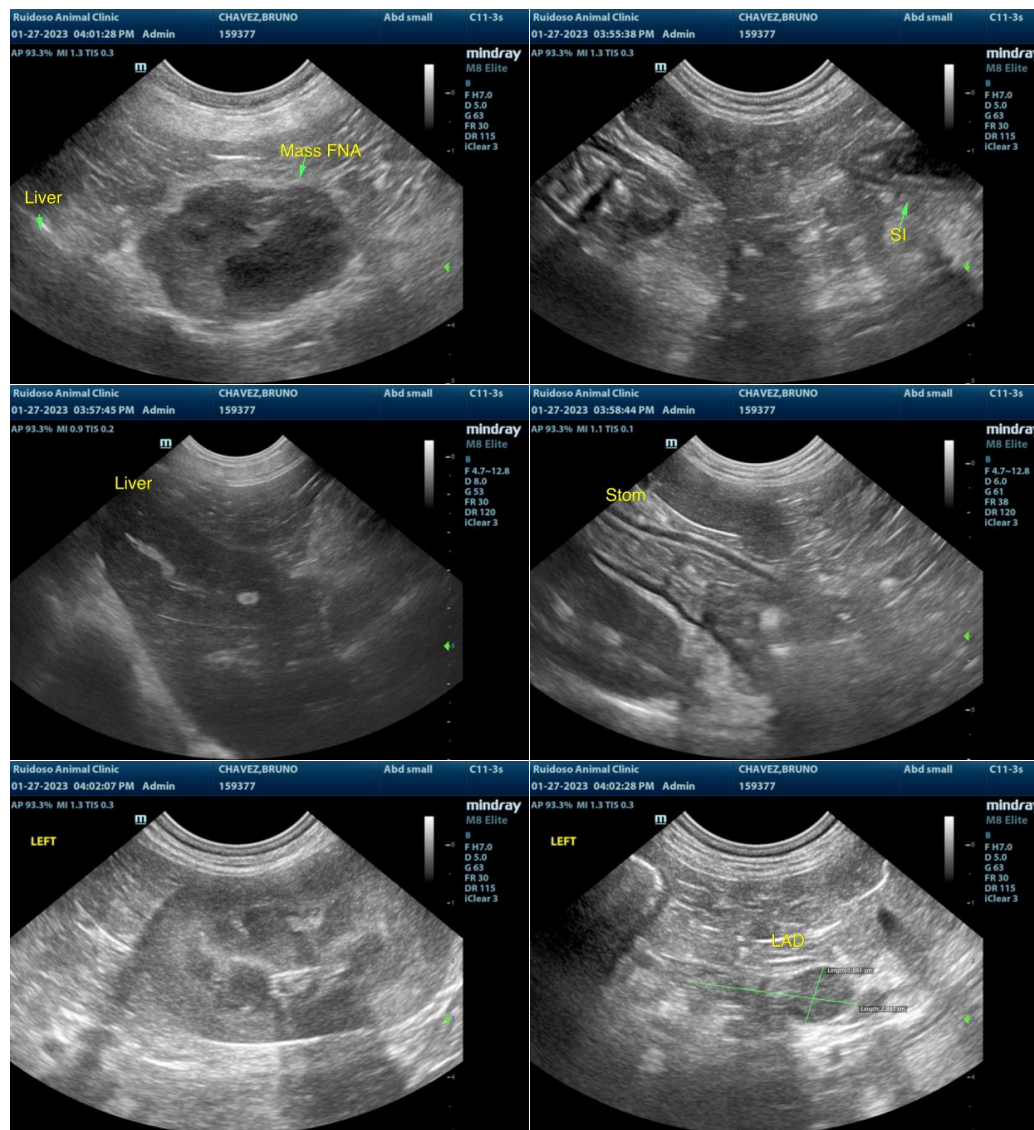
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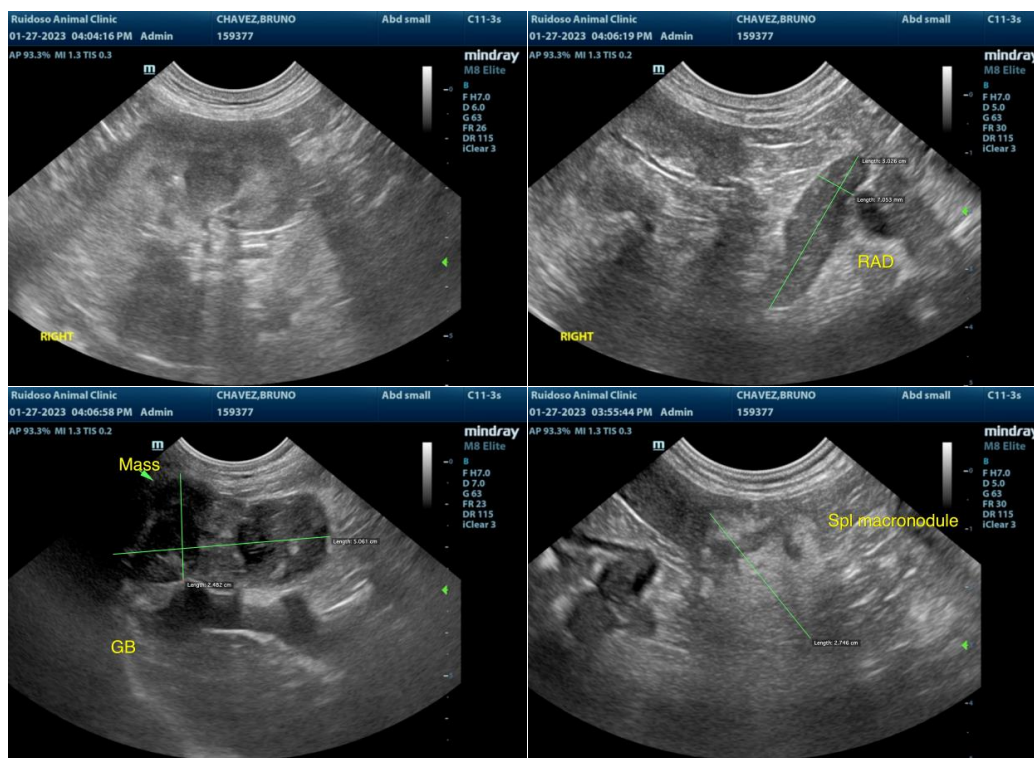
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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