



**PATIENT**

Bakko Davis

**SPECIES**

Canine

**BREED**

Shiba Inu

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

27.8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield Vet Services

**REFERRING VET**

Dr. Rodriguez

**INVOICE**

44590

**DATE**

1/28/23

**PRESENTING CLINICAL SIGNS**

Lethargy and irregular BM  
Abnormal PE/Chem/CBC/UA Results: WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder presented mild uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. Dorsal apical urinary bladder wall measures 0.50 cm. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urethra was normal in thickness and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

The residual prostate exhibited subjective mild prominent size with symmetrical capsule contour and mild non-homogeneous, non-mineralized residual prostate parenchyma, measuring 1.5 cm in diameter.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 4.4 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.60 cm at the caudal pole. The right adrenal gland measured 0.90 cm length x 0.54 cm at the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

**Liver**

The liver was mildly enlarged, exhibited mild generalized parenchyma heterogeneity. A large, mildly irregular, expansive mass was occupying the right lateral to caudate liver, measuring approximately 6.4 cm in diameter. The mass exhibited non-homogeneous, mildly hyperechoic to cystic parenchyma. 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 mildly prominent to thickened wall, exhibiting intact to mildly indistinct wall layer detail. The stomach was moderately distended with retained non-shadowing chyme and fluid. No overt evidence of mechanical pyloric outflow obstruction. Ventral gastric body wall measures 0.39 cm.

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.



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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily, containing nonformed fecal matter. Descending colon wall measured 0.35 cm.

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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**

No overt lymphadenopathy or peritoneal effusion was present.

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**PRIMARY FINDINGS**

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- Mildly prominent to thickened stomach walls with gastric hypomotility
- Suspect mild colitis
- Large non-homogeneous to cystic right lateral to caudate liver mass, non-specific, possible cystic adenoma, adenocarcinoma, or other.
- Heterogeneous pancreas – suspect age/patient variant. Minor benign remodeling owing to previous inflammation. Possible low-grade/chronic pancreatitis.

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**SECONDARY FINDINGS**

- Mild chronic renal changes
- Possible mild cystitis
- Mildly prominent non-homogeneous residual prostate, non-specific.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, FNA cytology of the cystic liver mass could be considered for further assessment, yet cytology may prove unrewarding given sonographic appearance. Sonographically, the appearance of the stomach is suggestive of gastritis and secondary gastric hypomotility. Potential for early infiltrative gastric mural disease considered less likely yet cannot be definitively excluded. Spec cPL suggested to assess for evidence of low-grade/chronic pancreatitis as a contributing factor.

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Empirical therapy for gastritis/colitis with assessment of clinical response suggested if clinically indicated. Sonographic reassessment of the urinary bladder and residual prostate recommended if evidence of atypical urinary patterns.

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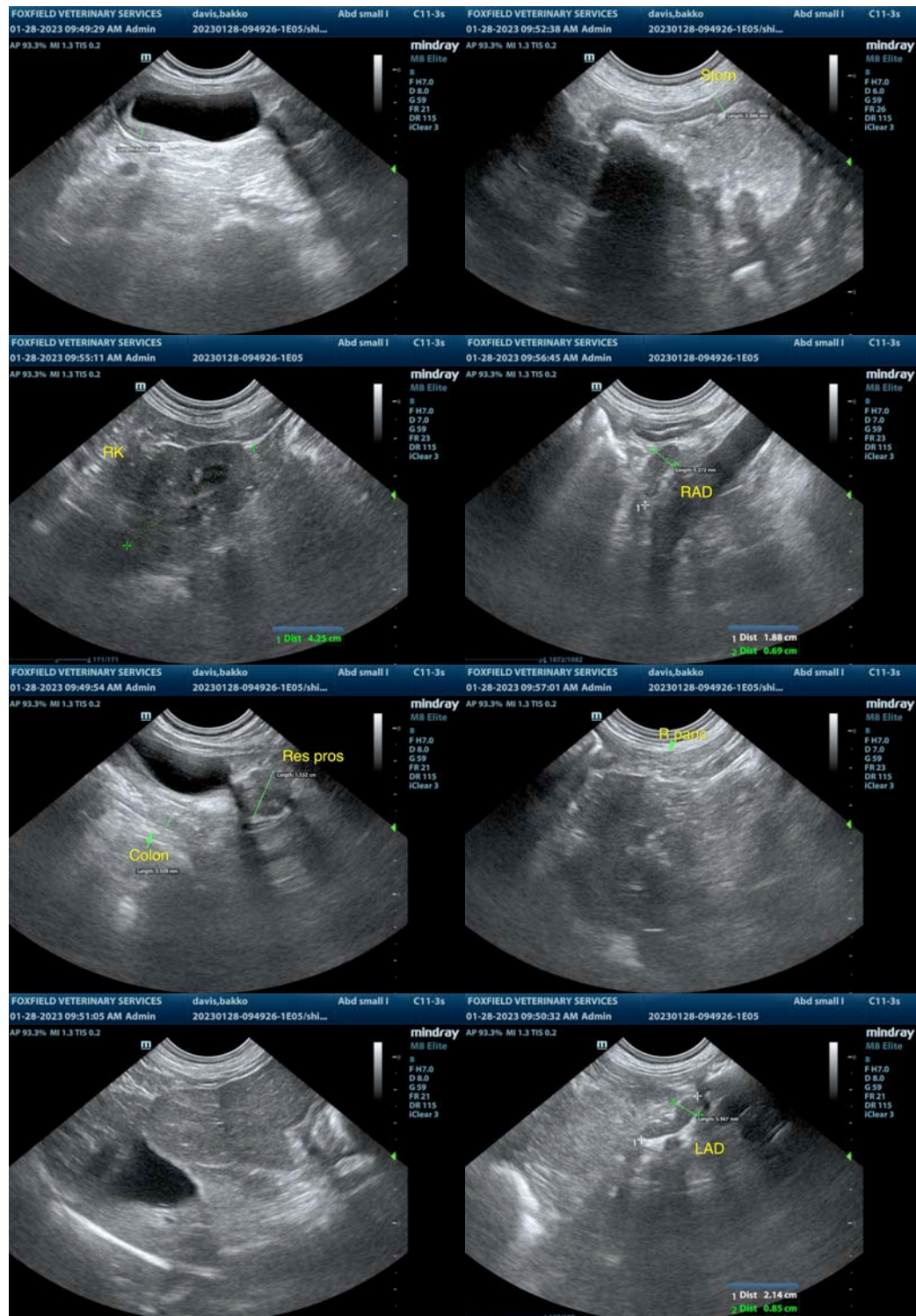
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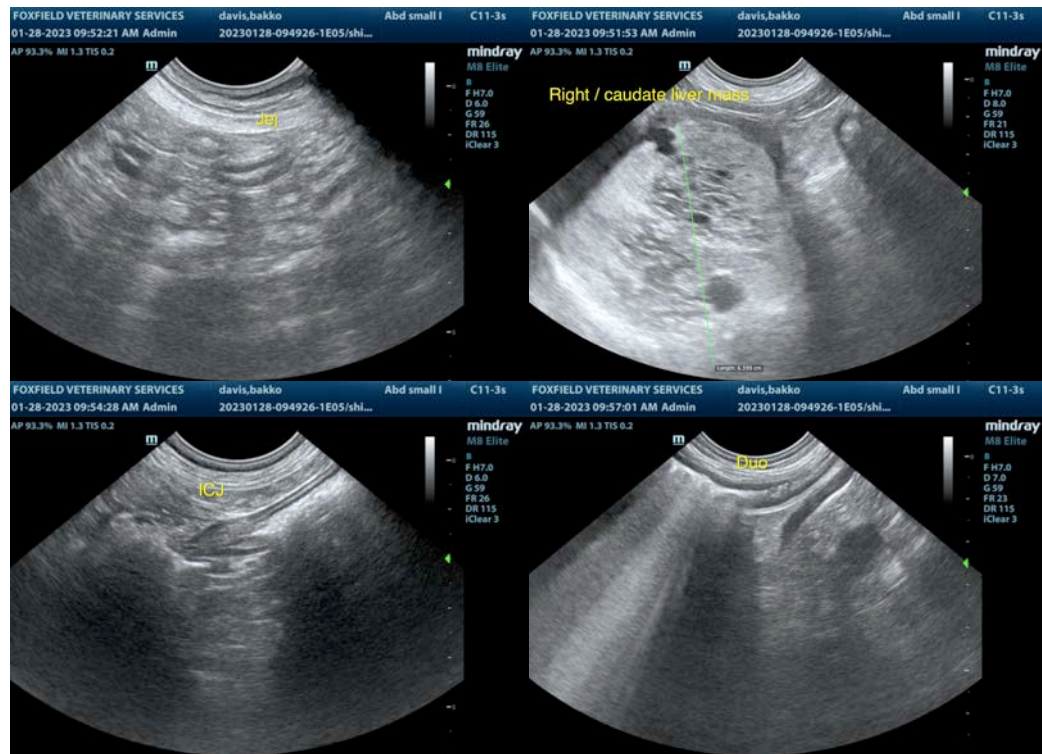
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

info@SonoPath.com