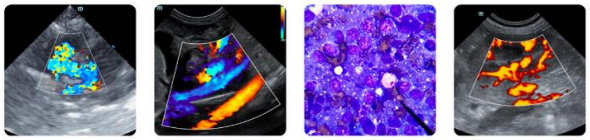


PATIENT

Boo Best

SPECIES

Canine

BREED

Miniature Australian Shepard

SEX

MN

AGE

10 yrs

WEIGHT

15.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Massett

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Massett

INVOICE

10598

DATE

1/30/26

PRESENTING CLINICAL SIGNS

History:

- Patient presented for vomiting and diarrhea.
- The diarrhea (liquid, high urgency, no blood), started around noon today. P ate this afternoon/evening like normal and started vomiting tonight around 11pm.
- P is still BAR and acting normal.
- Normal diet: Rachel Ray Nutrish
- On F/T/HW combo prevention, O is not sure which one.
- Upon arrival to hospital, p did start to have some bloody liquid diarrhea.

Abnormal PE/Chem/CBC/UA Results: Chem: ALP 360 CBC: Neutrophils 13.09, RET# 122.8 CPL : Abnormal SNAP Test

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 evidence of urine or lumen sediment, mineral, or calculi. 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 symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

No evidence of pathology in the area of the aortic trifurcation.

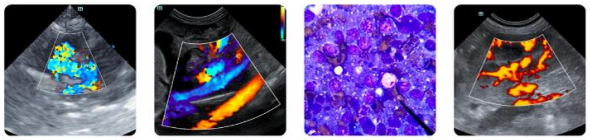
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.2 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 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 0.55 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with mild heterogeneous parenchyma. A solitary, to intermittent, non-capsule deforming, hypoechoic, small splenic nodules were present, with an example measuring 0.64 cm in diameter.



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Liver/ Gallbladder

The liver presented mild to moderate hepatomegaly with normal contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, nondependent gallbladder debris. 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 was empty with mild lumen gas without evidence of retained ingesta, fluid, or foreign material.

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.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon wall width measured 0.35 cm. The colon was non-distended containing soft fecal matter.

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.

Free Abdomen

A mid-caudal abdomen spherical hyperechoic to partially fluid-filled mass lesion measuring 8.0-9.0 cm in diameter was present. Mild surrounding hyperechoic omentum was present. No significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Empty gastrointestinal tract with colitis pattern
- Mild heterogeneous pancreas
- Large nonhomogeneous liver - chronic vacuolar hepatopathy, inflammation, fibrosis, nonobstructive cholestasis all potentials with hepatic neoplasia thought less likely
- Nonorganized gallbladder debris (non mucocele)
- Mid/caudal abdomen hyperechoic partially fluid-filled mass lesion - necrotic or infarcted lipoma, granuloma abscess, unspecified neoplasia possible
- Mild left adrenomegaly - benign
- Small splenic nodule - tend to trend benign, focal lymphoid hyperplasia or hematopoiesis probable

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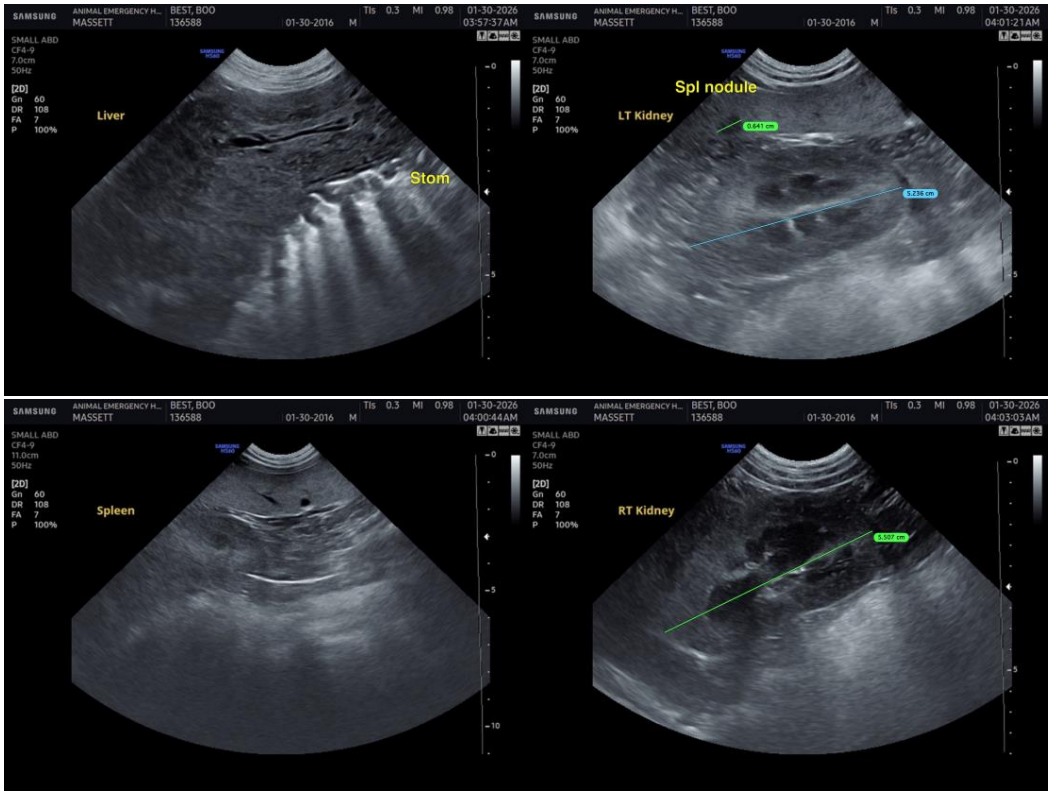
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, mass FNA cytology +/- fluid collection for C/S could be considered for further clarification. Concurrent screening hepatic and splenic lymph node FNA cytology could be considered, whereas hepatosupportive medications and sonographic monitoring of the splenic nodule for evidence of progression would be reasonable. Empirical therapy for nonspecific gastroenterocolitis is recommended.

Once the patient is stabilized and assuming no pathology on three view chest radiographs, exploratory laparotomy with gross inspection of the mass lesion with potential for biopsy or resection could be considered.



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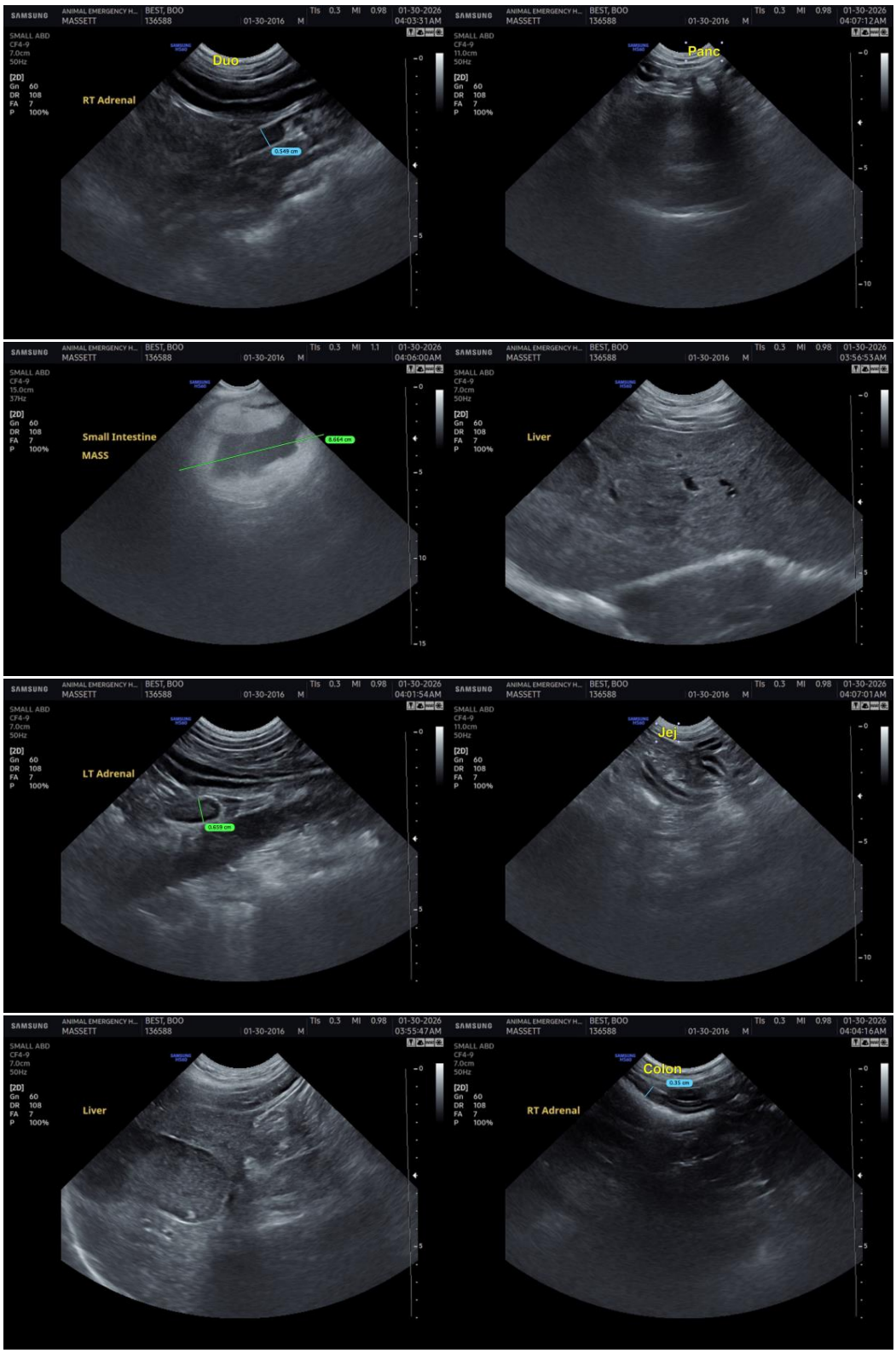

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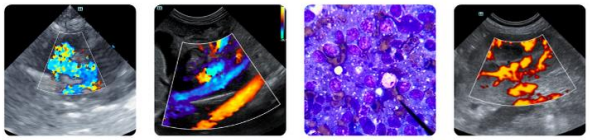

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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