



PATIENT	PRESENTING CLINICAL SIGNS
Jack Evans	2 episodes of abdominal pain, anorexia, and vomiting in the last 4 weeks.
SPECIES	Abnormal PE/Chem/CBC/UA Results: 10/11/22- Glob 5.0, SDMA 17 10/31- ALT 221, ALP 424, non-regenerative mild anemia (35%)
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Yorkshire Terrier	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 changes were noted.
SEX	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 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 4.6 cm in length. The right kidney measured 5.1 cm in length.
MN	The area of the aortic trifurcation was free of pathology.
AGE	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
8yr	The area of the residual prostate appeared normal and free of pathology.
WEIGHT	Adrenal Glands
15.2lb	Mildly prominent left adrenal gland caudal pole based on width in light of body weight measuring 0.75 cm. The right adrenal gland was indistinctly visualized measuring 0.52 cm width in the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver
Dr. Moon	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.
HOSPITAL NAME	The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-dependent to congealed echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Shiloh Veterinary Hospital	Gastrointestinal
REFERRING VET	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.
Dr. Andrews	
INVOICE	
12090ag	
DATE	
11/01/2022	



PATIENT

Jack Evans

A large jejunal mural mass was present in the mid caudal abdomen exhibiting moderate mural hypertrophy, decreased mural echogenicity and loss of wall layering measuring 6 cm in length with wall width measuring up to 1.7 cm. Concurrent segments of adjacent intestine not involved with the mass exhibited intact yet thickened wall layering with altered wall layer detail. Potential for associated proliferative mural changes in the adjacent small intestine is possible.

SPECIES

Canine

Regional non-uniform hyperechoic mesentery and intermittent scant pocket of peritoneal free fluid were noted. Associated intermittent prominent yet homogeneous mid abdominal mesenteric lymph nodes were present.

BREED

Yorkshire Terrier

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

Pancreas

SEX

The pancreas was normal in size exhibiting mild uniform hypoechoic parenchyma.

MN

Free Abdomen

Mildly hypoechoic to swollen hepatic lymph node adjacent to the portal vein was present measuring 1.6 cm in diameter.

AGE

8yr

ULTRASONOGRAPHIC FINDINGS

- Large jejunal mural mass with regional peritonitis- potential for regional omental seeding
- Concurrent segmental thickened small bowel exhibiting altered wall layering-potential for concurrent early intestinal involvement or extension vs inflammatory mural changes
- Hepatopathy-nonspecific, metabolic/vacuolar/metabolic/inflammatory hepatopathy, potential for infiltrative neoplasia possible
- Possible concurrent low-grade pancreatitis

WEIGHT

15.2lb

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The jejunal mural mass is most consistent with neoplastic criteria. Potential for multicentric neoplasia including regional peri-intestinal seeding or hepatic involvement is of concern. Assuming normal clotting status and using a 25g needle, a jejunal mass/hepatic FNA for screening cytology is warranted for further assessment and potential oncology consult. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

IMAGING PERFORMED BY

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Hospital

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Jack Evans

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

8yr

WEIGHT

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REFERRING VET

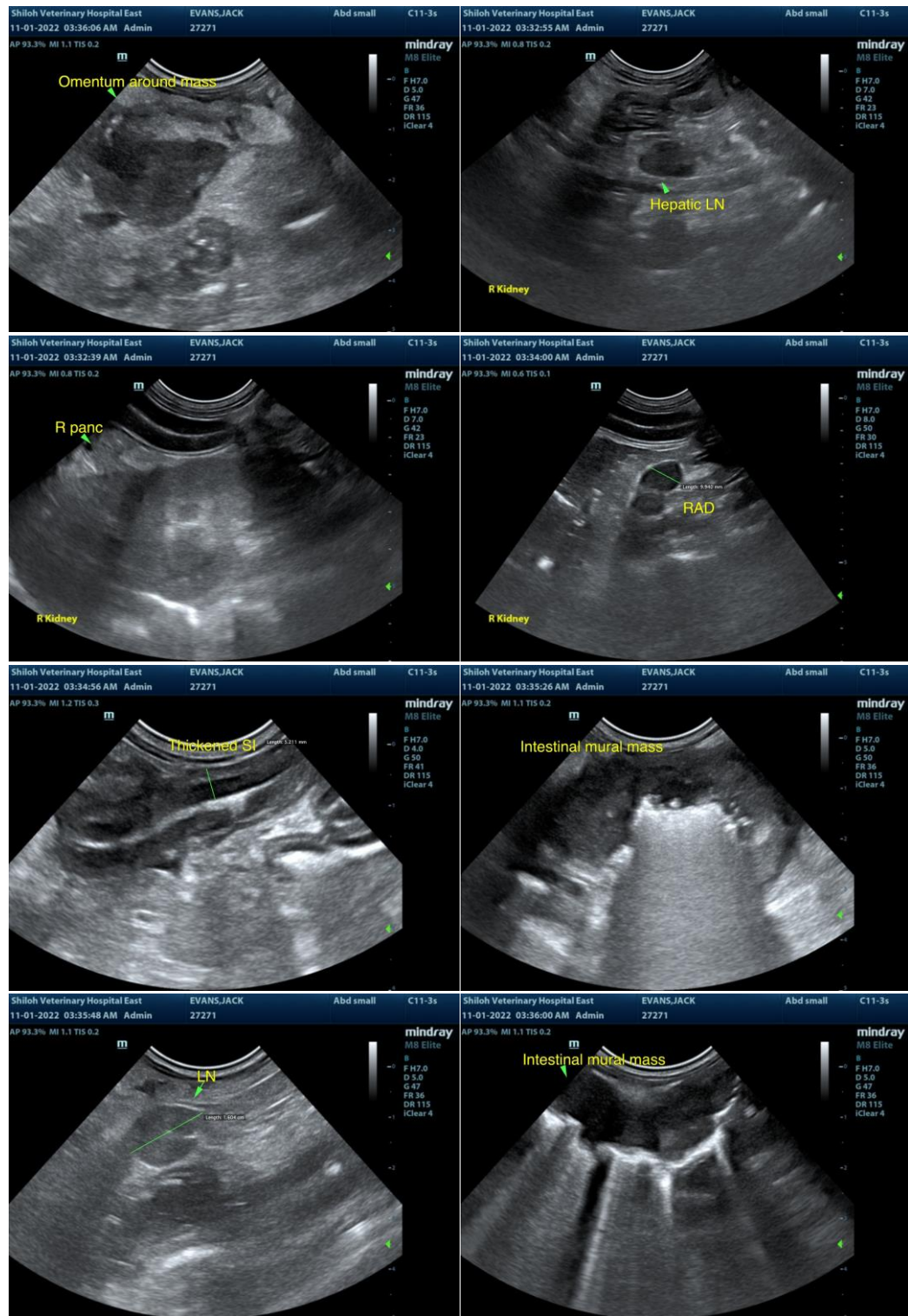
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PATIENT

Jack Evans

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

8yr

WEIGHT

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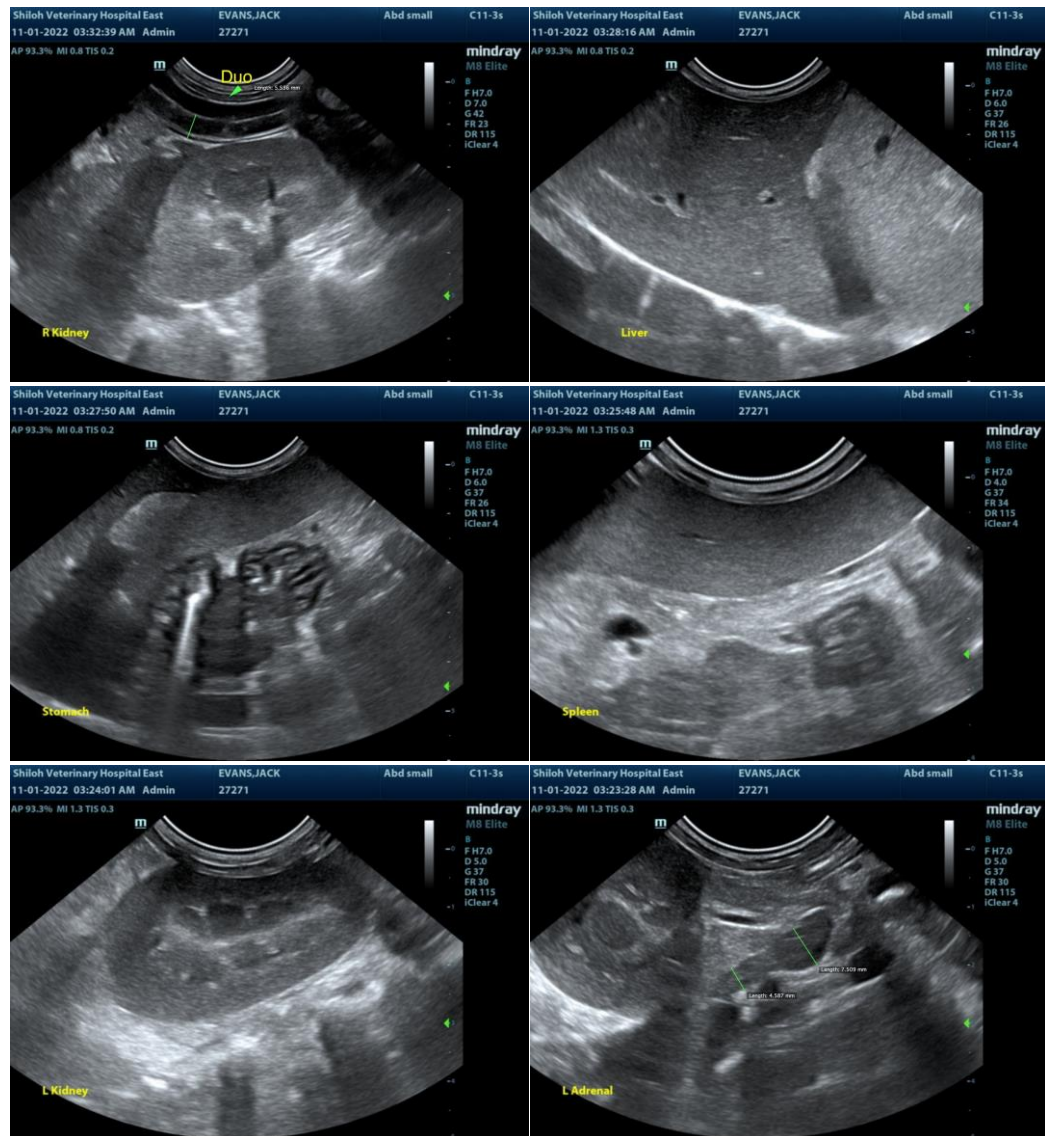
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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