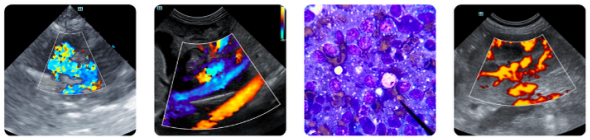


PATIENT

Coyote Bianco

SPECIES

Canine

BREED

Yorkie Mix

SEX

Male Neutered

AGE

9 yo

WEIGHT

16.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh AH

REFERRING VET

Audra Alley

INVOICE

12821

DATE

11/16/25

PRESENTING CLINICAL SIGNS

History: Patient presented for work up for suspected PLE. In late October presented to another practice for trouble defecating with fecal material coming out softer towards the end of defecation. Still eating and active. No pain or tenderness on palpation. Labs showed ALB 1.7 (2.7 - 3.9), TP 3.9 (5.5-7.5), ALT 16 (18-121), cholesterol 101 (131-345). CBC showed mild neutrophilia and plt 933 (120-412) but otherwise unremarkable. UP:C was wnl. Recheck labs about 1 week later showed ALB 1.9, TP 3.6. Resting cortisol 1.6. On ultrasound an irregular mass is present caudal to the stomach on midline adjacent to GI. Aspiration of this mass was attempted- see abnormal results.

Abnormal PE/Chem/CBC/UA Results: 2 scanned slides are examined that have low cellularity consisting of rare vacuolated macrophages, a low to moderate amount of peripheral blood, and a variable amount of free lipid on a light basophilic background with low to moderate amounts of extracellular basophilic debris. Macrophages usually contain dark basophilic material consistent with hemosiderin. No microorganisms or overtly neoplastic cells are identified. Interpretation: Limited interpretation due to low nucleated cellularity. Evidence for chronic hemorrhage.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - 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 were noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

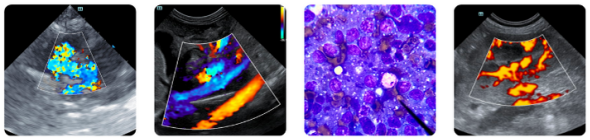
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 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 0.46 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 0.47 cm width at the caudal pole.

Spleen

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.



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Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and mild lumen gas.

The small intestine presented intact subjective mildly prominent wall layering owing to propensity for prominent mucosal layer. Segmental to generalized, mil, hyperechoic intestinal mucosal speckling to striations. Generalized empty intestinal lumen without obstructive pattern to the level of the colon. Duodenum wall measured 0.45 cm and jejunum wall measured 0.38 cm.

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 semi-formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

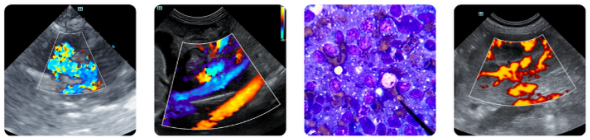
Indistinct, non-homogeneous, mildly irregular mass lesion was present mid to cranial ventral abdomen measuring ~ 4.0 cm x 1.6 cm. No evidence of current peritoneal effusion present. Nonspecific, hyperechoic right cranial abdomen omentum.

PRIMARY FINDINGS

- Mild, non-obstructive hypomotile stomach
- Mildly thickened small intestine exhibiting segmental to generalized hyperechoic mucosal speckling/striations – suggestive/consistent with PLE criteria
- Semi-formed fecal matter in colon
- Normal area of pancreas, pancreas with nonspecific right cranial abdomen suspect omental inflammation
- Unspecific non-homogeneous mass lesion mid to cranial abdomen
- Sonographically normal adrenal glands

SECONDARY FINDINGS

- Age-related renal changes with mild pyelectasia
- Non-organized gallbladder debris (non-mucocele)



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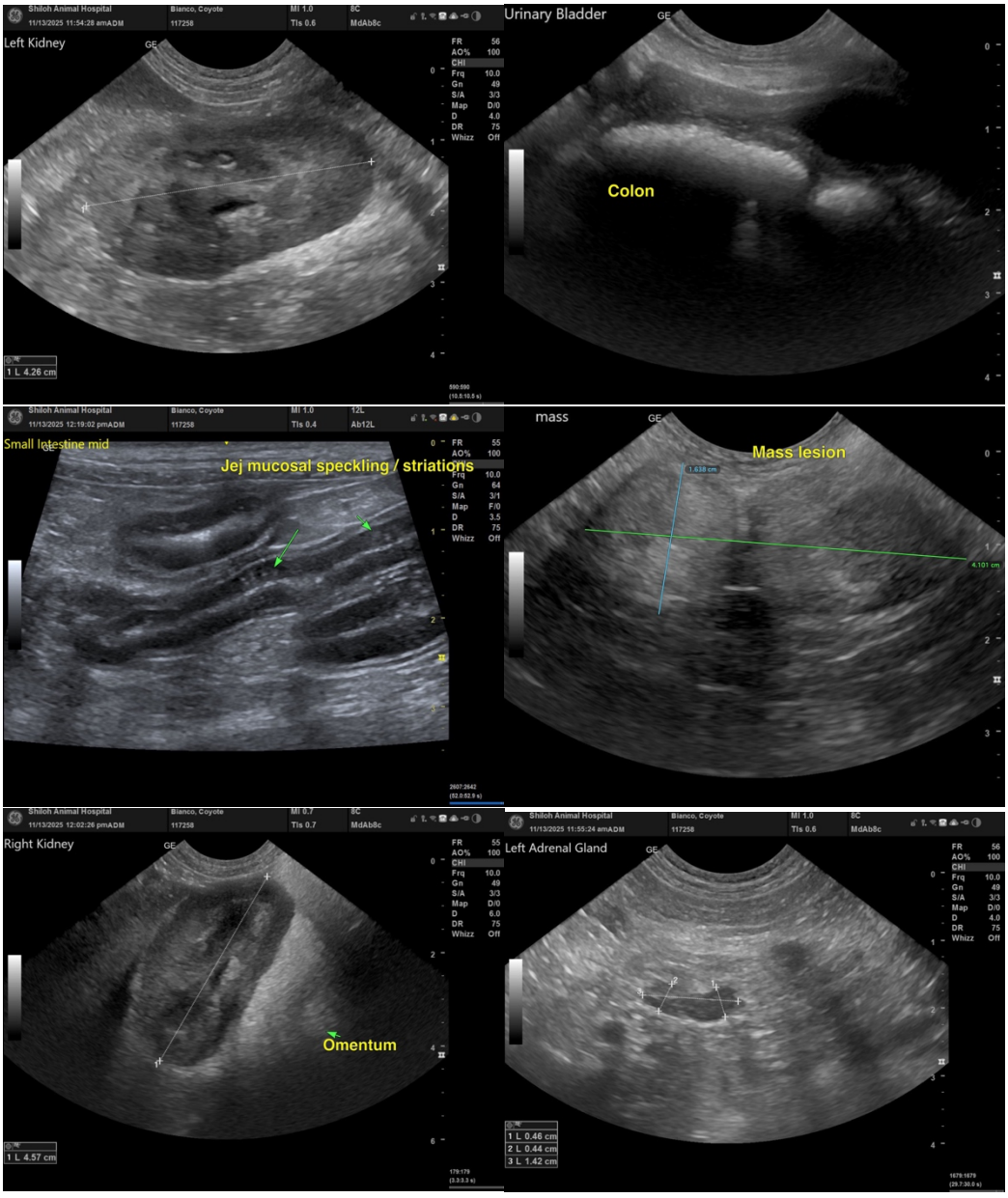
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate to correlate with the intestine as well as assess for low-grade to chronic pancreatitis given suspect right cranial abdomen inflammation is recommended. Although normal adrenal glands, recheck cortisol level or full ACTH stimulation test if persistent cortisol level less than 2.0 is suggested. The mass lesion is nonspecific and not overtly connected to abdominal major organ or suggestive of neoplastic criteria. Chronic steatitis or previous unspecified hemorrhage in conjunction with cytology favored. Empirical PLE therapy with as needed sonographic monitoring of the gastrointestinal tract and lesion for evidence of progression is recommended.



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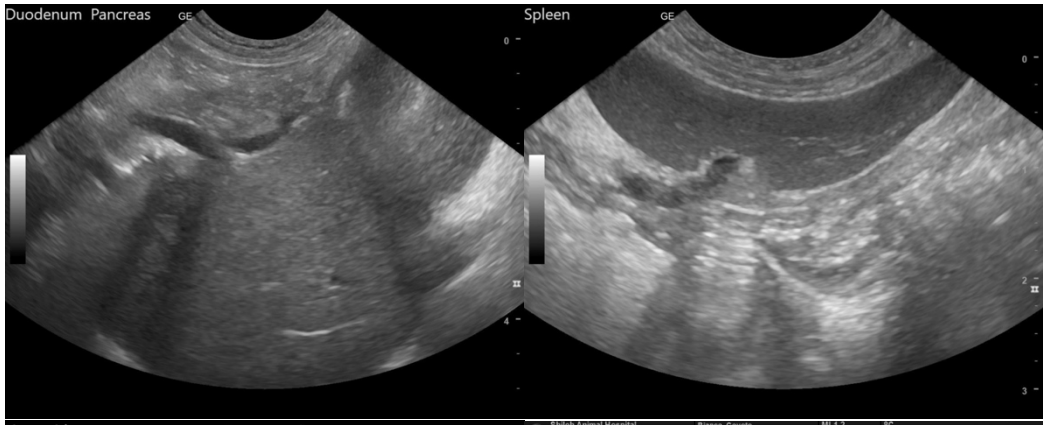

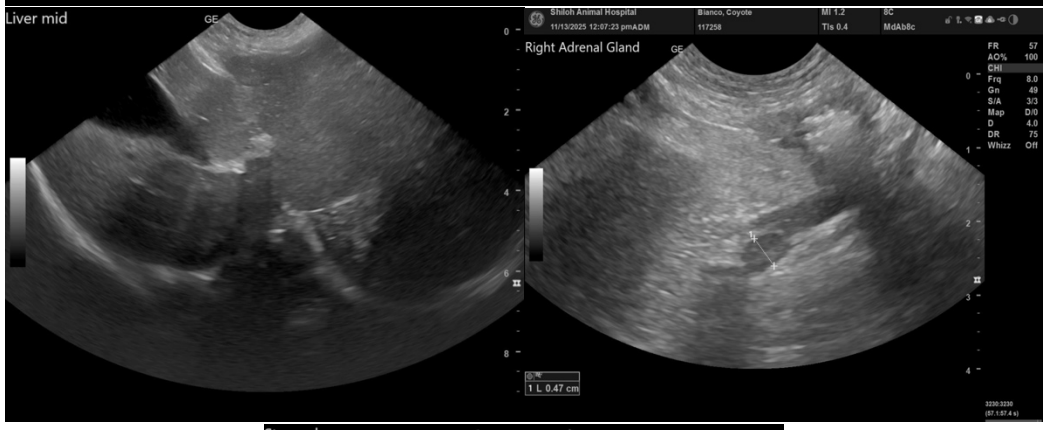

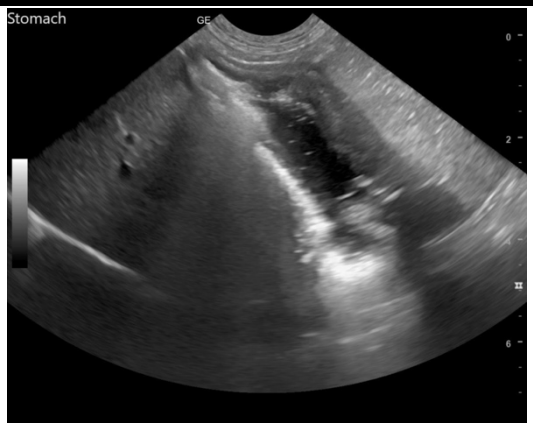

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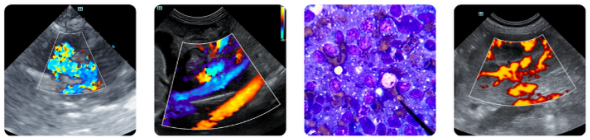

Clinical Sonography & Telecytology
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video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