



PATIENT

Willie Wiltshire

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

8 Years 7 Months

WEIGHT

24.6

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

12059

DATE

11/03/25

PRESENTING CLINICAL SIGNS

Presented 10/31/25 due to anorexia, lethargy, and vomiting. Willie had dental extractions on 10/24. He recovered well from anesthesia and was eating well for 5 days prior to onset of clinical signs.

Abnormal PE/Chem/CBC/UA Results: Subdued behavior, no other abnormalities on exam.

Lymphopenia noted on CBC (lymphocytes =0.52 (1-4.8) k/uL), chem - WNL , cPL =361 (<200) ng/mL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No obvious pathology in the area of the residual prostate.

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. Minor medullary mineral was visualized bilaterally. The left kidney measured 5.2 cm in length. The right kidney measured 5.6 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 0.63 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized without obvious pathology. The right adrenal gland measured 0.64 cm width at the caudal pole.

Spleen

The spleen exhibited possible borderline to mild enlargement, symmetrical contour and homogenous parenchyma were maintained. The spleen exhibited cranial medial folding.

Liver

The liver presented subjective mildly 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. No definitive intraparenchymal mass or nodules were visualized.

The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of wall edema. The cystic and common bile ducts were normal.

Gastrointestinal

The discernable stomach was not obviously visualized.



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The small intestine presented intact wall layering with overall maintained 1:3 muscularis/mucosa ratio. Generalized empty intestine lumen. Mild duodenal corrugation was present.

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

Pancreas

The area of the right pancreas was sonographically normal.

Free Abdomen

Unspecified irregular nonhomogenous cystic to cavitated appearing mass was visualized in the cranial abdomen, caudal to the ventral liver with hepatic effacement and primarily within the area of the stomach and cranial gastrointestinal tract with suspected areas of intra- to peripheral mass gas artifact. Surrounding to generalized mild nonuniform hyperechoic omentum and mild volume of echogenic peritoneal effusion was present. The mass measured approximately 8.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Unspecified cranial abdomen mass with subjective suspicion for upper to cranial abdomen gastrointestinal involvement.
- Regional to generalized peritonitis.
- Hepatomegaly.
- Folded spleen.

Secondary Findings

- Chronic renal changes with mild medullary mineral.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unspecified mass is highly suspected to be deriving from or at least involving the cranial abdomen gastrointestinal tract although, alternatively located within the area of the ventrocaudal liver and spleen. Overt splenic involvement was not obvious and considered less likely yet cannot be excluded. The mass is most consistent with neoplastic criteria with non-neoplastic etiology thought less likely.

Further assessment may include (assuming normal clotting status) mass FNA cytology as well as effusion analysis cytology +/- culture/sensitivity if clinically indicated. Overall extremely guarded prognosis, however, assuming no pathology on three view chest radiographs and if surgery is a potential, abdominal CT would be ideal for further clarification of the mass and assessment for nonobvious metastasis.



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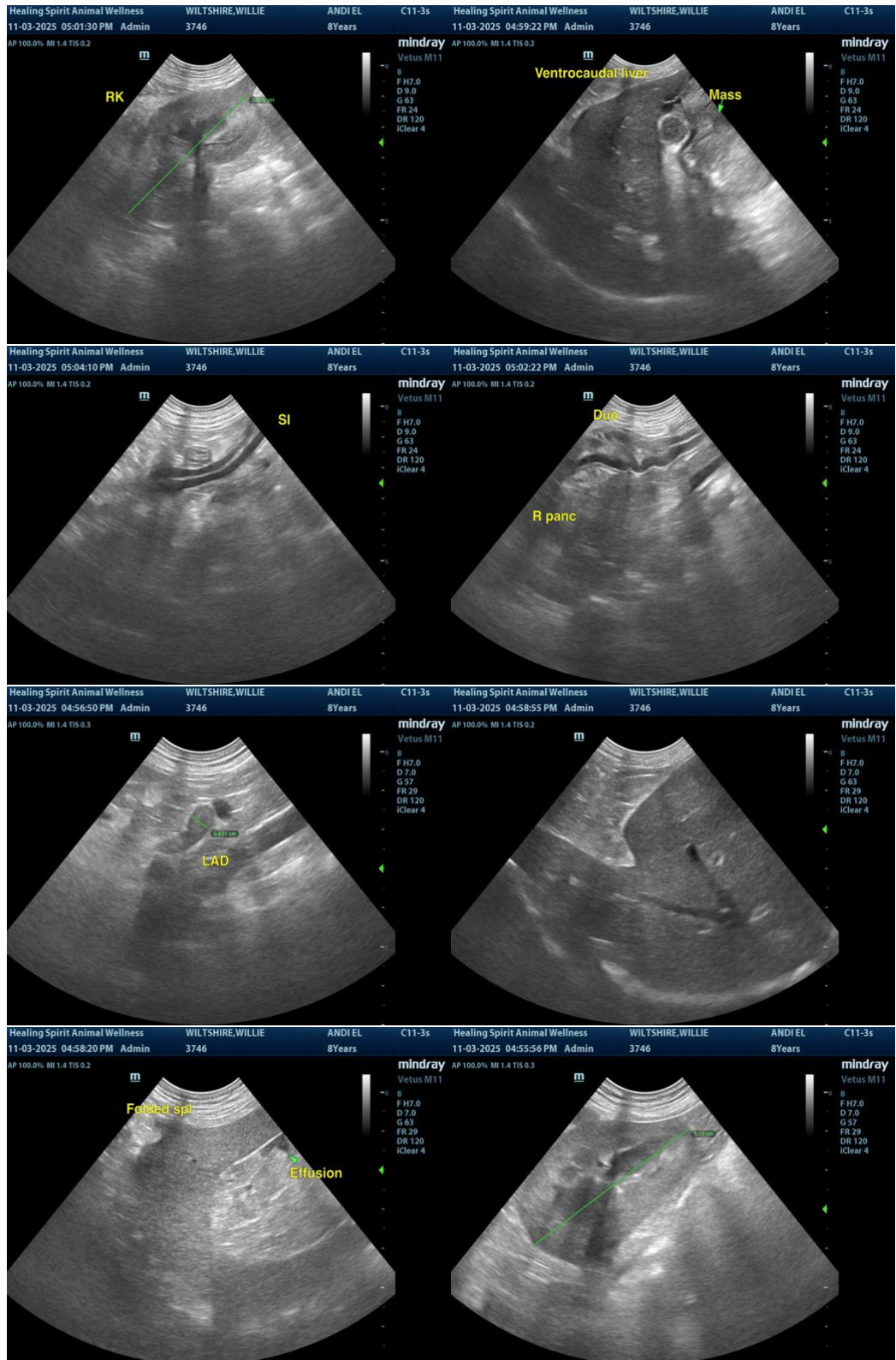
Dr. Sarah Green

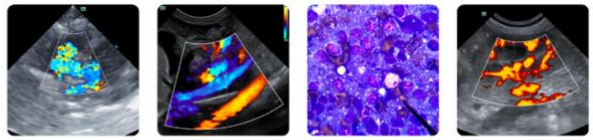
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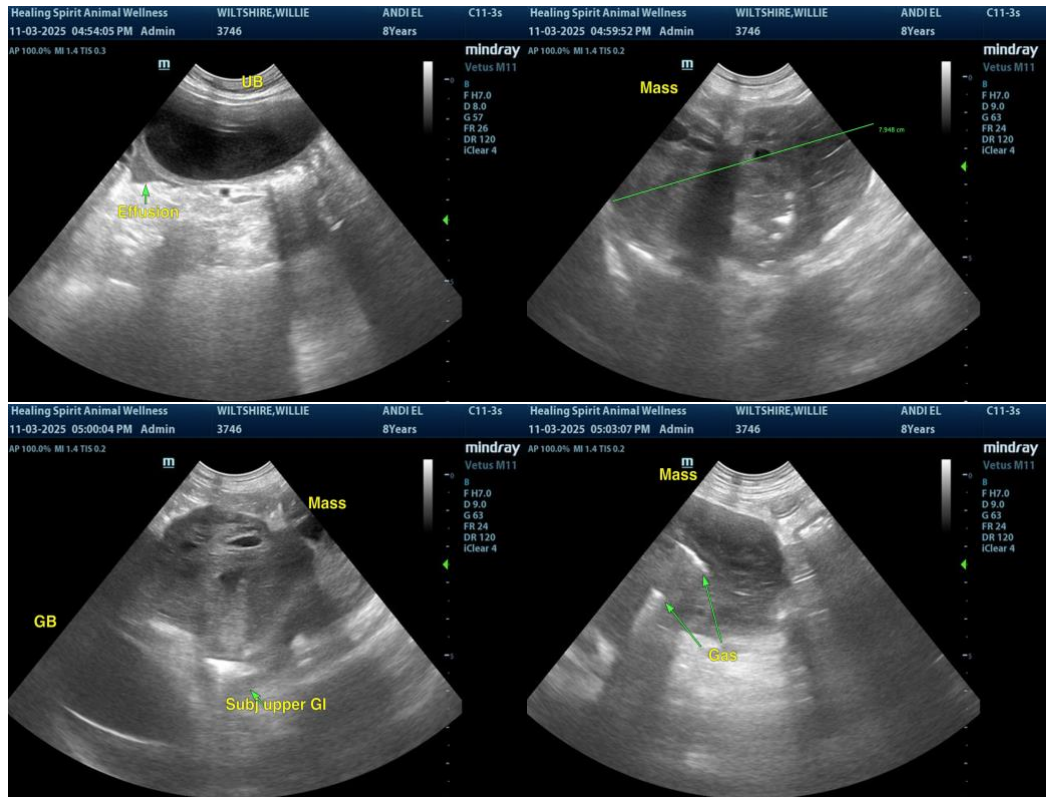
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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