



**PATIENT**

Chewie Busse

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

Neutered Male

**AGE**

2012

**WEIGHT**

20.6

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Telford Veterinary  
Hospital

**REFERRING VET**

Dr. Loeffler

**INVOICE**

12080

**DATE**

11/04/25

**PRESENTING CLINICAL SIGNS**

Recheck

Medication: Ursodiol

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was subnormal in size prohibiting full evaluation of the urinary bladder wall. No evidence of tumors or urine mineral/calculi. The urethra was normal in structure and tone to a depth of 3.0 cm.

The area of the residual prostate appeared normal and 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint focal areas of medullary mineral were present. The left kidney measured 4.8 cm in length. The right kidney measured 5.4 cm in length.

**Adrenal Glands**

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.83 cm width at the caudal pole. The right adrenal gland measured 0.75 cm width at the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A perihilar hyperechoic nodule was present. 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 or neoplastic changes were not noted. The hyperechoic nodule tends to trend benign and is most consistent with benign hyperplasia or myelolipoma. The nodule measured 0.58 cm.

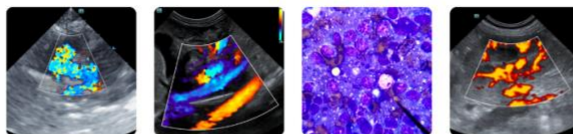
**Liver**

The liver revealed generalized hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented generalized prominent wall layering owing to diffuse thickened gastric mucosa. The stomach contained a mild amount of retained anechoic fluid. Previously noted mildly



**PATIENT**

Chewie Busse

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

Neutered Male

**AGE**

2012

**WEIGHT**

20.6

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP (Canine  
 / Feline Practice)

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT,  
 ARDMS/RVT

**HOSPITAL NAME**

Telford Veterinary  
 Hospital

**REFERRING VET**

Dr. Loeffler

**INVOICE**

12080

**DATE**

11/04/25

expansive cranial stomach wall mass lesion was visualized exhibiting mild nonhomogenous hypoechoic echogenicity measuring approximately 2.1 cm in diameter.

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.

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

**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**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

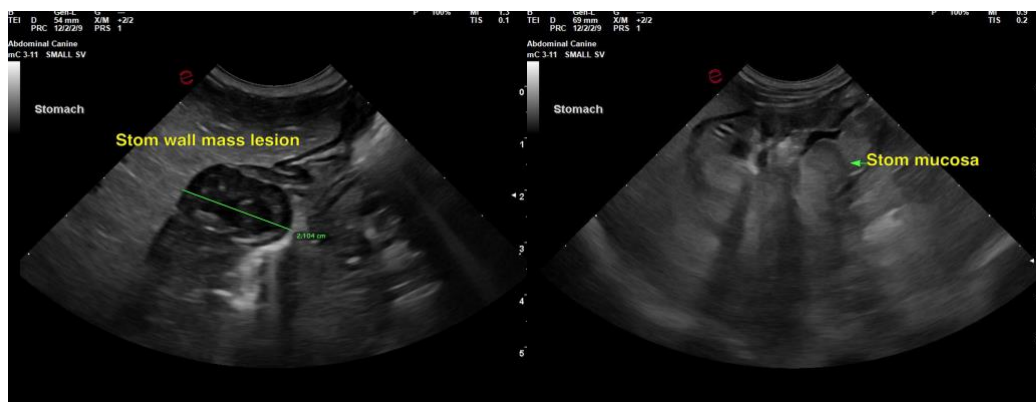
- Static bilateral adrenomegaly.
- Static enlarged nonhomogenous liver.
- Nonorganized gallbladder debris (non-mucocele).
- Static chronic renal changes.
- Static to mild progressive stomach wall mass lesion with generalized prominent gastric mucosa.

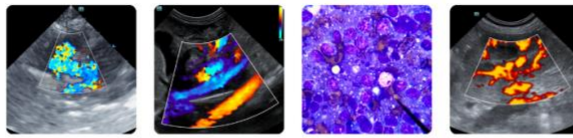
**Secondary Findings**

- Benign splenic nodule- consistent with a myelolipoma.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Similar sonographic presentation compared to the previous study with potential mild progressive stomach wall mass lesion. Primary concern for neoplastic stomach wall mass lesion with non-neoplastic etiology i.e. inflammation, infectious or granulomatous disease possible. Stomach wall mass lesion biopsy or potential surgical resection with histopathology is recommended for further clarification. Adrenal work up is indicated if clinical signs are consistent with Cushing's syndrome.





**PATIENT**

Chewie Busse

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

Neutered Male

**AGE**

2012

**WEIGHT**

20.6

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP (Canine  
 / Feline Practice)

**IMAGING  
 PERFORMED BY**

Rebekah Jakum, CVT,  
 ARDMS/RVT

**HOSPITAL NAME**

Telford Veterinary  
 Hospital

**REFERRING VET**

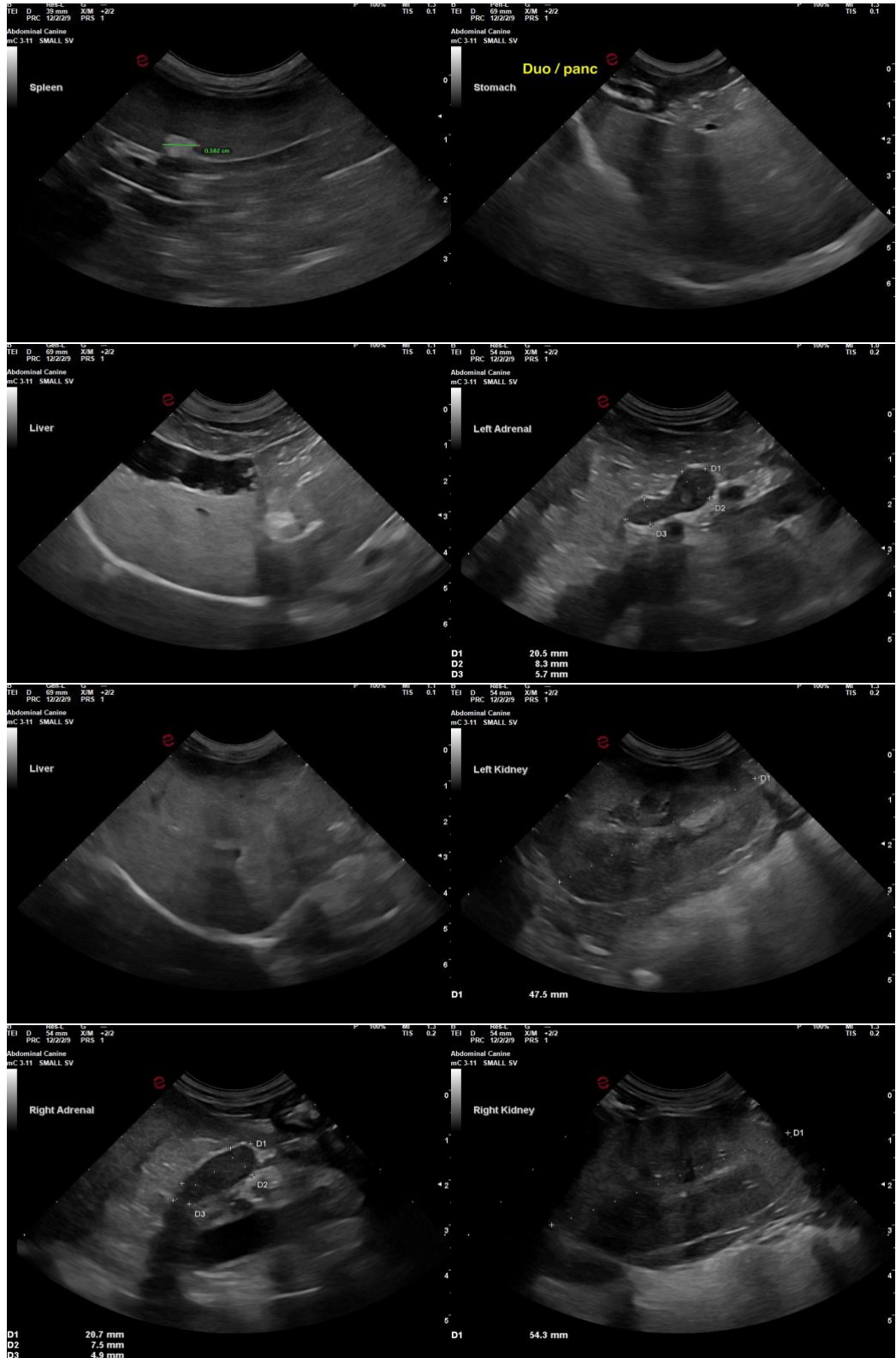
Dr. Loeffler

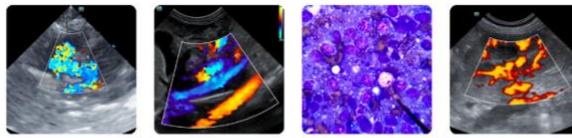
**INVOICE**

12080

**DATE**

11/04/25





**PATIENT**

Chewie Busse

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.

**SPECIES**

Canine

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.

**BREED**

Shih Tzu Mix

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)

**SEX**

Neutered Male

**AGE**

2012

**WEIGHT**

20.6

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Telford Veterinary  
Hospital

**REFERRING VET**

Dr. Loeffler

**INVOICE**

12080

**DATE**

11/04/25