



PATIENT	PRESENTING CLINICAL SIGNS
Bailey Flynn	Weight loss- abnormalities seen on radiographs (xrays, consult note, and lab results also attached with images) R/O neoplasia/stomach mass
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Lipase elevate- 2000 Platelets elevated- 511 ALP decreased- 19
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Jack Russel Terrier Mix	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.
F/S	
AGE	No evidence of pathology was noted in the area of the uterine remnant or aortic trifurcation.
11	Normal size and margination were 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 5.3 cm in length. The right kidney measured 5.7 cm in length.
WEIGHT	
23.6	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.52 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 2.1 cm length x 0.91 cm width at the caudal pole. No adrenal tumors were noted.
IMAGING PERFORMED BY	Spleen
Tracy LaSarge	The spleen exhibited overall normal size and contour with generalized mild parenchyma heterogeneity. Intermittent, nondisruptive, hypoechoic to cystic-appearing splenic nodules were present measuring 1.0-1.3 cm in diameter. The nodules did not distort the splenic capsule. No evidence of splenic masses was noted.
HOSPITAL NAME	Liver/ Gallbladder
SVS Imaging NW	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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Laticia Meeks	
INVOICE	Gastrointestinal
15423	The stomach presented intact and mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas and without evidence of mechanical pyloric outflow obstruction or gastric distention with retained ingesta, fluid, or foreign material. The pylorus wall width measured 0.48 cm.
DATE	
11/8/22	



PATIENT	The small intestine presented intact wall layering with segmental to generalized mild altered muscularis/mucosa ratio owing to segmental to generalized propensity for a mildly prominent muscularis and submucosa layers. No evidence of loss of intestinal wall layering or intestinal masses. The duodenum wall measured 0.49 cm width. The jejunum wall measured 0.42 cm width.
Bailey Flynn	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	
BREED	<i>Pancreas</i>
Jack Russel Terrier Mix	The pancreas base and right pancreatic limb were mildly prominent in size. An indistinct pancreatic capsule compared to adjacent omentum was present with heterogeneous to mildly mixed echogenic parenchyma.
SEX	<i>Free Abdomen</i>
F/S	Focal to intermittent, mildly prominent, Isoechoic mesenteric lymph nodes were present. These lymph nodes were not consistent with inflammatory or neoplastic lymphatic criteria. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.1 cm diameter. No evidence of peritoneal free fluid was noted.
AGE	
11	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
23.6	<i>Primary Findings</i>
INTERPRETED BY	<ul style="list-style-type: none"> Nonspecific cyst-like splenic nodules - hyperplasia, hematopoiesis, small hematomas, splenitis / infection, or similar possible, neoplastic nodular splenic criteria considered less likely Sonographically unremarkable liver - no evidence of hepatic neoplastic criteria / masses Intact prominent gastrointestinal walls exhibiting subjective mild altered yet intact intestinal wall layering - although not definitive, suggestive of inflammatory gastroenteropathy criteria Prominent to heterogeneous pancreas base / right pancreatic limb - patient/age-related variant, potential for mild chronic to chronic active pancreatitis Focal to intermittent minor benign / reactive mesenteric lymph nodes
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Secondary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Mild age-related kidneys
Tracy LaSarge	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME	Although potential for a patient variant, underlying inflammatory gastroenteropathy is suspected, although the possibility of early infiltrative gastrointestinal neoplastic process may present in a similar sonographic manner. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs, are recommended for further assessment and/or assess for potential contributing factors to the patient's weight loss. Endoscopic or surgical gastrointestinal biopsies are likely required for a definitive diagnosis.
SVS Imaging NW	
REFERRING VET	
Dr. Laticia Meeks	
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15423	
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11/8/22	

Sonographic monitoring of the nonspecific splenic nodules for evidence of progression, +/- FNA cytology using a 25-gauge needle, and assuming normal clotting status could be considered.



PATIENT

Bailey Flynn

SPECIES

Canine

BREED

Jack Russel Terrier Mix

SEX

F/S

AGE

11

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IMAGING PERFORMED BY

Tracy LaSarge

HOSPITAL NAME

SVS Imaging NW

REFERRING VET

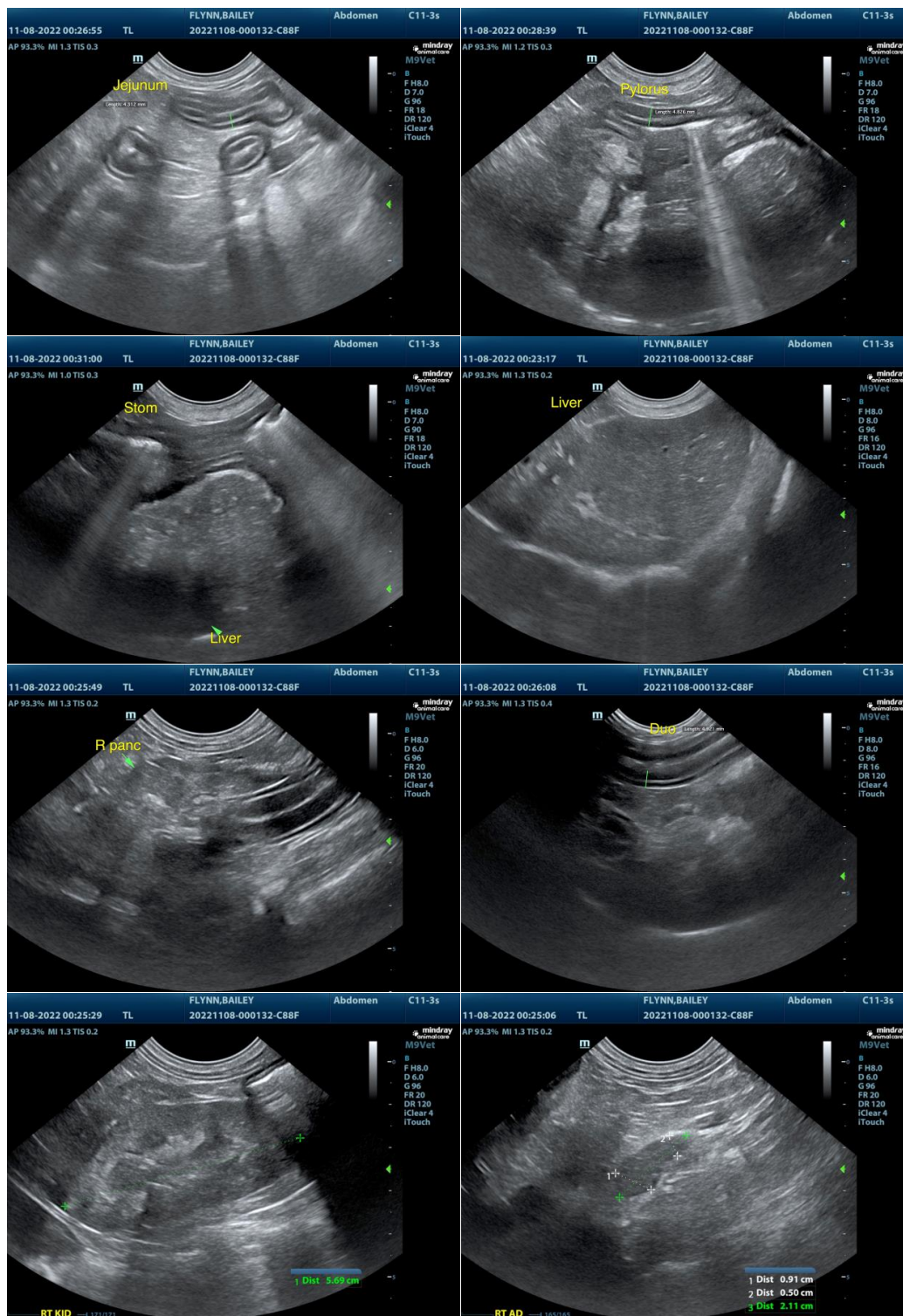
Dr. Laticia Meeks

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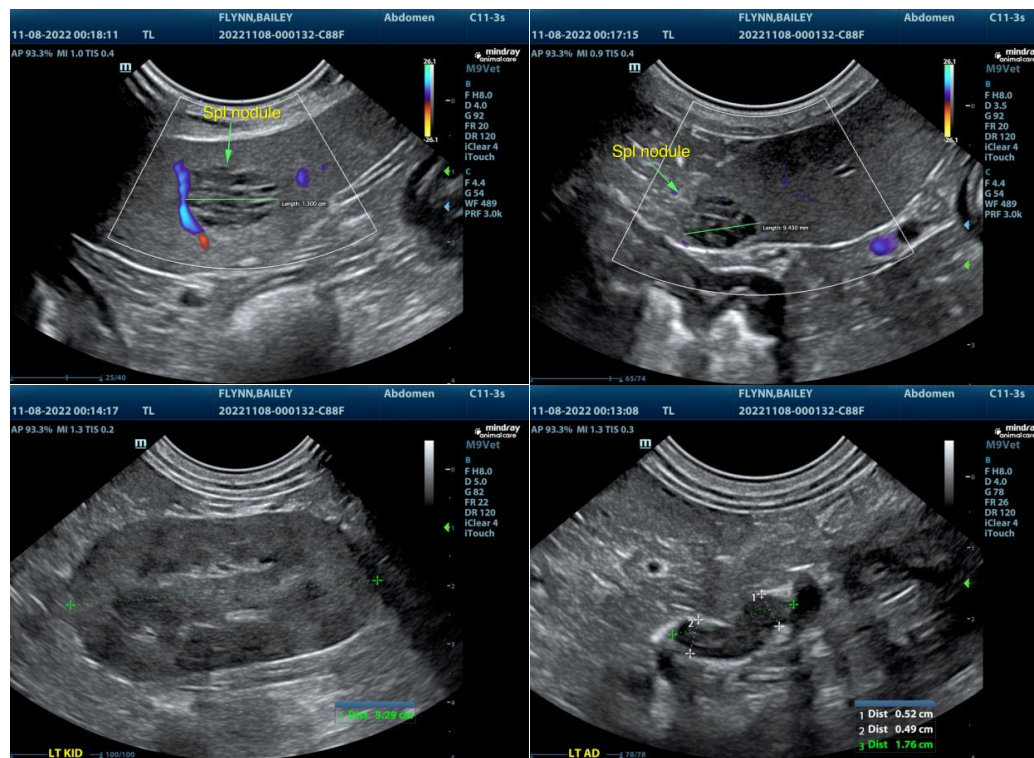
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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