



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Kenji Georg Pet has been steadily losing weight over the past 1.5 years. Pet's appetite seems diminished. Pet has a history of intermittent diarrhea as well. Pet weighed 62.4 pounds on 4-21-20. Pet has had seizures but not recently.

**SPECIES** Canine  
**BREED** Silken Wind Hound  
**SEX** Neutered Male  
**AGE** 8 Years  
**WEIGHT** 43.5 Pounds

Abnormal PE/Chem/CBC/UA Results: 10-4-21: CBC mostly normal with HCT at 61% and slight relative eosinophilia Chem: TP 4.1 and Albumin 2.2 UA: 1.056 USG with trace proteinuria T4=0.6 mg/dl Fecal Giardia ELISA neg and fecal flotation neg 11-08-21 Giardia ELISA neg and neg fecal flotation 12-10-21 Chem: TP 3.9 and Albumin 2.0, Mg low at 1.4, chloride low at 121, amylase slight increased CBC essentially wnl UA 1.051 USG with trace proteinuria Cobalamin folate pending

**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.

No evidence of pathology associated with the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The right kidney measured 7.6 cm. The left kidney measured 7.1 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.55 cm at the caudal pole. The right adrenal gland measured 2.5 cm length x 1.0 cm at the caudal pole.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild medial folding of the cranial and caudal spleen noted. The folding is not indicative of underlying splenic pathology and is likely a normal patient variant. 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.

**Liver**

The liver exhibited subjective mild generalized enlargement. 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. No evidence of hepatic masses or nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Corvallis Vet Hospital

**REFERRING VET**

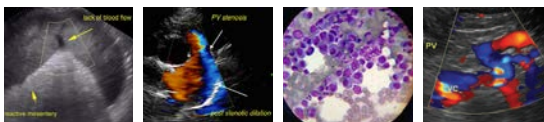
Dr. Gross

**INVOICE**

33422

**DATE**

12/14/21



## PATIENT *Gastrointestinal*

Kenji Georg The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.38 cm.

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## SEX

Neutered Male

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The small intestine revealed segmental moderate mural hypertrophy exhibiting decreased mural echogenicity, loss of discernable wall layering, and associated paralytic ileus in the mid ventral abdomen, likely within the jejunum. This segment of abnormal intestine measured approximately 5-6 cm in length with wall width up to 0.72 cm. By comparison, normal appearing small intestine measured 0.38 cm in width. Associated peri intestinal nonuniform echogenic mesentery was noted around the abnormal segment of intestine.

Normal visible colon wall layers were present with semiformal to nonformed feces present in the descending colon.

## 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

Small pockets of scant peritoneal free fluid noted. No overt lymphadenopathy, although potential for mild associated jejunal lymphadenopathy is possible.

## INTERPRETED BY

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

## ULTRASONOGRAPHIC FINDINGS

- Segmental intestinal (likely jejunal) mural mass with associated regional peritonitis
- Subjective mild hepatomegaly

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presentation of the segmental intestinal mural mass including loss of discernable wall layering, neoplastic criteria is a primary concern with considerations including lymphoma, carcinoma, stromal tumor, leiomyoma/leiomyosarcoma, or other. Potential for significant segmental inflammatory intestinal disease also possible. The intestinal mural mass appears to be amenable to surgical resection. 3-view chest radiographs are recommended. The mild subjective hepatomegaly is non-specific. Screening hepatosplenic FNA using 25-gauge needle and assuming normal clotting status would be warranted prior to any potential surgical considerations.

## REFERRING VET

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**PATIENT**

Kenji Georg

The information and recommendations provided are based on the images presented by the referring veterinarian. 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**

Silken Wind Hound

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

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