

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
 Sir Peter Zabriski  
**SPECIES**  
 Canine  
**BREED**  
 Yorkshire Terrier  
**SEX**  
 Neutered Male  
**AGE**  
 9 Years  
**WEIGHT**  
 10 Pounds

Presented for hemorrhagic diarrhea and vomiting blood and anorexia. In April had an exploratory for suspect foreign body ingestion. No FB found, but a large calcified mass was seen just below the liver and appeared to be going into the central lobe of the pancreas. No biopsies taken due to owner not wanting to do surgical resection/treatment. Nothing else found on exploratory. Sir Peter has been doing well until today when he presented with above clinical problems. Also: History of Cushing's disease being maintained on Trilostane. History of stable elevated liver enzymes: ALT 171; ALP 1866; GGT 141

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

The residual prostate exhibited subtle prominent size with mild non-homogeneous yet non-mineralized parenchyma measuring 0.9 cm diameter. The residual prostate was not overtly indicative of underlying or emerging prostatic pathology, and likely a patient variant.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm. The right kidney measured 4.4 cm.

**Adrenal Glands**

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 2.6 cm length x 1.01 cm at the caudal pole. The right adrenal gland measured 3.6 cm length x 1.0 cm at the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

**Liver**

The liver exhibited potential for mild generalized enlargement. Overall increased hepatic parenchyma echogenicity exhibiting non-uniform echotexture. Multifocal small to discreet hypoechoic parenchymal nodules were noted. A solitary intraparenchymal cyst was present in the deep left liver. The gallbladder was non distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

**Gastrointestinal**

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with minor retained fluid and luminal gas. Gastric body wall measured 0.7 cm.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Wood River AH

**REFERRING VET**

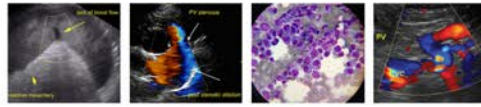
Dr. Casey Schuelke

**INVOICE**

33577

**DATE**

12/19/21



**PATIENT**

Sir Peter Zabriski

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio overall. Duodenojejunal mucosal speckling noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.24 cm. Duodenum wall measured 0.34 cm.

**SPECIES**

Canine

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.

**BREED**

Yorkshire Terrier

**Free Abdomen**

Unspecified to indistinct mildly non-homogeneous mass was present in the area of the caudal right to caudate liver, dorsal to the stomach and in the area of the pancreas base, measuring 4.5 cm x 2.7 cm.

**SEX**

Neutered Male

No effusion. No overt lymphadenopathy.

**AGE**

9 Years

- Gastroenterocolitis/HGE pattern
- Chronic hepatopathy with solitary parenchymal cyst – likely consistent with chronic vacuolar hepatitis in light of hyperadrenocorticism
- Partial gallbladder mucocele
- Unspecified indistinct mass lesion in area of caudal right to caudate liver and pancreas base

**WEIGHT**

10 Pounds

**SECONDARY FINDINGS**

- Mild chronic renal changes
- Bilateral adrenomegaly – consistent with PDH.

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 DABVP (Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although not definitive, the previously noted mass noted on exploratory laparotomy is suspected to correlate with the unspecified to indistinct mass in the area of the right/caudate liver and pancreas base. Hyperplasia, granuloma, neoplasia or other possible. Ultrasound guided FNA of this mass lesion (assuming normal clotting status) could be considered for further clarification. Empirical therapy for hemorrhagic gastroenteritis with assessment of clinical response is recommended. Sonographic monitoring of the unspecified mass lesion for evidence of progression may be considered.

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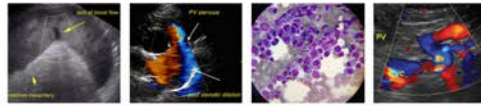
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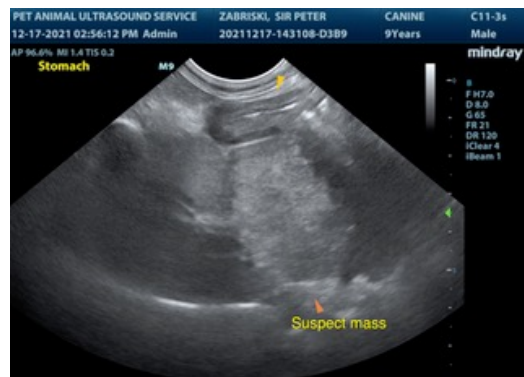
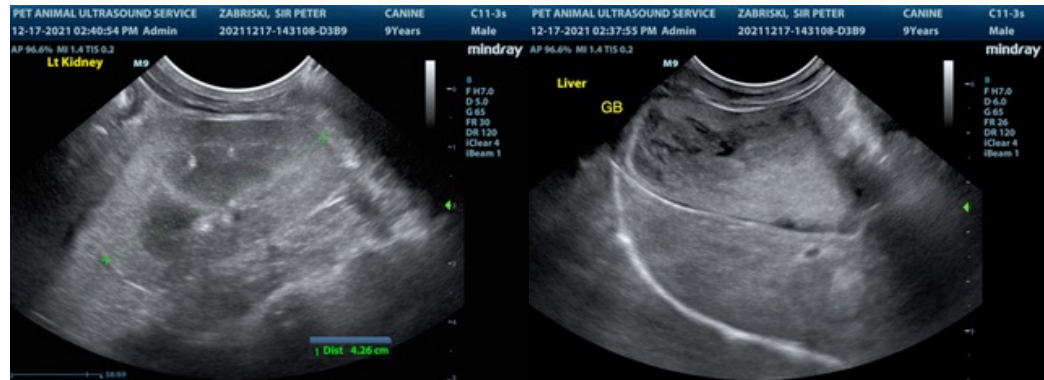
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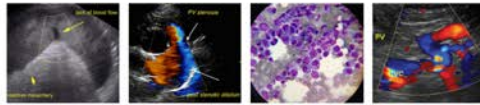
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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**

Yorkshire Terrier

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

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Neutered Male

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