



**PATIENT**

Max Lewis

**PRESENTING CLINICAL SIGNS**

Patient presents from other DVM for abdominal discomfort since Tuesday, no vomiting or diarrhea. NPO for ultrasound today.

**SPECIES**

Canine

Current meds: gabapentin and Clavamox from other DVM.

No blood work records or radiology records available today. Radiographs reportedly look abnormal.

**BREED**

Shih Tzu

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**SEX**

MN

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 left kidney measured 4.5 cm in length. The right kidney measured 4.3 cm in length.

**AGE**

5yr

**WEIGHT**

14.4lb

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width at the caudal pole and 1.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.333 cm width at the caudal pole and 1.4 cm length.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited normal size with subtle parenchymal heterogeneity. A solitary well demarcated mildly expansive non-homogenous macronodule/small mass was present in the mid to possible caudal spleen measuring ~ 2.0 cm in diameter. The mass distorted the associated medial capsule with concurrent mild distortion of the lateral capsule. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Westwood Regional  
Veterinary Hospital

**Liver/Gallbladder**

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. Giammanco

**INVOICE**

12541ag

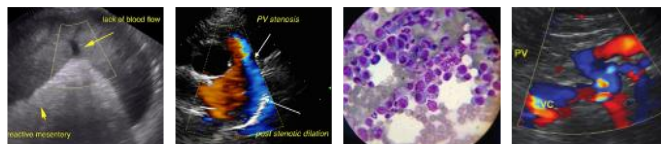
**Gastrointestinal**

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.

**DATE**

12/26/2022

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.



**PATIENT**

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

Max Lewis

**Pancreas**

**SPECIES**

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.

Canine

**Free Abdomen**

**BREED**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Shih Tzu

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Non-specific splenic macronodule/small mass
- Otherwise sonographically unremarkable abdomen

MN

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

5yr

Aside from the splenic macronodule/small mass, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Considerations for the splenic nodule/mass may include hyperplasia, hematopoiesis, granuloma, focal splenitis, small hematoma or similar with potential for emerging neoplastic criteria thought less likely yet cannot be definitively excluded. Assuming normal clotting status and using a 25g needle, a splenic nodule/mass FNA for screening cytology is warranted for further assessment. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A thorough musculoskeletal exam is suggested if not done to rule out referred abdominal pain. Sonographic monitoring of the splenic nodule/mass with initial recheck in 3-4 weeks would be reasonable given lack of perisplenic reactive mesentery or peritoneal free fluid. Prophylactic splenectomy would be a more aggressive approach.

**WEIGHT**

14.4lb

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DVM, DABVP  
(Canine and Feline)

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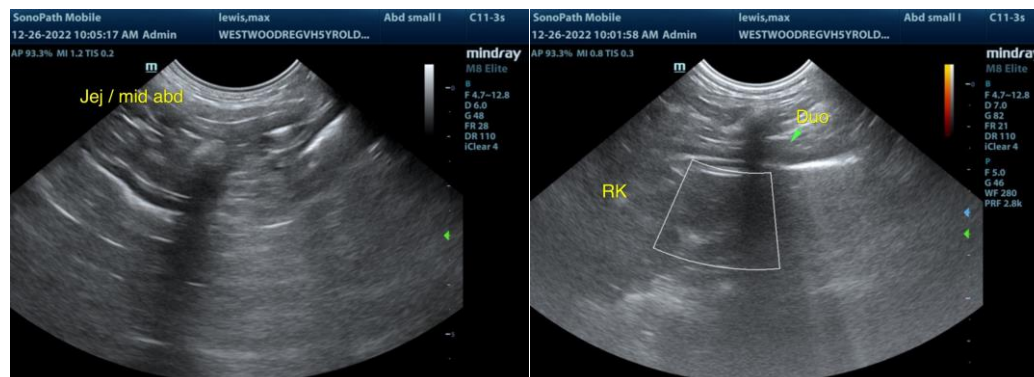
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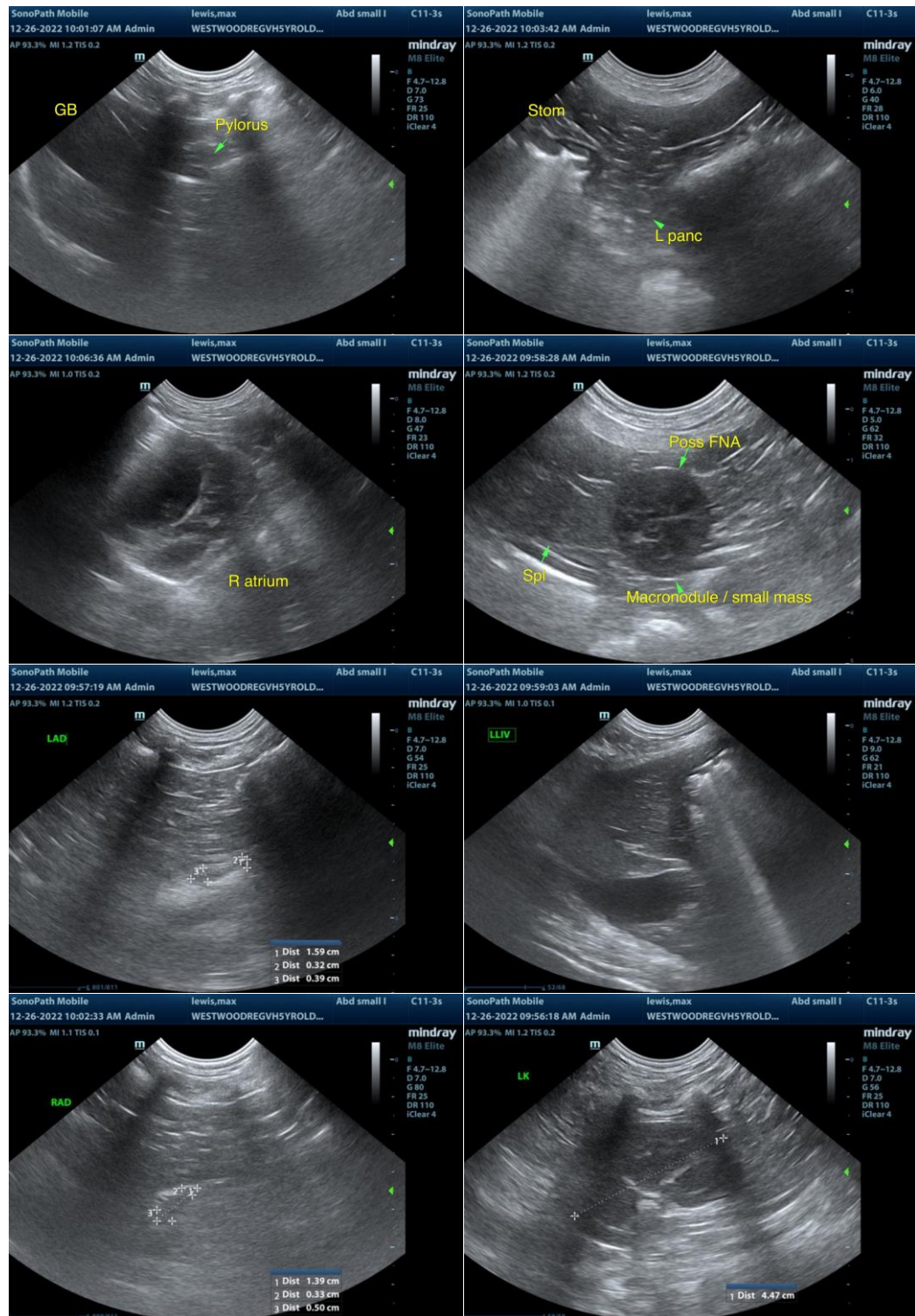
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

Max Lewis

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

[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

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