



PATIENT	PRESENTING CLINICAL SIGNS
Lila Wood	Presented 12/16 for chronic SI diarrhea (1 month duration), now vomiting. Dog has PPH idiopathic PLN in 2019, tx with pred and benazapril, resolved. Suspect PLE: severe gastroenteritis summer 2024, has been on tapering dose pred and mostly hydrolyzed diet since. PE reveals wt loss and abdominal mass (grapefruit-sized). Severe dental dz. Quiet Gr I-II L syst murmur. Abd rads confirm mass. Rec met check thx rads, owner declines.
SPECIES	
Canine	
BREED	Abnormal PE/Chem/CBC/UA Results: Chem ALP 1337, GGT 15, all else wnl Alb low normal 2.4 CBC wnl.
Shetland Sheepdog	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SF	Urinary System
AGE	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
12 yrs	No evidence of pathology in the area of the aortic trifurcation.
WEIGHT	Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied, resulting in an altered cortex: medulla ratio. Indistinct corticomedullary border demarcation was also present with areas of medullary mineral. The renal medullary volume was subjectively reduced. The left kidney measured 4.9 cm in length. The right kidney measured 5.1 cm in length.
37.5 lbs.	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The right adrenal gland exhibited a mildly swollen cranial pole. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The right adrenal gland measured 0.97 cm width in the cranial pole and 0.48 cm width in the caudal pole.
IMAGING PERFORMED BY	Spleen
Haley Harasimowicz	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma, with an example measuring 0.68 cm diameter. 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 echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
HOSPITAL NAME	
Waterbury VH	
REFERRING VET	
Emily Crawford	
INVOICE	
10489	
DATE	
12/18/25	



PATIENT	<i>Liver/ Gallbladder</i>
Lila Wood	The liver was mildly enlarged in size. 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.
SPECIES	
Canine	
BREED	The gallbladder was non-distended in size, containing primarily anechoic content with moderate, gravity-dependent to non-dependent, nonorganized gallbladder debris. The cystic and common bile ducts were normal.
Shetland Sheepdog	
SEX	<i>Gastrointestinal</i>
SF	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.
AGE	
12 yrs	A midabdomen jejunal mass exhibiting variable to markedly thickened hypoechoic to regional hyperechoic wall and loss of mural detail was present, potentially measuring 7.0 cm in diameter with thickened wall measuring 2.3 cm width. Adjacent to generalized non-involved intestinal segments exhibited intact wall, subjective mildly thickened submucosa layer, and segmental, mildly hyperechoic mucosal speckling. An additional non-involved segment of jejunum exhibited thickened wall, primarily secondary to thickened muscularis layer, measuring 0.84 cm wall width.
WEIGHT	
37.5 lbs.	
INTERPRETED BY	Normal visible colon wall layers were present with soft fecal matter.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Pancreas</i>
	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 were evident.
IMAGING PERFORMED BY	<i>Free Abdomen</i>
Haley Harasimowicz	Peri intestinal nonuniform hyperechoic omentum was noted surrounding the jejunal mass. No evidence of peritoneal effusion was noted. No definitive significant omental lymphadenopathy was visualized.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Waterbury VH	<ul style="list-style-type: none"> • Jejunal mass with separate focally thickened jejunum, concurrent intestinal mucosal speckling • Normal empty stomach • Hepatopathy with nonorganized gallbladder debris (non mucocele) • Hyperechoic splenic nodules - consistent with probable benign myelolipomas • Bilateral chronic renal changes • Mild urinary bladder lumen mineral
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PATIENT

Lila Wood

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

SF

AGE

12 yrs

WEIGHT

37.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

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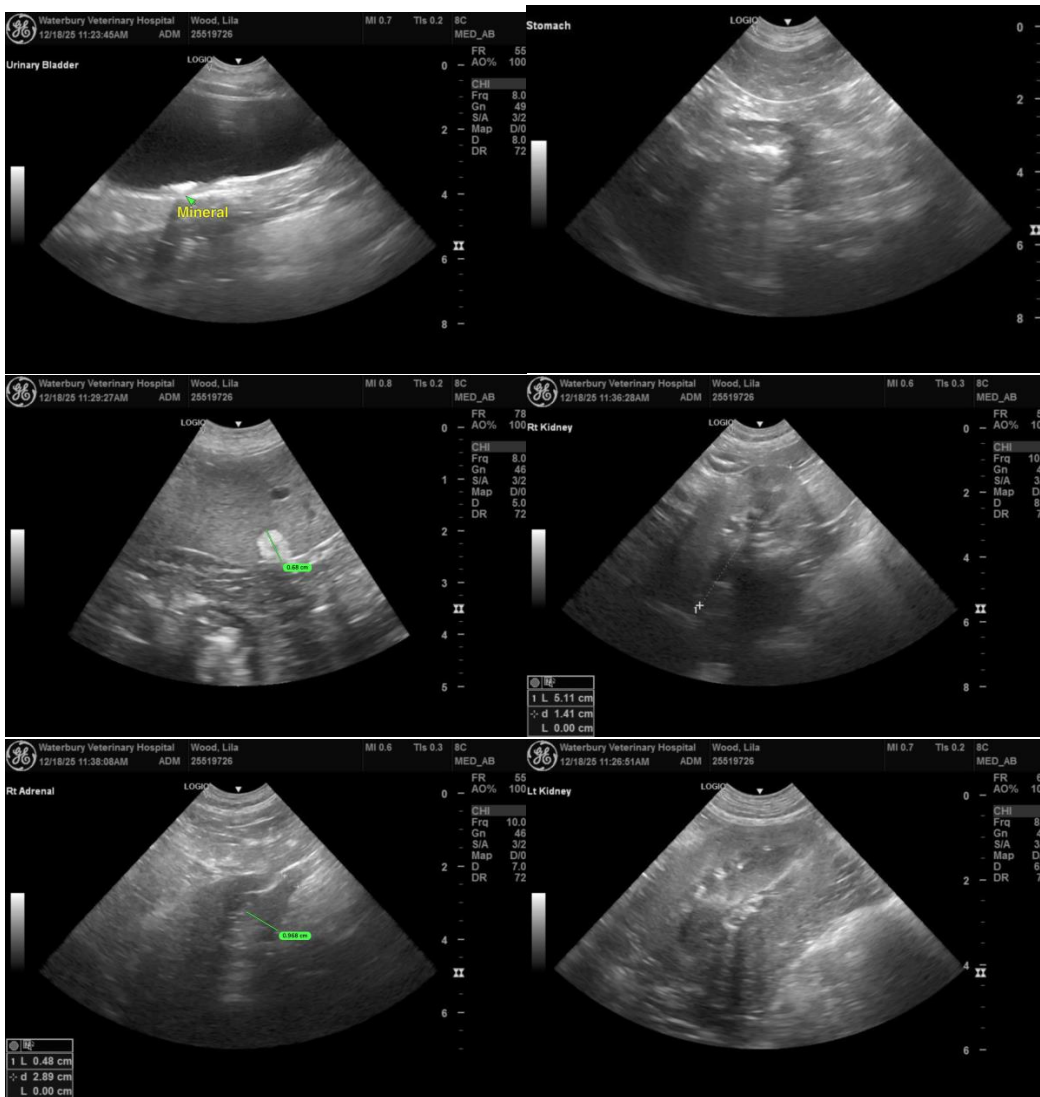
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The jejunal mass and concurrent separate segmental thickened jejunum is almost certainly consistent with neoplastic criteria. Potential for diffuse intestinal involvement is not definitively excluded. Further assessment may include FNA cytology of the Intestinal mass, as well as screening hepatosplenic cytology using a 25-gauge needle. Recheck urinalysis +/- UPC level may be considered.





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BREED

Shetland Sheepdog

SEX

SF

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37.5 lbs.

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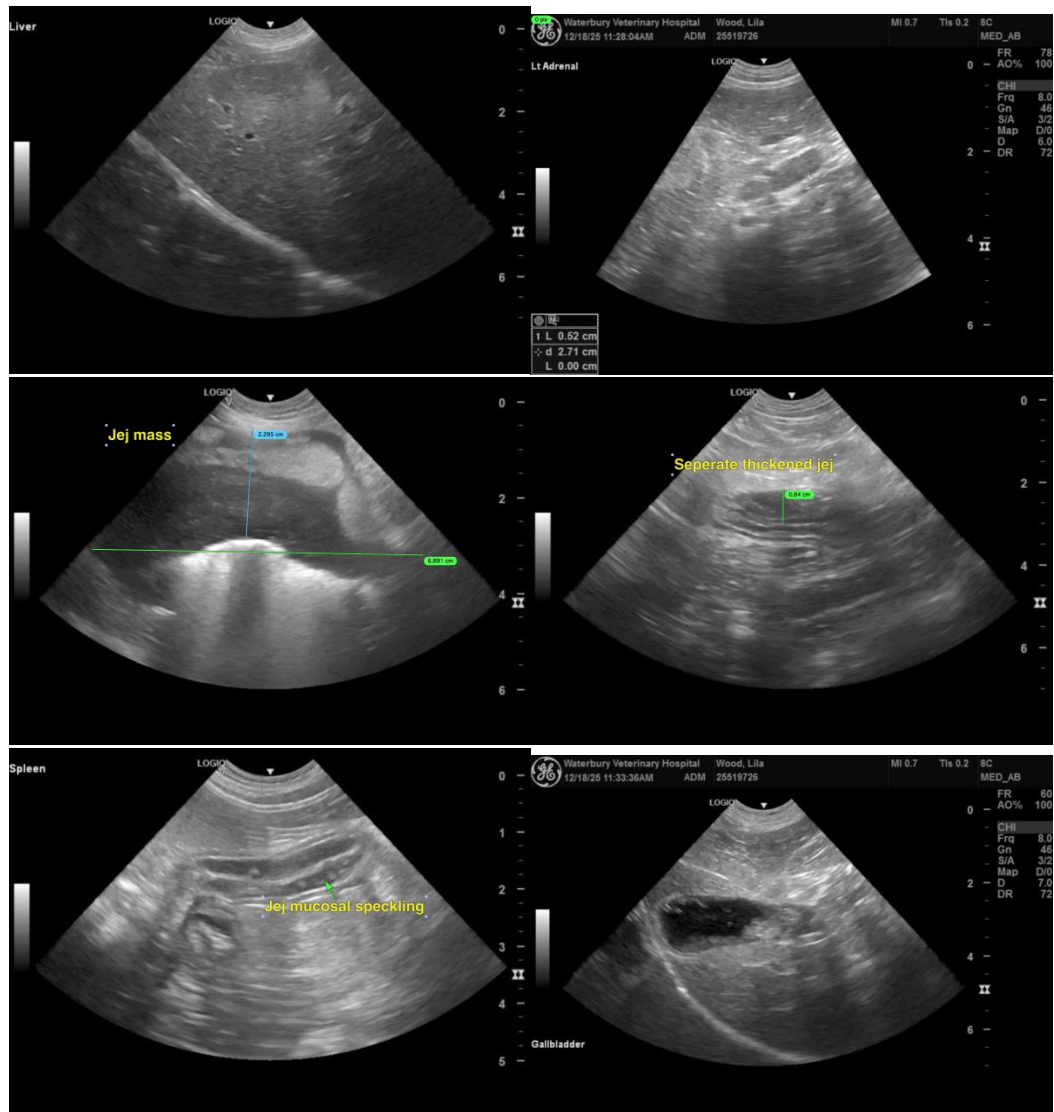
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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