



PATIENT

Blu Benson

SPECIES

Canine

BREED

Pitbull

SEX

Female Spayed

AGE

12y

WEIGHT

25.2 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing
ER

INVOICE

13192

DATE

2/11/26

PRESENTING CLINICAL SIGNS

History:

- AUS to further evaluate suspected retained gastric material in the face of reported anorexia, mild LES elevations, aspiration pneumonia, and possible abdominal mass. Was evaluated yesterday in the ER for vomiting, diarrhea, anorexia and dyspnea. Aspiration pneumonia found on CXR and retained gastric material on AXR. ER FAST showed concerns for possible abdominal mass, not appreciated on AXR. Time of AUS, O reported has not eaten in 2 days.
- Meds: Clavamox, Cerenia, SQF

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 54.7%, Plts 234-n, remainder NSF - PCV/TS: 50%/6.0 - Chem: Alb 2.9-n, ALP 456 H, ALT 491 H, GGT17 H, Gluc 141 H, Phos 1.5 L, TP 5.3 L, TCa 8.8 L - Lactate 4.33 H - DACVR Rads: Aspiration PNA, no evidence of pulmonary metastatic dz; Gastroenterocolitis, Stom- soft tissue opaque foreign material, gas distention compatible with aerophagia, stomach not abnormally distended. SI/LI relatively empty. No radiographically identifiable splenic mass. Superficial mineral opaque mass observed on the cranioventral abd wall concerning for mammary neoplasia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted.

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 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 6.1 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 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 0.53 cm width at the caudal pole.

Spleen

The spleen exhibited mild splenomegaly with maintained symmetrical contour and generalized mild, heterogeneous parenchyma. No visualized mass or nodules present.

Liver

The liver was enlarged in size with symmetrical rounded capsule contour and mild heterogeneous remodeled hepatic parenchyma. Indistinct portal vascular borders and normal vascular volume. No



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definitive mass or nodules visualized. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly thickened wall primarily noted in the antrum and pylorus exhibiting mild decreased pyloric mural echogenicity. The stomach was non-distended in size containing a mild amount of retained lumen fluid and gas. No evidence of obstruction to pyloric outflow or shadowing content. Pylorus wall measured 0.8 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild diffuse ileus pattern is present without obstruction or foreign material.

The colon walls presented intact yet mild thickened wall layering. Semi-formed to soft fecal matter was present in the colon lumen.

Pancreas

The right pancreas was normal to mildly prominent in size with symmetrical contour and mild non-homogeneous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Multiple, variably enlarged, non-homogeneous, hypoechoic to swollen mesenteric and solitary medial iliac lymph nodes present measuring 4.4 cm x 2.4 cm. Mild surrounding perilymphatic hypoechoic omentum and minor volume lateral abdomen effusion.

ULTRASONOGRAPHIC FINDINGS

- Enlarged mildly non-homogeneous liver/spleen
- Multiple, variably enlarged to swollen non-homogeneous mesenteric/medial iliac lymph nodes
- Nonspecific gastroenterocolonopathy exhibiting mild, non-obstructive gastric and segmental intestinal ileus and soft fecal matter in colon
- Possible mild right limb pancreatitis
- Minor peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or definitive gastric foreign body. Primary concern for emerging to multicentric neoplasia, i.e. round cell neoplasia such as lymphoma involving the liver, spleen, lymph nodes and potentially the gastrointestinal tract warranted. Although multicentric inflammatory, infectious disease or other non-neoplastic etiology possible, further assessment may including, assuming normal clotting status and using 25-gauge needle, hepatosplenic inaccessible lymph node FNA cytology. A spec PL could be considered to correlate with the pancreas. Gastrointestinal support indicated pending sampling considered essential for further assessment with possible oncology consult. Guarded prognosis.



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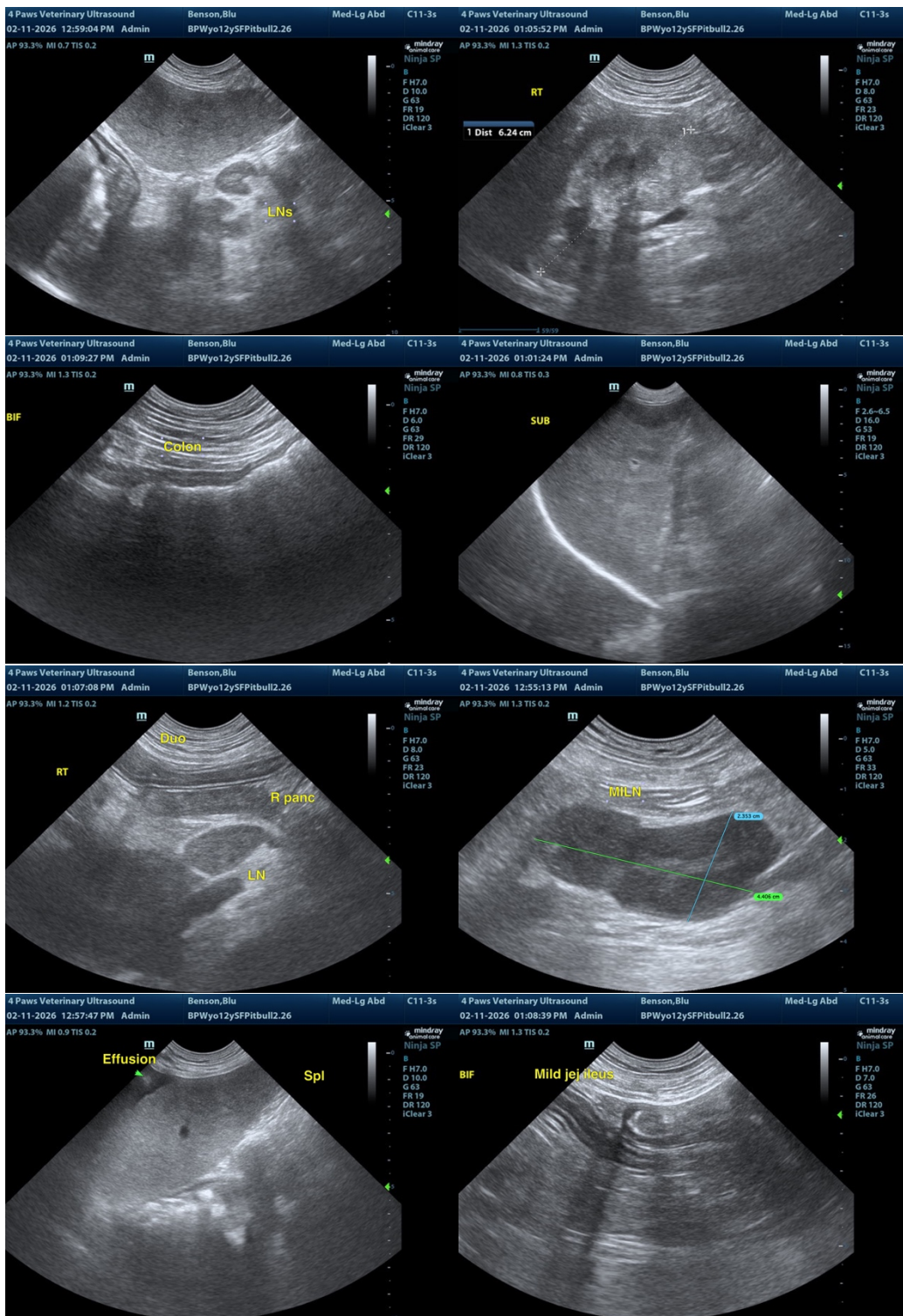
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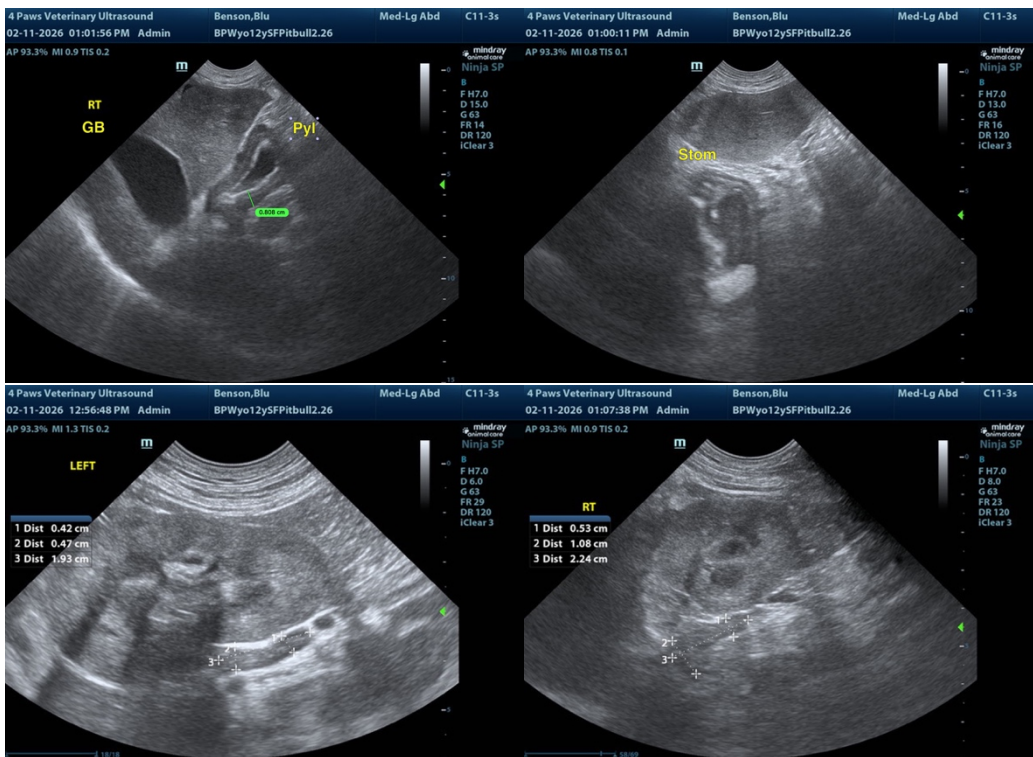
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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

info@sonopath.com