



**PATIENT**

**This submitted study contained 8 videos and 40 still Images for review.**

Phoebe Filkas

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Anorexic with weight loss for last 3 weeks Suspect large spleen on Ab xrays  
Abnormal PE/Chem/CBC/UA Results: Anemic low RBC

Canine

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Boston Terrier

**Urinary System**

**SEX**

The urinary bladder presented mildly prominent ventroapical to dorsoapical urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The ventroapical to dorsoapical urinary bladder wall thickness measured 0.25 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall were not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3.0 cm. Anechoic content was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal.

Spayed Female

**AGE**

11

**WEIGHT**

9.6 kg

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

Normal size and margination were 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. Focal nonspecific cystic lesion was present in the left kidney exhibiting thin walls, primarily anechoic content, with potential for mild nonshadowing cellular component measuring 1.2 cm in diameter. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.2 cm in length.

**IMAGING PERFORMED BY**

Dr. Belan

**Adrenal Glands**

**HOSPITAL NAME**

McKnight 24 HR

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 and 0.39 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.65 cm width at the cranial pole.

**REFERRING VET**

Dr. Gruffydd

**Spleen**

**INVOICE**

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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.

**DATE**

2/22/22

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without



<b>PATIENT</b>	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.
Phoebe Filkas	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid was present with no signs of obstruction, or foreign material.
<b>BREED</b>	The small intestine exhibited segmental jejunal mural mass subjectively in the mid to left abdomen measuring an estimated 5.0-6.0 cm in length with wall width measuring 2.0-3.0 cm. Focal hyperechoic foci were noted within the wall potentially indicative of focal areas of mural gas which may suggest potential for ulceration. This may coincide with the reported anemia. The rest of the small Intestine exhibited intact wall layering and subjectively maintained a 1:3 muscularis / mucosa ratio including the visualized duodenum in the area of the Ileum and ileocolic junction.
Boston Terrier	
<b>SEX</b>	
Spayed Female	
<b>AGE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
11	<b><i>Pancreas</i></b>
<b>WEIGHT</b>	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
9.6 kg	<b><i>Free Abdomen</i></b>
<b>INTERPRETED BY</b>	Intermittent jejunal nodes likely adjacent to the jejunal mural mass were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.9 cm x 0.44 cm.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	Regional peri jejunal reactive mesentery was noted around the jejunal mural mass.
Dr. Belan	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>HOSPITAL NAME</b>	<b><i>Primary Findings</i></b>
McKnight 24 HR	<ul style="list-style-type: none"> <li>Segmental jejunal mural mass with regional peri jejunal reactive mesentery</li> <li>Associated intermittent jejunal lymphadenopathy - lymphoid hyperplasia, reactive lymphadenitis, early neoplastic lymphadenopathy possible</li> </ul>
<b>REFERRING VET</b>	<ul style="list-style-type: none"> <li>Probable mild gastric hypomotility</li> </ul>
Dr. Gruffydd	<b><i>Secondary Findings</i></b>
<b>INVOICE</b>	<ul style="list-style-type: none"> <li>Bilateral mild chronic renal changes with nonspecific left kidney probable cyst</li> <li>Possible mild cystitis</li> </ul>
13387	<ul style="list-style-type: none"> <li>Age-related spleen - subjectively benign</li> </ul>
<b>DATE</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
2/22/22	Although histopathology is required for a definitive diagnosis, the jejunal mural mass is suggestive of neoplastic criteria with considerations including lymphoma, adenocarcinoma, stromal tumor,



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leiomyoma / leiomyosarcoma, or other. Subjectively, the jejunal mural mass appears to be likely amendable to surgical resection.

## SPECIES

Canine

Assuming no evidence of thoracic pathology and normal cardiopulmonary status, exploratory laparotomy for gross inspection, potential for resection anastomosis, and/or intestinal and lymphatic biopsies could be considered.

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Boston Terrier

## SEX

Spayed Female

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## WEIGHT

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## IMAGING PERFORMED BY

Dr. Belan

## HOSPITAL NAME

McKnight 24 HR

## REFERRING VET

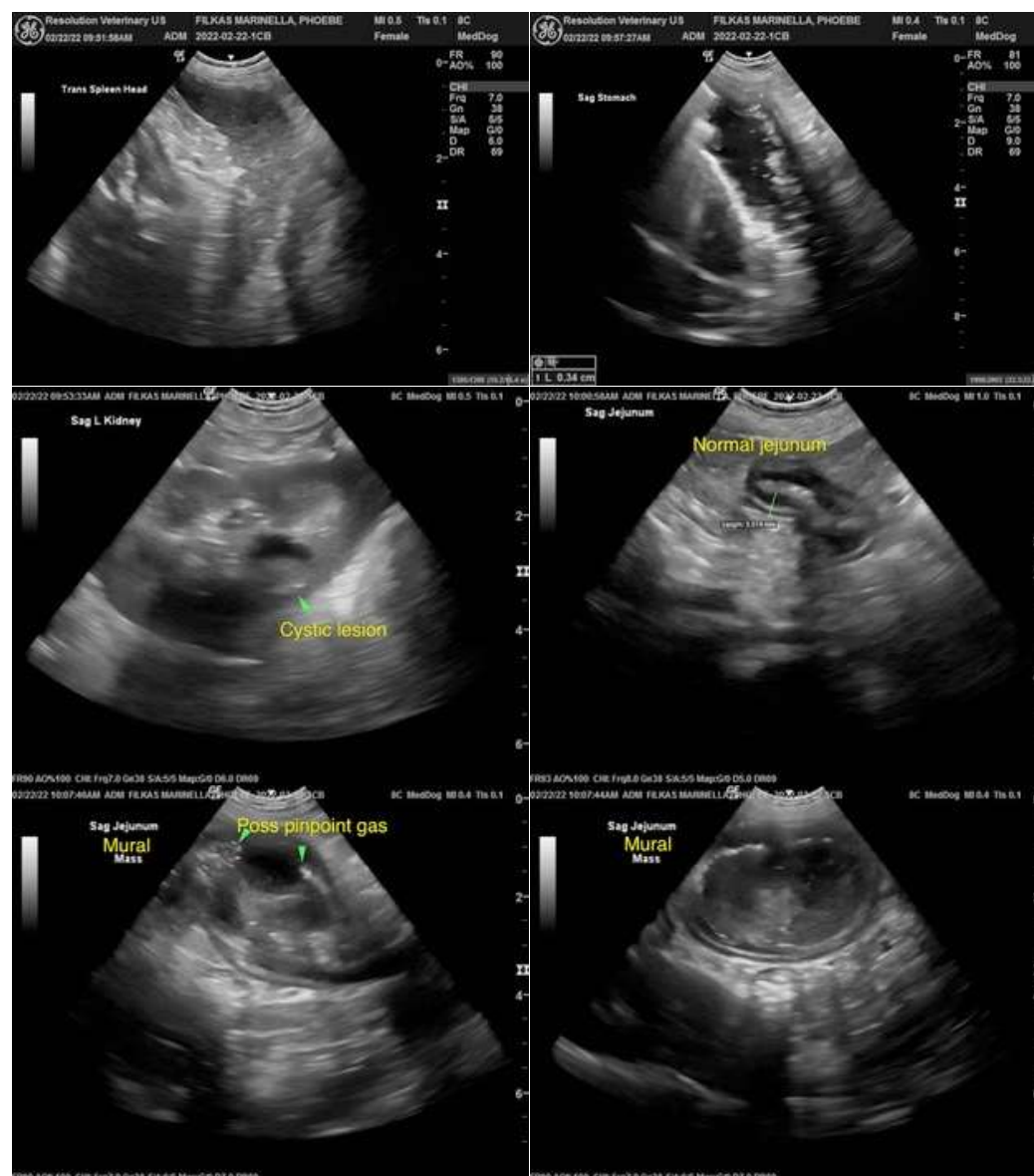
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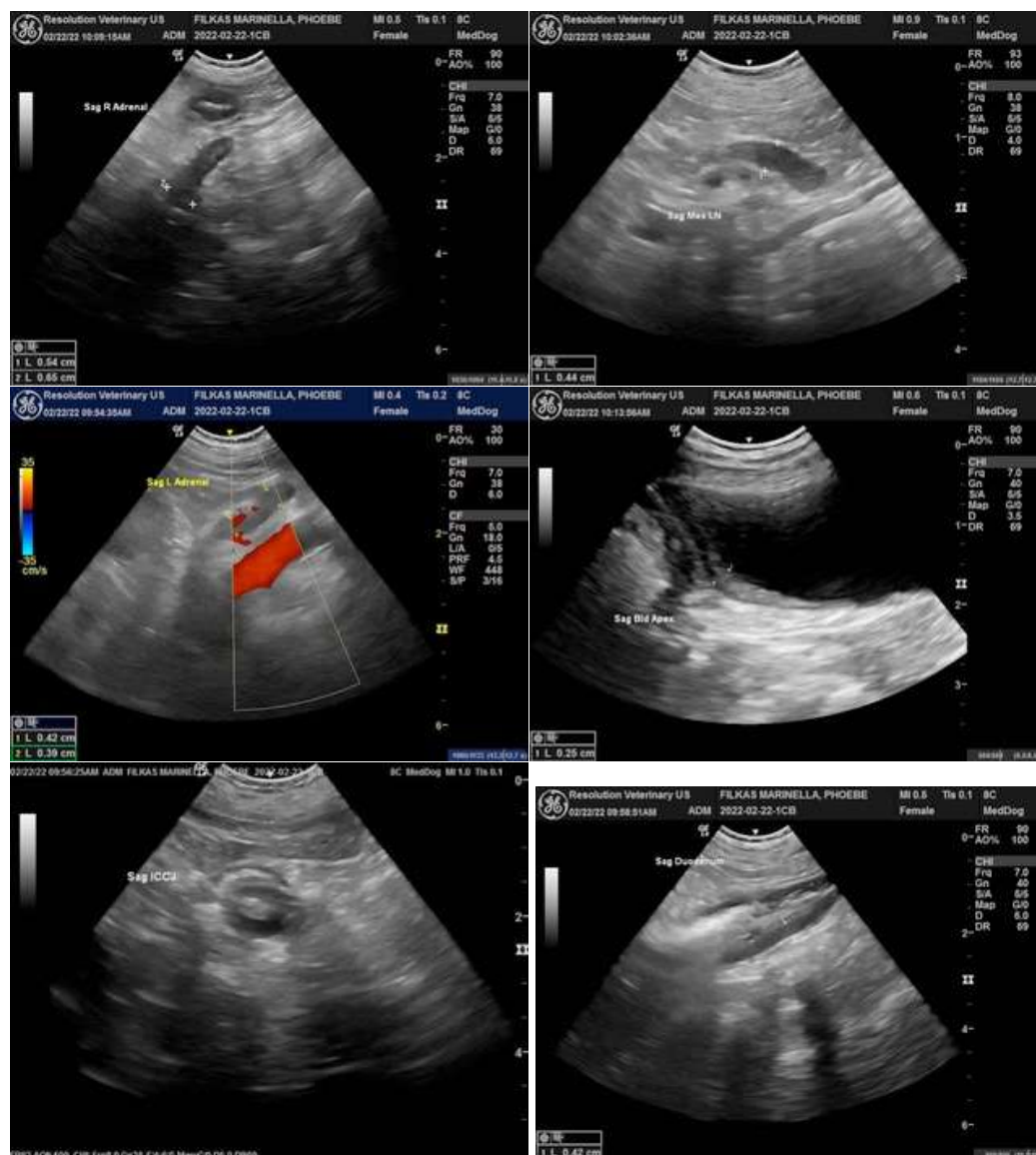
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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