



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Chica Plant	<p>Presented on Feb 23 with 1-2 day history of inappetance, lethargy, wobbly gait down the stairs and change in breathing rate/effort. She vomited up a valentine's day sticker yesterday as well. PE revealed distended abdomen with discomfort, normal neuro exam in clinic. Owner elected to monitor at night and was given a cerenia injection and pro-biotic powder. Presented for re-evaluation today (FEb 24) as she was no better - still not eating, still lethargic, no further vomiting. Abdominal radiographs revealed cranial abdomen had loss of serosal detail and appeared very "full" with abdominal contents pushing cranial into the thoracic cavity (diaphragm intact). Concern for abdominal mass, pancreatitis, liver dz, etc. Current Medications Cerenia, Pro Care probiotic powder</p> <p>Abnormal PE/Chem/CBC/UA Results: Radiographic Findings Abdominal radiographs revealed cranial abdomen had loss of serosal detail and appeared very "full" with abdominal contents pushing cranial into the thoracic cavity (diaphragm intact). Concern for abdominal mass, pancreatitis, liver dz, etc.</p>
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Shih Tzu X	<p><b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b></p> <p><b>Urinary System</b></p> <p>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 was noted.</p> <p>The area of the aortic trifurcation was free of pathology.</p> <p>Normal renal size with asymmetrical margination were present in both kidneys. Mild uniform thickened cortex with moderate loss of corticomedullary border demarcation was present with increased medullary echogenicity inside the corticomedullary border. No pyelectasia was present in either kidney. The renal medullary volume was subjectively reduced. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.</p> <p><b>Adrenal Glands</b></p> <p>The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm length x 0.52 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 1.7 cm length x 0.50 cm width at the caudal pole.</p> <p><b>Spleen</b></p> <p>The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.</p>
<b>SEX</b>	
FS	
<b>AGE</b>	
12 years	<p><b>IMAGING PERFORMED BY</b></p> <p>Kelly Reschny</p>
<b>WEIGHT</b>	
5.3 kg	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP	<p><b>HOSPITAL NAME</b></p> <p>East Plains AH</p>
<b>IMAGING PERFORMED BY</b>	
Kelly Reschny	
<b>HOSPITAL NAME</b>	
East Plains AH	<p><b>REFERRING VET</b></p> <p>Dr. Visconti</p>
<b>REFERRING VET</b>	
Dr. Visconti	
<b>INVOICE</b>	
16304	<p><b>DATE</b></p> <p>2/24/23</p>
<b>DATE</b>	
2/24/23	



<b>PATIENT</b>	<b><i>Liver/ Gallbladder</i></b>
Chica Plant	The liver presented enlarged in size. The liver exhibited subjective mild generalized decreased parenchyma echogenicity with subtle increased prominence of the portal vascular borders. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Thinly walled cyst containing anechoic fluid was noted dorsal to the gallbladder. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Shih Tzu X	<b><i>Gastrointestinal</i></b>
<b>SEX</b>	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct.
FS	The small intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Mid-abdominal irregular to expansive intestinal mural mass was present measuring approximately 3.0 cm in diameter. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.
<b>AGE</b>	
12 years	
<b>WEIGHT</b>	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.
5.3 kg	<b><i>Pancreas</i></b>
<b>INTERPRETED BY</b>	The pancreas base and right pancreatic limb presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	<b><i>Free Abdomen</i></b>
Kelly Reschny	Generalized hyperechoic omentum was present most notably around the intestinal mural mass, pancreas, and caudal liver margins. An intermittent small pocket of scant free fluid was noted. No obvious visualized significant omental lymphadenopathy was noted.
<b>HOSPITAL NAME</b>	
East Plains AH	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>REFERRING VET</b>	<b><i>Primary Findings</i></b>
Dr. Visconti	<ul style="list-style-type: none"> <li>• Moderate generalized gastroenterocolitis pattern with midabdominal irregular to expansive intestinal mural mass</li> <li>• Concurrent subjective mild to possible moderate right limb pancreatitis</li> <li>• Generalized primarily peri intestinal to peripancreatic peritonitis</li> <li>• Hepatomegaly with mild parenchyma hypoechogenicity, solitary intraparenchymal hepatic cyst</li> <li>• Gallbladder debris (non-mucocele)</li> </ul>
<b>INVOICE</b>	
16304	
<b>DATE</b>	
2/24/23	



**PATIENT**

**Secondary Findings**

Chica Plant

- Nonspecific moderate chronic renal changes

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further assessment, the intestinal mural mass is most likely consistent with neoplastic criteria. Small intestinal or possible ileocolic location of the Intestinal mass is suspected based on location and lack of reported diarrhea.

**BREED**

Shih Tzu X

FNA cytology of the intestinal mural mass could be considered for further clarification and possible oncology consult. Correlation with full CBC/Chemistry Panel and Urinalysis, as well as screening hepatic FNA cytology for further staging, especially if evidence of hepatic enzyme elevations, is suggested. Empirically, as-needed gastrointestinal support and medical therapy for pancreatitis would be reasonable. An extremely guarded prognosis is indicated.

**SEX**

FS

**AGE**

12 years

**WEIGHT**

5.3 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

East Plains AH

**REFERRING VET**

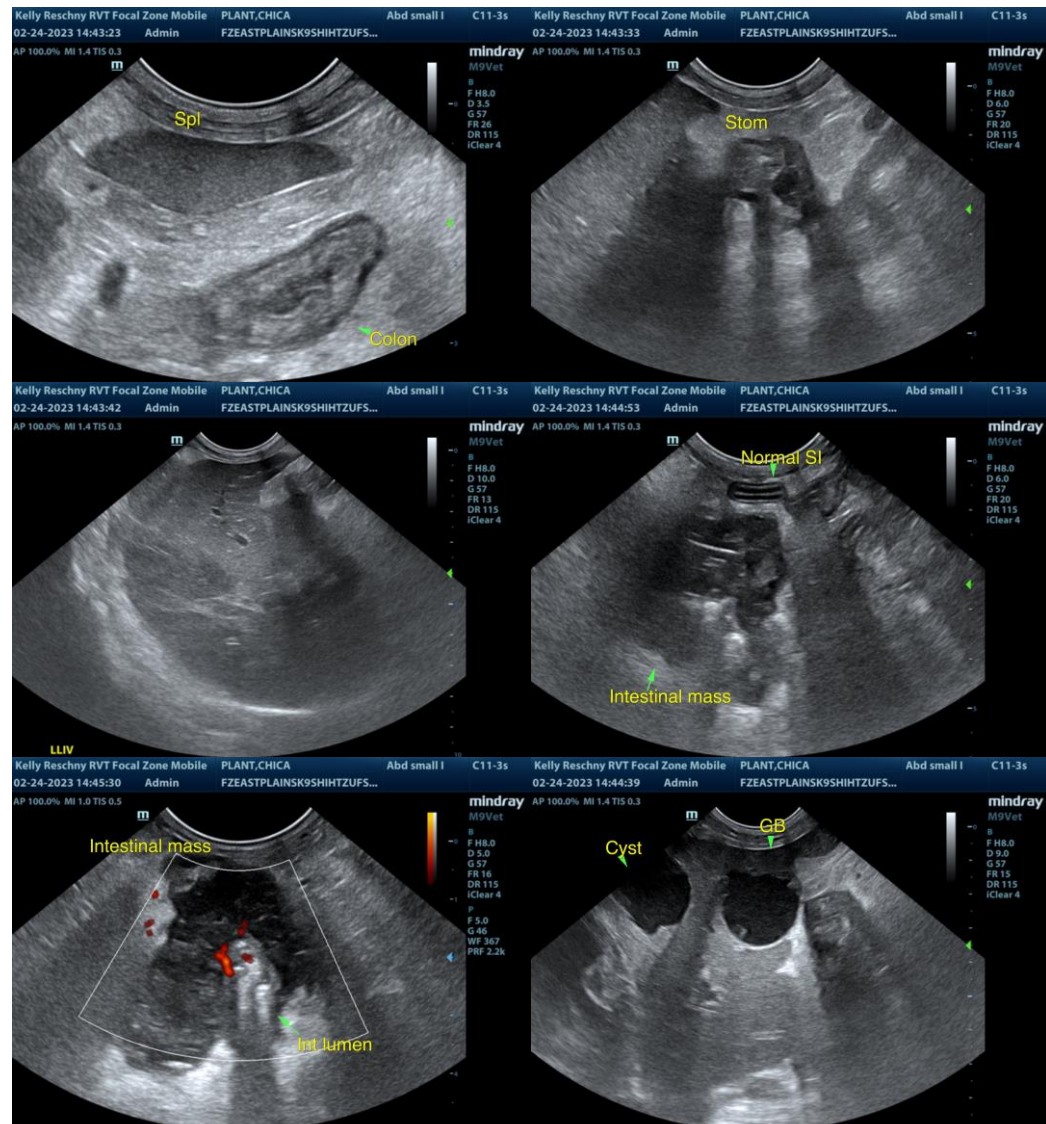
Dr. Visconti

**INVOICE**

16304

**DATE**

2/24/23





**PATIENT**

Chica Plant

**SPECIES**

Canine

**BREED**

Shih Tzu X

**SEX**

FS

**AGE**

12 years

**WEIGHT**

5.3 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

East Plains AH

**REFERRING VET**

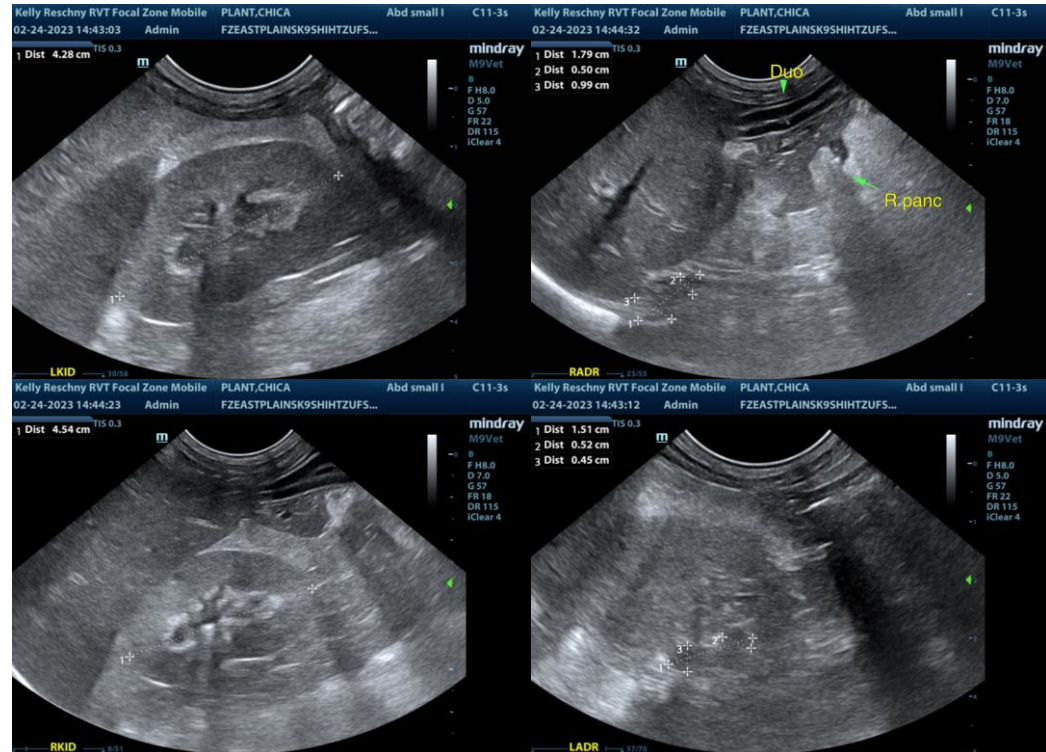
Dr. Visconti

**INVOICE**

16304

**DATE**

2/24/23



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