



**PATIENT**

Mumford Belthoff

**SPECIES**

Canine

**BREED**

Scottish Terrier

**SEX**

MN

**AGE**

12 years

**WEIGHT**

17.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Cresskill AH

**REFERRING VET**

Dr. J Khodari

**INVOICE**

16480

**DATE**

3/29/23

**PRESENTING CLINICAL SIGNS**

Suspected liver disease/dysfunction, R/O neoplasia. 3 lb weight loss, decreased appetite, PE NSF, new grade 4/6 heart murmur.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.83 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length. The right kidney measured 4.6 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 2.2 cm length x 0.53 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 2.1 cm length x 0.66 cm width at the caudal pole.

**Spleen**

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.

**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 signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor gallbladder debris. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained nonshadowing ingesta without signs of obstruction or foreign material.

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Segmental small intestinal mural mass noted mid-abdomen subjectively medial to the spleen, consistent with jejunal location, was present. The mass exhibited segmental mural hypertrophy, decreased to nonhomogeneous mural echogenicity and loss of discernable wall layering subjectively measuring approximately 4.0 cm in length with wall width up to 1.3 cm. Suspect segmental luminal gas within the small intestinal mural mass was noted. Potential for mural mineralization is possible.

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

**MN**

***Pancreas***

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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.

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***Free Abdomen***

Peripheral mild hyperechoic peri intestinal omentum with probable mildly enlarged to hypoechoic associated mesenteric lymphadenopathy was present with an example of a probable mesenteric lymph node measuring 1.0 cm diameter. No evidence of peritoneal free fluid was noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Small intestinal mural mass - consistent with jejunal location
- Probable associated focal possibly intermittent peri intestinal mesenteric lymphadenopathy
- Hepatic parenchymal remodeling, benign hepatopathy
- Minor gallbladder debris (non-mucocele)
- Age-related kidneys

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although pending sampling or histopathology are required for a definitive diagnosis, the intestinal mural mass is most suggestive of neoplastic criteria with potential for early regional peri intestinal mesenteric lymph node involvement. The intestinal mural mass did not appear to be obstructive and appears to be potentially amendable to surgical resection given its size and location. Correlation with pending cytology is suggested. Benign etiologies for the intestinal mural mass are possible yet are thought less likely. Full CBC/Chemistry panel/Urinalysis, three view chest radiographs, ideally echocardiogram given the heart murmur, with potential for surgical or oncology consult is recommended.

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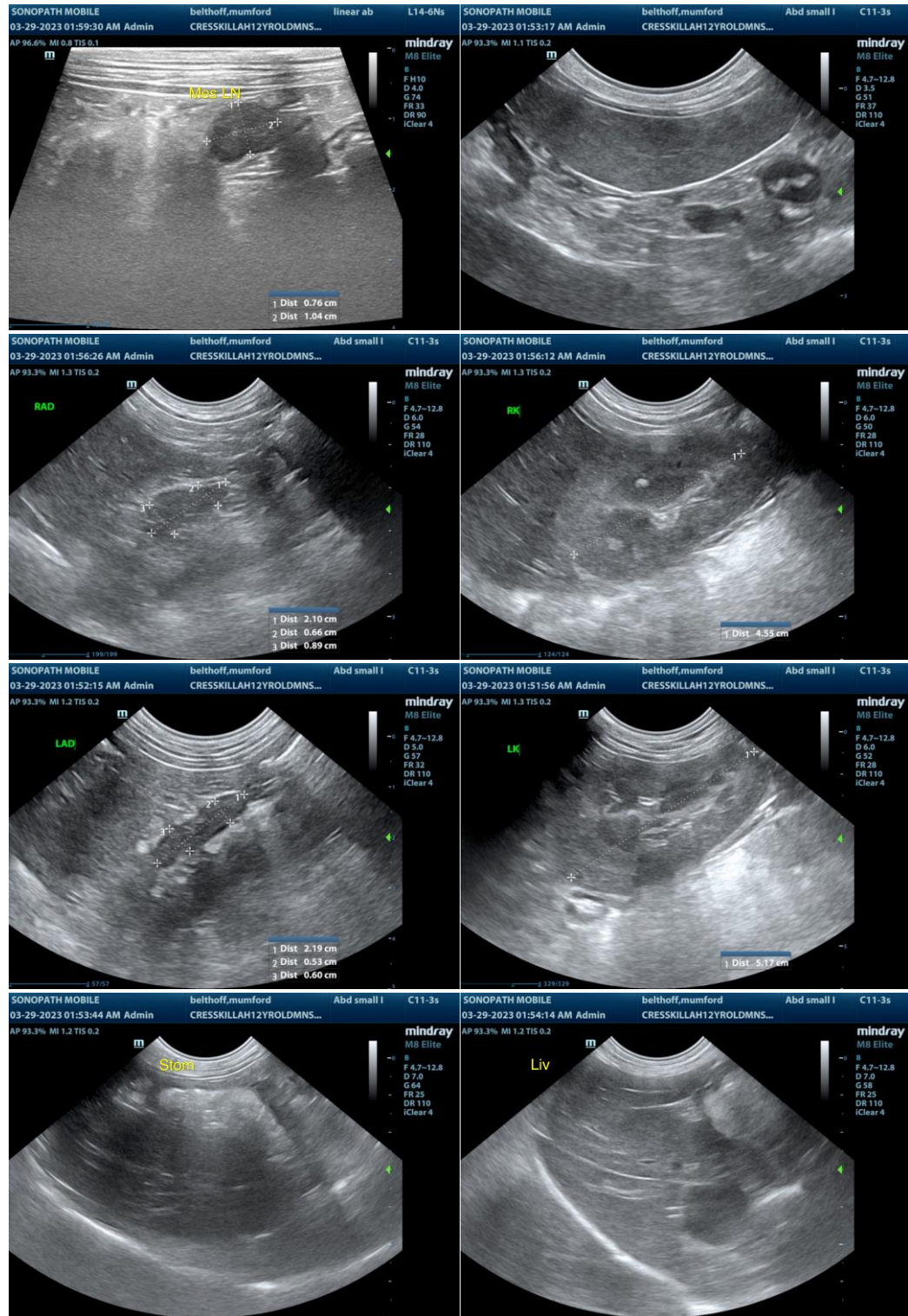
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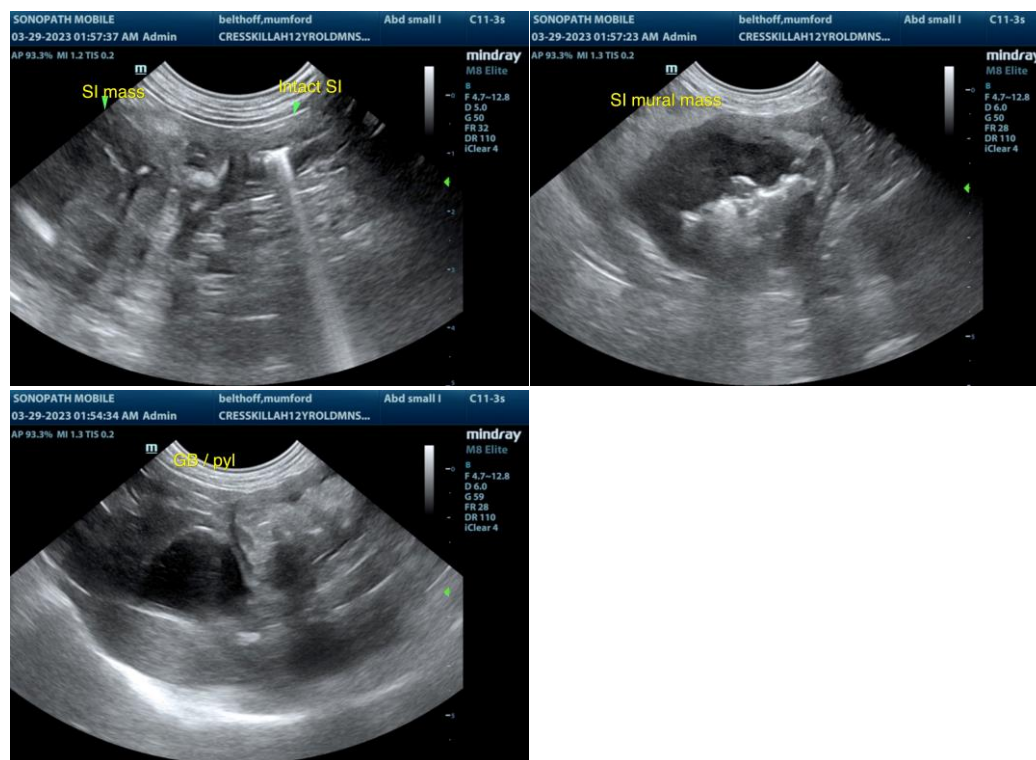
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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