



PATIENT

Nena Garcia

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

5 Years

WEIGHT

10.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Frances Piñeiro

INVOICE

14105

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to vomiting and diarrhea
- Owner reports that Px is not inappetent and when she vomits it's liquid content
- Px is currently hospitalized
- When Px was at homeowner reports that Px was drinking large amounts of water
- Px's diet currently consists of Royal Canin's Low-fat diet
- Radiographs were taken at rDVM and owner reports that a mass effect was observed in the abdominal cavity, rads were not provided
- FNA was performed on the abdominal mass observed and on an enlarged mesenteric lymph node, and results are currently pending

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference

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 change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 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 0.56 cm width at the caudal pole. A small hyperechoic mid adrenal nodule was present in the left adrenal gland without mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.33 cm in diameter.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole.

Spleen

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. A solitary discrete noncapsule deforming hypoechoic splenic nodule was present measuring 0.52 cm in diameter.

Liver & Gallbladder



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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

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Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid.

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The jejunum exhibited primarily intact wall layering and maintained wall layer ratio with normal appearing jejunum wall measuring 0.40 cm wall width. The duodenum wall measured 0.53 cm wall width. A segmental jejunal mural mass was present in the caudal abdomen exhibiting thickened irregular wall and loss of mural detail measuring approximately 3.0 cm length b 1.7 cm width. Jejunal segments adjacent to the mass exhibited intact thickened wall and altered wall layer ratio with adjacent thickened jejunum measuring 0.63 cm wall width. No evidence of intestinal obstructive pattern. The visualized ileum and ileocolic junction were sonographically normal.

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Normal visible colon wall layers were present with semi formed to soft fecal matter.

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Pancreas

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 was evident.

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Free Abdomen

Intermittent mildly enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 1.2 cm in diameter. No evidence of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

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- Nonobstructive segmental jejunal mass.
- Mild hypomotile gastritis.
- Discrete splenic nodule- hyperplasia, hematopoiesis, potential metastatic nodule possible.
- Small hyperechoic left adrenal nodule- suspect small adenoma.
- Semi formed to soft fecal matter in colon.
- Mildly enlarged mesenteric lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending jejunal mass and lymph node cytology is recommended. If no evidence of pathology on three view chest radiographs, and pending cytology, laparotomy with resection and anastomosis of the jejunal mass and thickened adjacent jejunal segments as well as peri-intestinal lymph nodes and with gross inspection of the spleen may be considered.

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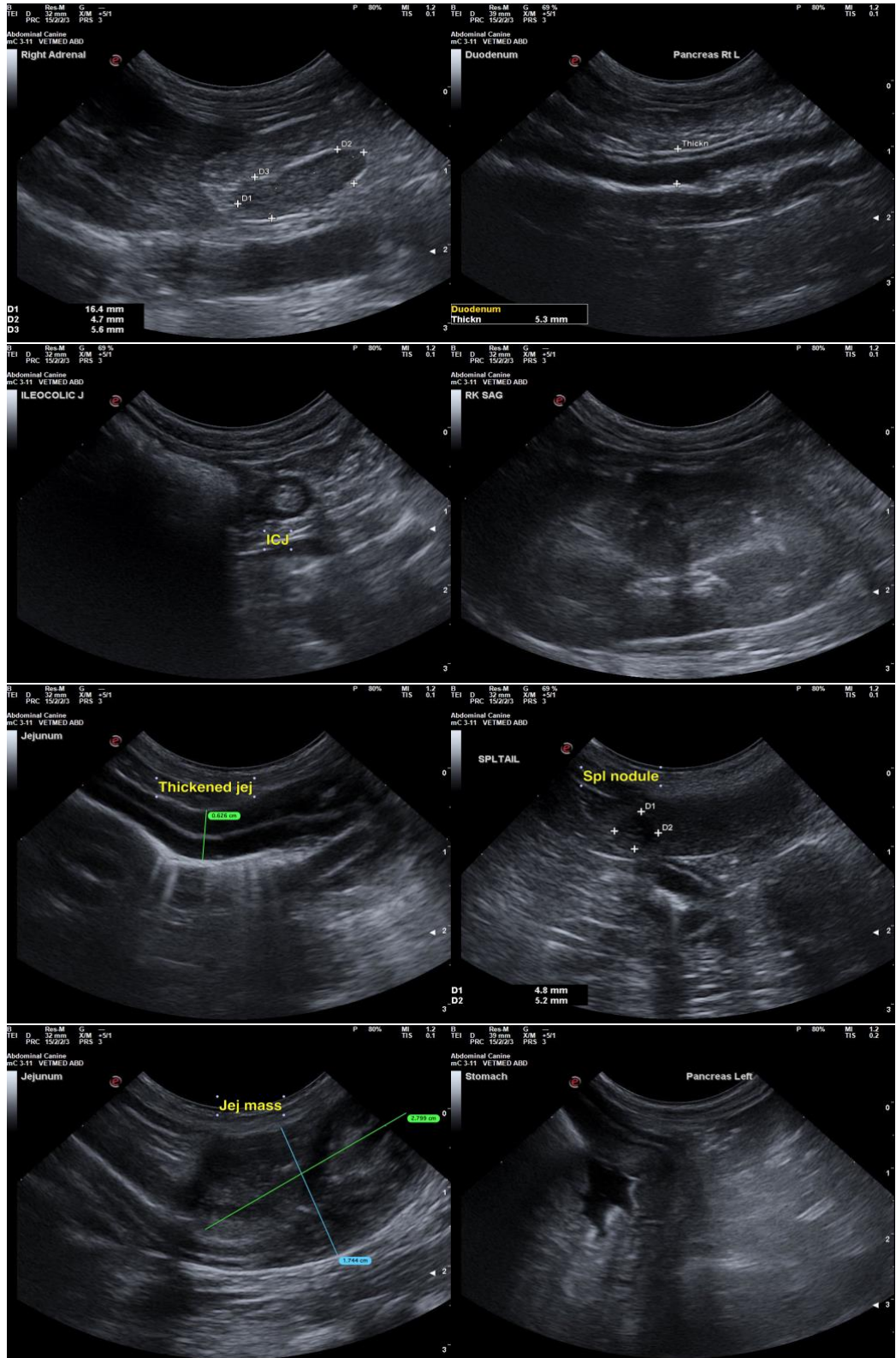
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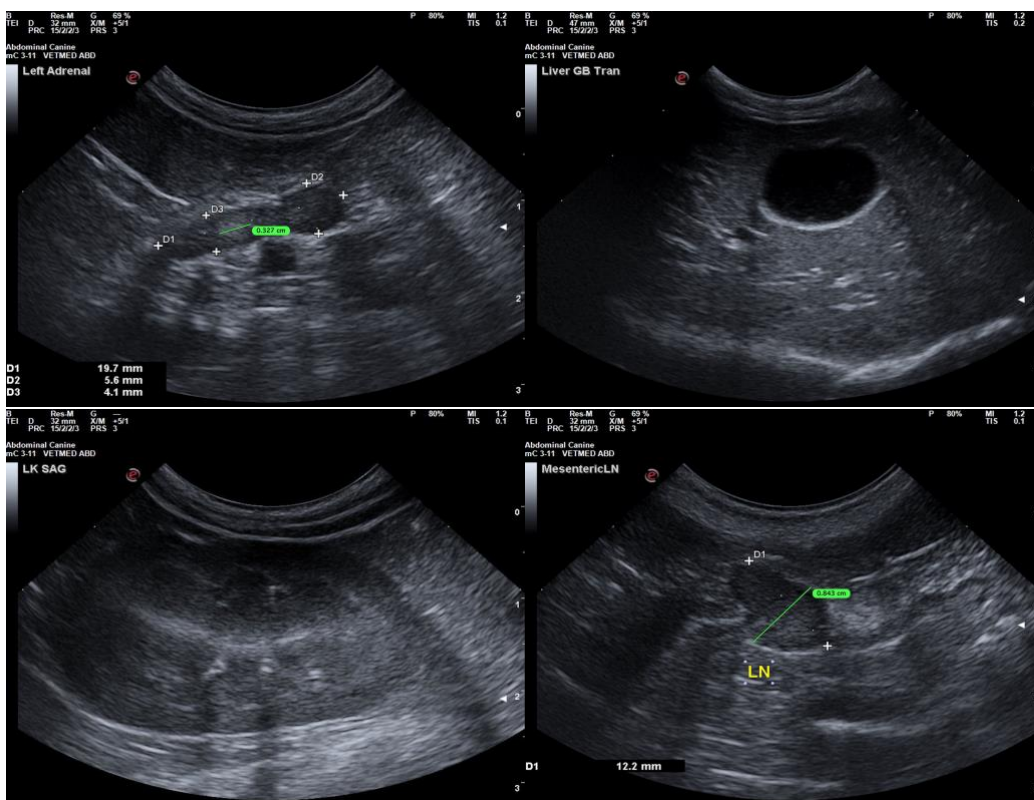
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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