



**PATIENT**

Zoey Andes

**SPECIES**

Canine

**BREED**

Pug X

**SEX**

FS

**AGE**

12 years

**WEIGHT**

21.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Hoerauf

**INVOICE**

16586

**DATE**

4/12/23

**PRESENTING CLINICAL SIGNS**

Patient was seen on 4-4-23 for bloody diarrhea, vomiting, straining to defecate and anorexia. History of FB ingestion in years past. We started on bland diet, metronidazole and proviable kit. Patient has since improved, is no longer vomiting and is passing more normal stool, but still not acting herself. Current Medications Metronidazole, Provable kit. Radiographic Findings Radiographs did not show any obvious obstruction, but a circular opacity mid-abdomen just caudal to kidneys was observed. Primary Question/Differential to Be Answered in This Exam Does patient have an intra-abdominal mass or are we seeing a lipoma superimposed on radiographs? Screen for potential causes of GI signs.

**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 was noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Small cortical cysts and pinpoint medullary mineral were noted. The left kidney measured 4.7 cm in length. The right kidney measured 5.5 cm in length.

**Adrenal Glands**

The bilateral adrenal glands exhibited borderline prominent size, based on caudal pole width measurement in light of body weight. No adrenal tumors were noted. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.3 cm length x 0.67 cm width at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.72 cm width at the caudal pole.

**Spleen**

Mildly expansive, spherical, nonhomogeneous, caudal splenic mass was present with associated splenic capsule distortion measuring approximately 3.6 cm in diameter. Concurrent, subtly expansive, homogeneous cranial splenic nodule was present measuring 2.0 cm in diameter. Normal splenic vascularity was noted.

**Liver/ Gallbladder**

The liver presented as mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The



<b>PATIENT</b>	gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Zoey Andes	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.
<b>BREED</b>	The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with a generalized propensity for mildly prominent submucosa layer along with nonspecific subtle duodenojejunal mucosal speckling.
Pug X	
<b>SEX</b>	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was primary empty with luminal gas and subjective semi-formed fecal matter.
FS	
<b>AGE</b>	<b>Pancreas</b>
12 years	The pancreas was mildly prominent in size with symmetrical capsule contour and mild nonhomogeneous hypoechoic parenchyma.
<b>WEIGHT</b>	<b>Free Abdomen</b>
21.8 lbs.	No evidence of peritoneal effusion or omental masses was present. A solitary, likely midabdominal mesenteric lymph node was present in the area of the distal left pancreatic limb. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5) and not consistent with neoplastic criteria. The lymph node measured 1.4 cm diameter.
<b>INTERPRETED BY</b>	The brief echocardiogram was normal.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Jenna Walsh, CVT	<ul style="list-style-type: none"> <li>• Nonhomogeneous caudal splenic mass with concurrent homogeneous cranial splenic nodule</li> <li>• Vacuolar hepatopathy pattern, sonographically unremarkable gallbladder</li> <li>• Mildly prominent pancreas - patient variant, potential low-grade / resolving inflammation</li> <li>• Enterocolitis pattern - suspect resolving, possible inflammatory bowel</li> <li>• Chronic renal changes with cortical cysts</li> <li>• Borderline prominent adrenal glands - nonspecific</li> <li>• Solitary midabdominal probable mesenteric lymphadenopathy, minor potential for distal left pancreatic limb nodule</li> </ul>
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Q Street AH	The splenic mass and concurrent nodule were nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). No overt evidence of intraabdominal cardiac metastasis.
<b>REFERRING VET</b>	
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Suspect mild focal reactive lymphoid hyperplasia, or possible resolving lymphadenitis secondary to enterocolitis or inflammatory bowel episode.

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Given the nonspecific splenic mass, screening FNA cytology of the splenic mass using a 25-gauge needle and assuming normal clotting status could be considered initially. Splenectomy with potential for hepato-gastrointestinal biopsies is warranted assuming no evidence of pathology on three view chest radiographs.

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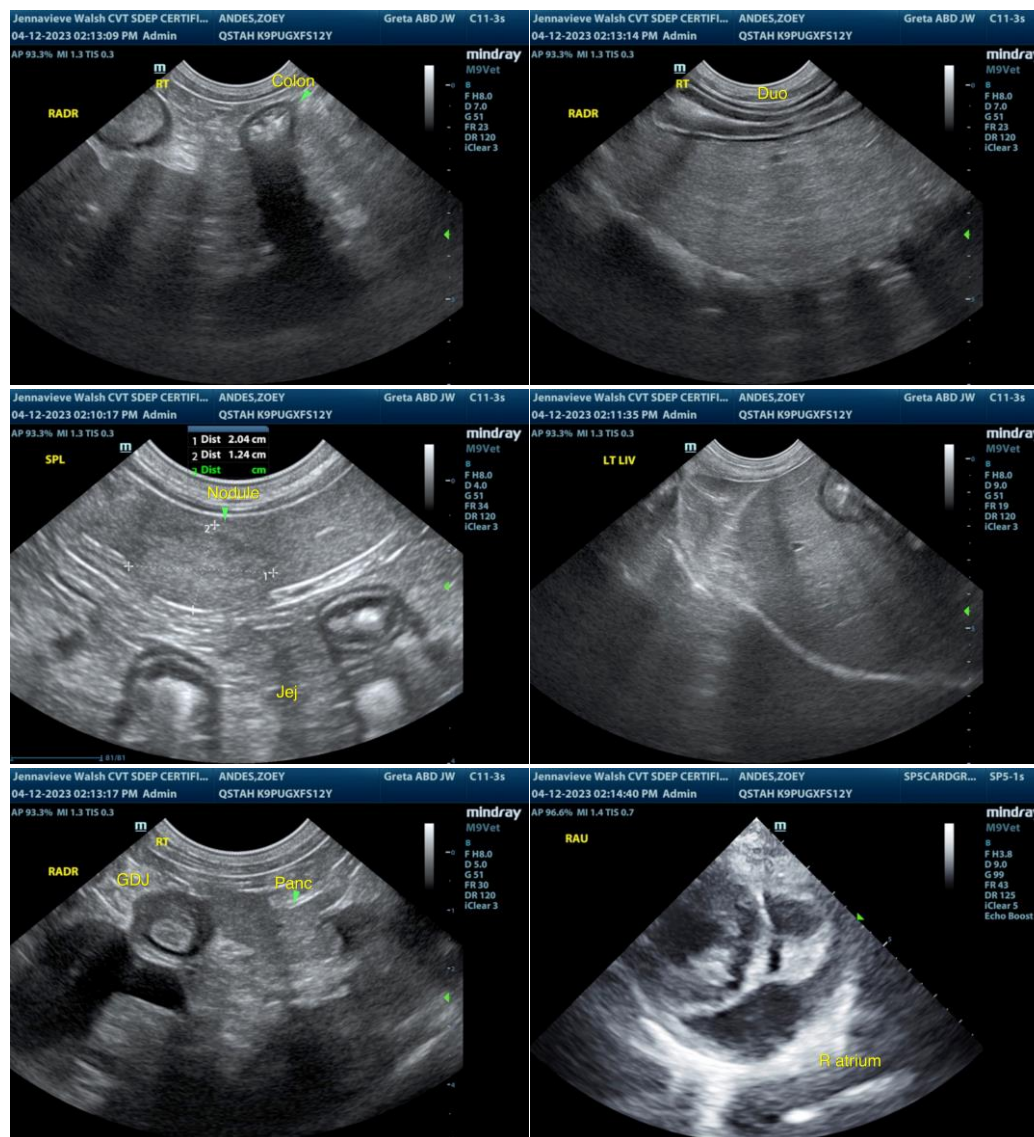
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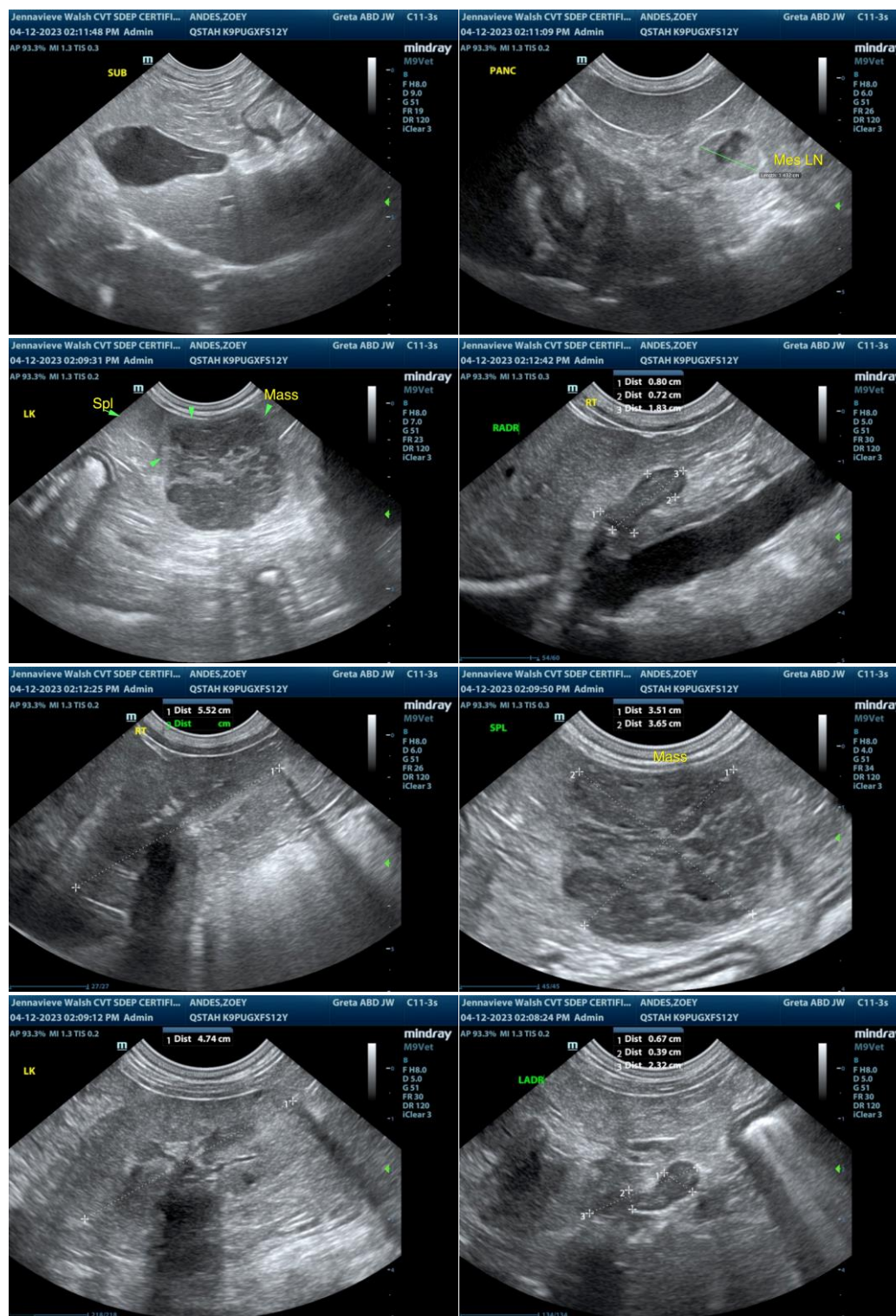
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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**info@SonoPath.com**

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