



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Candy Mastarreno	Intermittent vomiting. Family veterinarian palpated a mid-abdominal mass. History of straining to defecate (currently on lactulose).
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: High ALP 157 (5-131) High BUN 49 (6-31) High SDMA 28 (<14) Normal creatinine 1.5 (0.5-1.6) High cholesterol 360 (92-324) Normal WBC, RBC. High platelets (682) Normal T4 (2.3)
<b>BREED</b>	
Puggle	
<b>SEX</b>	
Spayed Female	
<b>AGE</b>	
17 years	
<b>WEIGHT</b>	
20 lbs.	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Dr. Tudor Suci	
<b>HOSPITAL NAME</b>	
Animal Clinic of Queens	
<b>REFERRING VET</b>	
Dr. Robert Thomas	
<b>INVOICE</b>	
16664	
<b>DATE</b>	
4/20/23	
	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b>Urinary System</b>
	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.
	No overt medial iliac or sublumbar lymphadenopathy was noted.
	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 or pyelectasia was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 cm in length.
	<b>Adrenal Glands</b>
	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.42 cm width at the cranial pole. The right adrenal gland was not definitively visualized.
	<b>Spleen</b>
	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.
	<b>Liver/ Gallbladder</b>
	The liver exhibited variably mid to left hepatomegaly with minor capsule asymmetry and nonhomogeneous parenchyma. Variably lobar swelling was noted. The mid to right liver appeared to be normal in size exhibiting homogeneous parenchyma and normal parenchyma echogenicity. 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 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.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with intermittent nonspecific mild hyperechoic segmental intestinal mucosal speckling. No obstructive pattern was noted.

The visualized segments of colon exhibited intact wall layering with formed fecal matter.

**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 were evident.

**Free Abdomen**

A moderately sized, irregular, nonhomogeneous, mid to caudal mass measuring  $\approx 7.0$  cm in diameter was present. The mass was noted directly effacing segments of the intestinal tract with suspect probable areas of intestinal gas noted along the periphery of the mass. Minor surrounding hyperechoic omentum was noted. Intermittent scant peritoneal free fluid was present.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate chronic renal changes
- Mid to left liver variably hepatomegaly exhibiting nonhomogeneous parenchyma
- Sonographically normal gallbladder
- Mid-caudal abdominal mass
- Intermittent scant peritoneal free fluid
- Mild generalized gastroenteritis pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although not definitive, the confirmed abdominal mass is suspected to be of intestinal origin with potential colon mass, given the history of straining to defecate, a possibility. However, possible small intestinal origin or lymphatic origin with involvement of the intestinal tract is possible. Neoplastic criteria for the mass is favored with non-neoplastic etiology possible, yet considered less likely. Further clarification may include assuming normal clotting status, FNA cytology of the mass +/- biopsy. Concurrent hepatic FNA cytology could be considered.

Empirically, as-needed gastrointestinal support is suggested. Three-view chest radiographs are suggested if not already done. If surgical options are a potential in this case, abdominal CT is likely ideal for further clarification of the mass, as well as surgical planning.



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## REFERRING VET

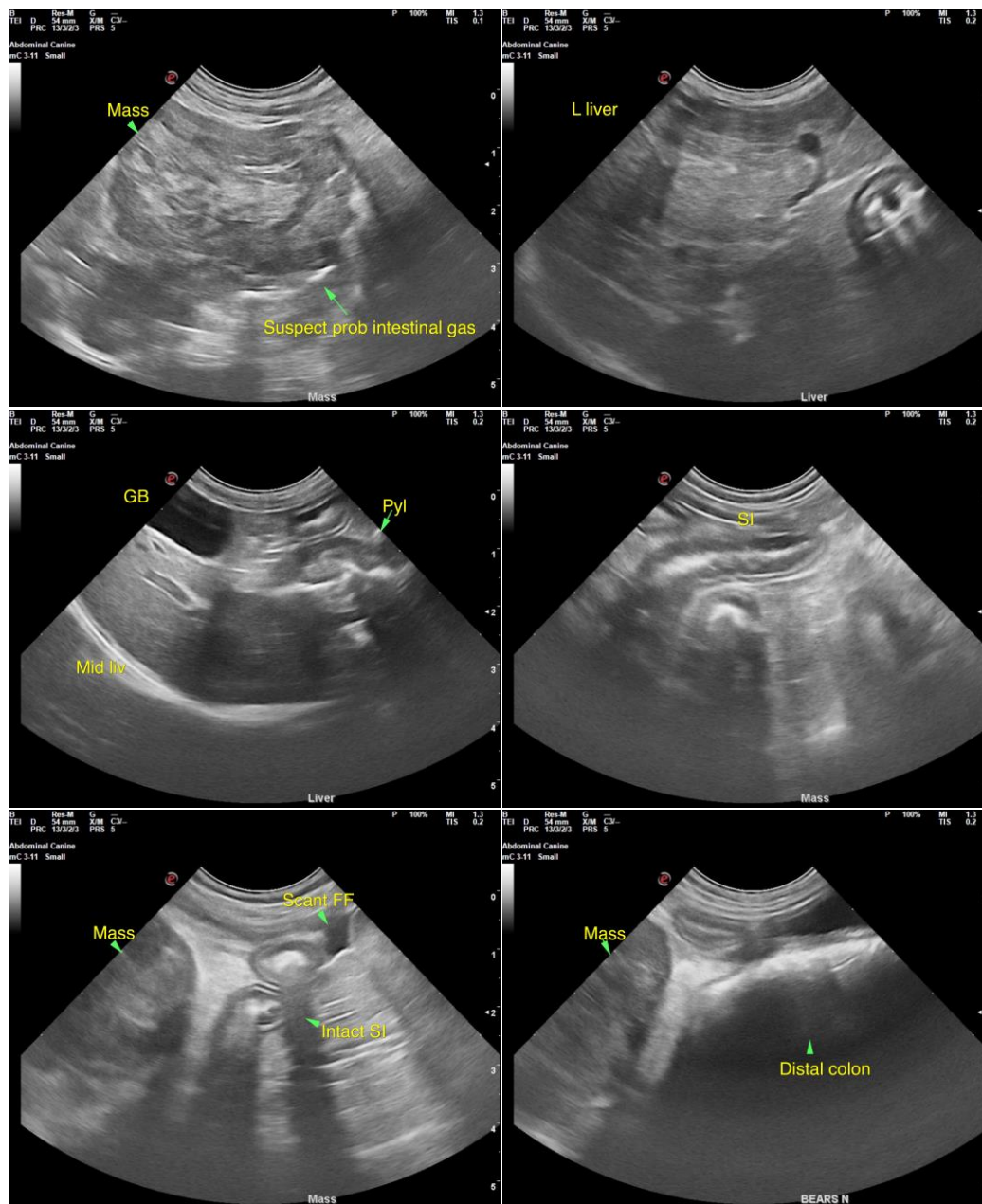
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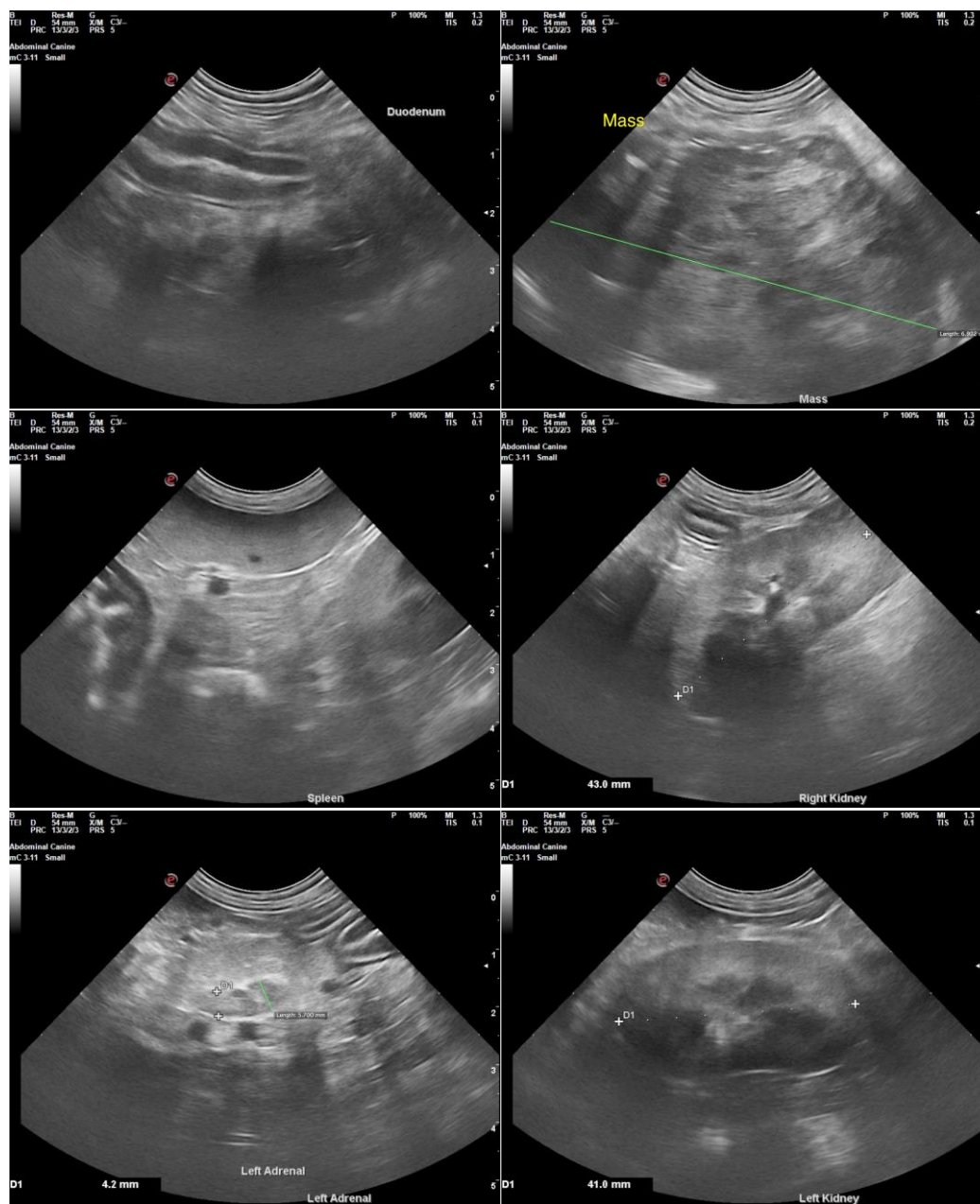
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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