



PATIENT	PRESENTING CLINICAL SIGNS
Chunk Ciaffa	Acute onset paller, weakness. Splenectomy performed 2 months ago-Hematoma on histopath. No current meds.
SPECIES	Abnormal PE/Chem/CBC/UA Results: HCT 7, no bilirubin elevation. Chem-wnl
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Pitbull Terrier	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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 were noted.
SEX	
MN	Normal size and margination were 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. A solitary lateral left kidney cortical cyst was present. The left kidney measured 7.3 cm in length. The right kidney measured 8.2 cm in length.
AGE	
7yr	The residual prostate exhibited mild prominent size with symmetrical capsule contour and subtle non-homogenous parenchyma. A focal small intraparenchymal cyst was present containing minor anechoic fluid. The residual prostate measured 3.2 cm x 2.2 cm.
WEIGHT	
71lb	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole and 3.1 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width at the caudal pole and 2.9 cm length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	No evidence of pathology in the area of the previous spleen.
Shari Reffi CVT	Liver/Gallbladder
HOSPITAL NAME	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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
VCA Blirstown AH	Gastrointestinal
REFERRING VET	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained echogenic fluid and chyme with no signs of ileus, obstruction or foreign material.
Dr. Lovell	Intestine
INVOICE	The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
13583ag	Normal visible colon wall layers were present with formed to possible semi formed feces in lumen.
DATE	Pancreas
04/24/2023	



PATIENT	
Chunk Ciaffa	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.
SPECIES	Free Abdomen
Canine	A spherical homogeneous mass lesion was present in the mid abdomen measuring ~ 3.0 cm in diameter. The mass was noted directly adjacent to the suspected proximal colon as well as directly effacing segments of adjacent small intestine. Potential although not definitive mildly thickened intestinal segments directly adjacent to the mass lesion. The lesion did not appear to be causing intestinal obstruction. Subtle surrounding hyperechoic omentum was present around the mass lesion.
BREED	
Pitbull Terrier	Focal to intermittent mildly prominent to enlarged mid abdominal mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a medial iliac lymph node measured 1.9 cm x 0.9 cm.
SEX	
MN	
AGE	
7yr	
WEIGHT	
71lb	<ul style="list-style-type: none"> • Mid abdomen spherical homogenous mass lesion adjacent to colon and mid abdominal intestine, minor surrounding reactive omentum-suspect intestinal mass with considerations including stromal tumor, leiomyoma/leiomyosarcoma, carcinoma or other. Potential for overlaying or impinging focal significant mesenteric lymph node, non-specific granuloma, less likely consolidated abscess possible. • Intermittent non-specific subjectively benign mesenteric and medial iliac lymph nodes. • Minor retained gastric fluid/chyme. • Sonographically unremarkable splenic fossa.
INTERPRETED BY	Secondary findings
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Mild non-homogenous residual prostate with focal small intraparenchymal cyst- benign. • Small lateral left kidney cortical cyst.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Shari Reffi CVT	Assuming normal clotting status and if accessible, a mid-abdominal mass lesion FNA for screening cytology +/- C/S could be considered for further assessment. The mass lesion is expected to be in the area of the distal small intestine or potential ileocolic junction.
HOSPITAL NAME	Exploratory laparotomy for further clarification, biopsy and/or potential resection is likely ideal yet dependent upon stabilization of hematocrit.
VCA Blirstown AH	Infectious disease testing to include Babesia could be considered as well as CBC pathology review. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.
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PATIENT

Chunk Ciaffa

SPECIES

Canine

BREED

Pitbull Terrier

SEX

MN

AGE

7yr

WEIGHT

71lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA Blirstown AH

REFERRING VET

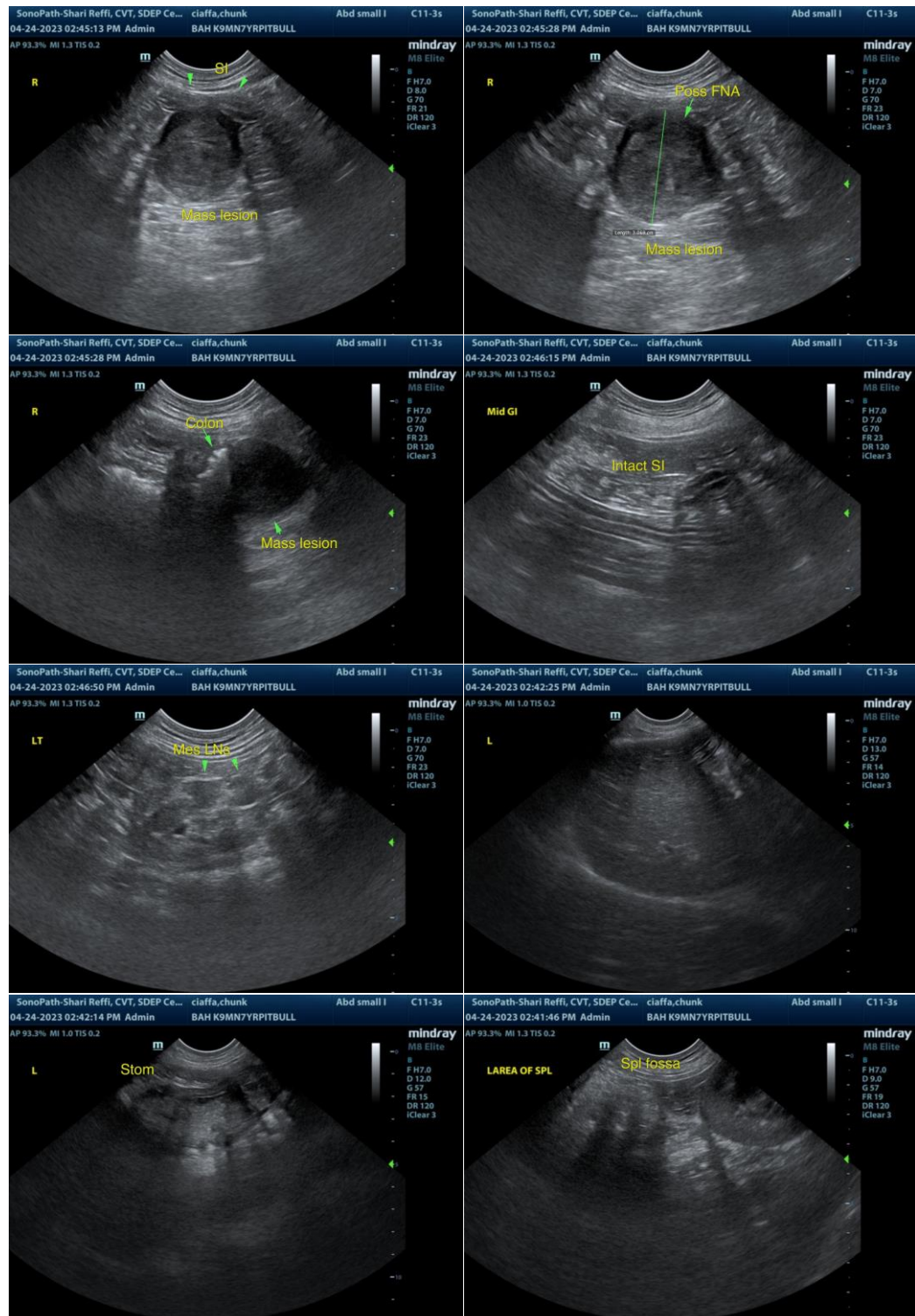
Dr. Lovell

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Chunk Ciaffa

SPECIES

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BREED

Pitbull Terrier

SEX

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IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

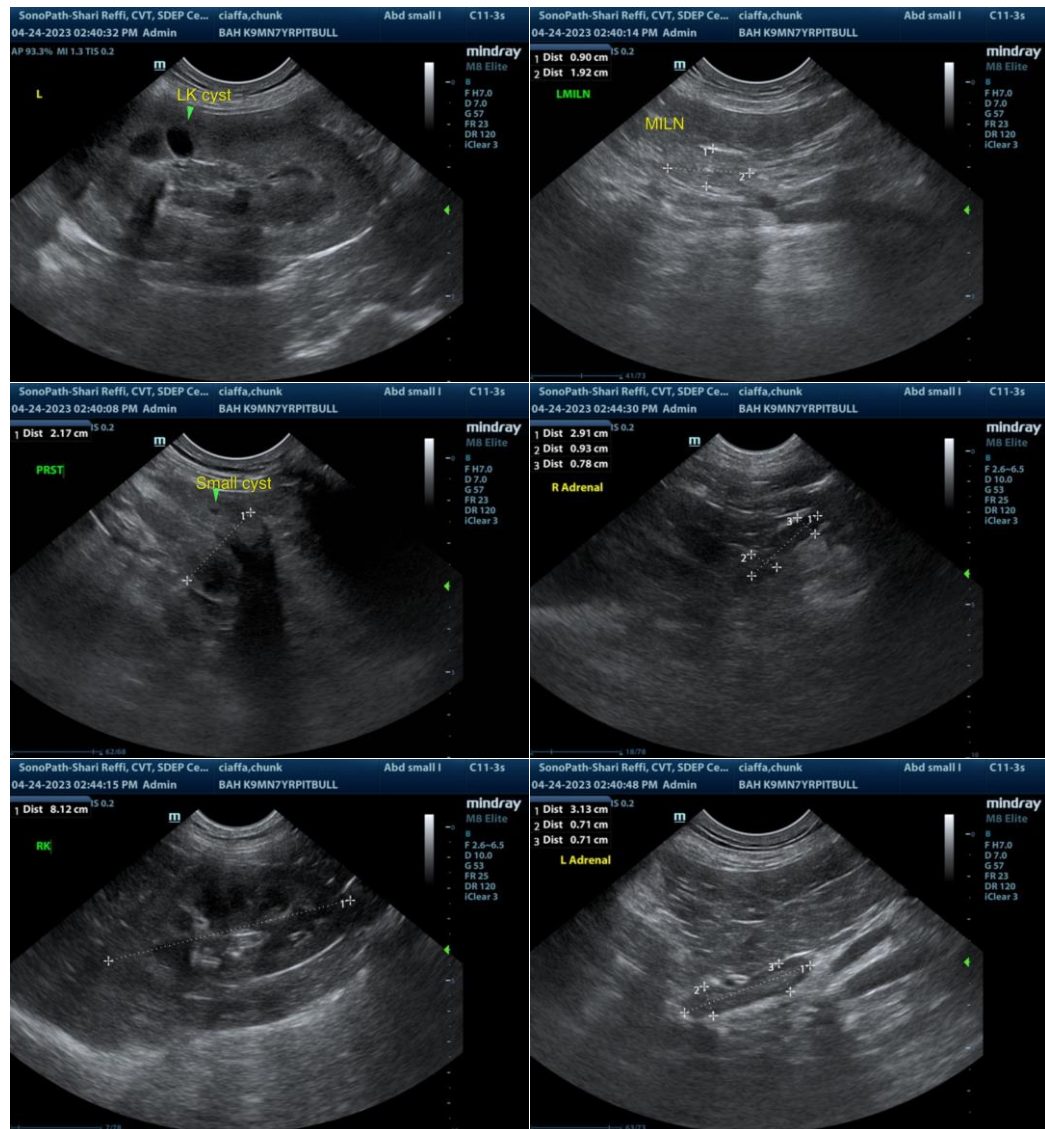
Dr. Lovell

INVOICE

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DATE

04/24/2023



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.

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