



PATIENT	PRESENTING CLINICAL SIGNS
Maggie Lesniak	Vomiting brown/bile, January PAM ultrasound showed minor stomach wall thickening, adrenal nodule. Medication: Carafate, Pepcid
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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 were noted. No overt evidence of previous cystitis criteria.
Scottish Terrier	The area of the aortic trifurcation was free of pathology.
SEX	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 5.3 cm.
Spayed Female	Adrenal Glands
AGE	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm long x 0.53 cm at the caudal pole.
2012	A well-defined, hyperechoic nodule was present in the right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.83 cm x 0.52 cm. Static in size compared to previous study, non-disruptive. Overall, right adrenal gland measured 2.3 cm long x 0.57 cm at the caudal pole.
WEIGHT	Spleen
26	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Previous noted benign splenic nodules in the medial parenchyma adjacent to the hilus were noted, consistent with benign myelolipomas. 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. Static compared to previous ultrasound.
INTERPRETED BY	Liver
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver presented 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. Intermittent discrete intraparenchymal nodule noted, sonographically suggestive of or consistent with discrete area of intraparenchymal hyperplasia, hematopoiesis, or similar. No hepatic masses. 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 gallbladder was non-distended in size with primarily anechoic luminal content. Mild non-organized echogenic debris present in the caudal lumen in the area of the gallbladder neck. The cystic and common bile ducts were normal.
IMAGING PERFORMED BY	
Rebekah Jakum, CVT ARDMS/RVT	
HOSPITAL NAME	
Cherryville AH	
REFERRING VET	
Dr. Myers	
INVOICE	Gastrointestinal
46478	A moderately sized, irregular, cystic appearing mass lesion occupied the subjective caudal gastric body. Mildly non-homogeneous associated mural echogenicity noted. The stomach contained a mild amount of
DATE	
4/6/23	



PATIENT retained echogenic ingesta/chyme and mild fluid. The remaining gastric walls appeared to be sonographically normal with pylorus wall measuring 0.30 cm in width. No evidence of mechanical pyloric outflow obstruction. The cystic appearing gastric mural lesion measured approximately 5.0 cm in diameter.

Maggie Lesniak

SPECIES The small intestine presented 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.

Canine

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

BREED *Pancreas*

Scottish Terrier

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

2012

WEIGHT

26

- Cystic appearing, irregular, non-homogeneous gastric mural mass lesion in the subjective caudal stomach wall – regional progressive to severe chronic gastritis with mural cyst, mural abscess/necrosis, with potential for cystic to necrotic mural neoplasia possible.
- Sonographically unremarkable small bowel.
- Static right adrenal nodule – consistent with adenoma.
- Static hepatopathy – consistent with breed associated vacuolar hepatopathy pattern.
- Static mild gallbladder debris (non-mucocele)
- Benign splenic nodules – static, consistent with myelolipomas.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Progressive regional gastric mural pathology compared to the previous study with progressive benign inflammatory or neoplastic etiologies with potential for mural necrosis or secondary cystic changes.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Surgical biopsy for histopathology with potential for partial gastrectomy required for definitive diagnosis. Surgical consult may be considered. 3-view chest radiographs suggested if not yet done.

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PATIENT

Maggie Lesniak

SPECIES

Canine

BREED

Scottish Terrier

SEX

Spayed Female

AGE

2012

WEIGHT

26

INTERPRETED BY

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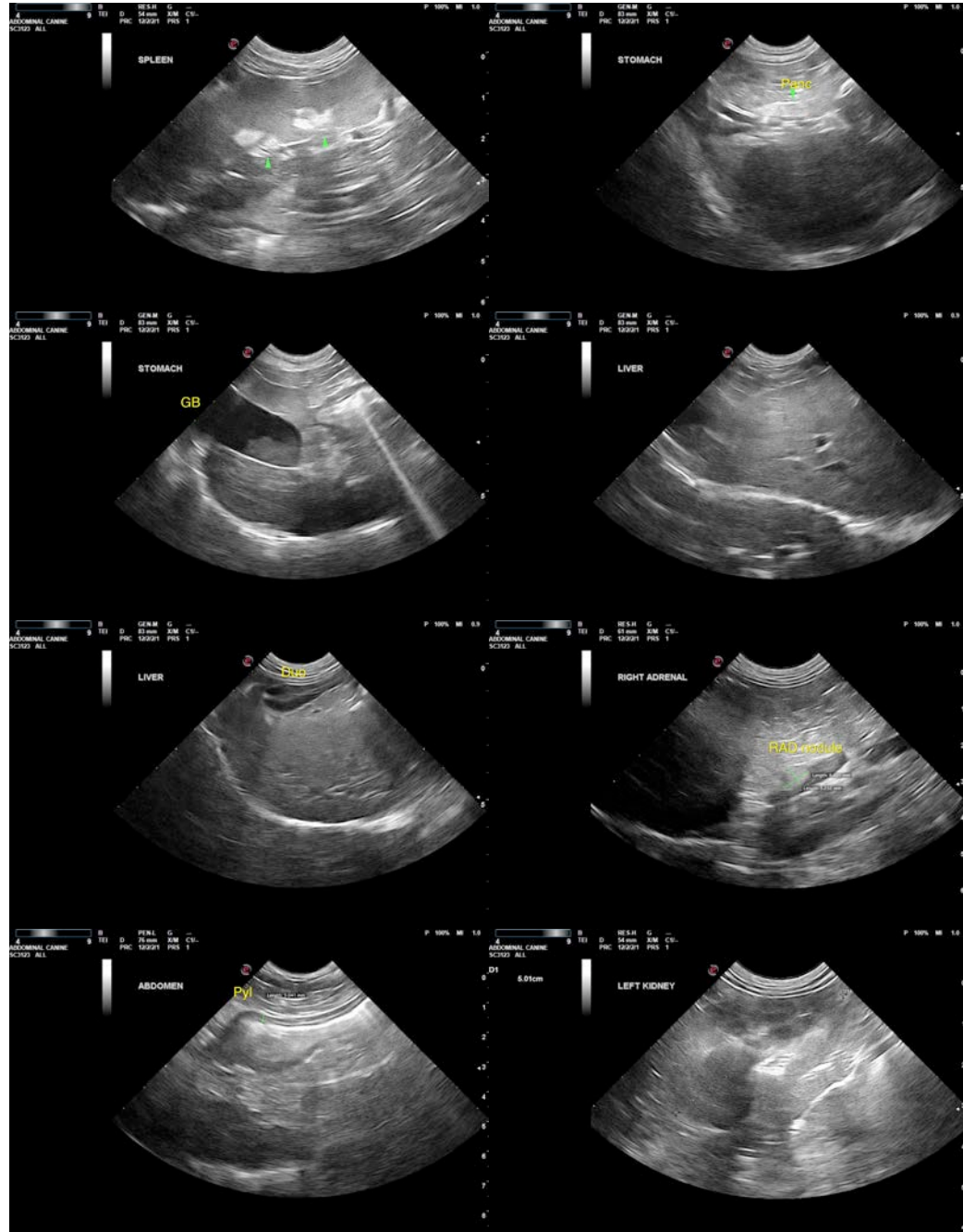
Dr. Myers

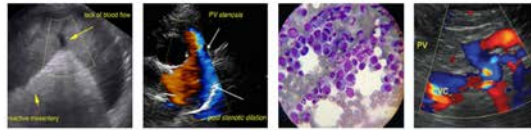
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PATIENT

Maggie Lesniak

SPECIES

Canine

BREED

Scottish Terrier

SEX

Spayed Female

AGE

2012

WEIGHT

26



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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