



PATIENT PRESENTING CLINICAL SIGNS

Razo Sherlock

Previous splenic hematoma removed 10/2020. Starting in 12/2022, started to have intermittent diarrhea, with gas and discomfort and reduced appetite. This problem has waxed and waned since then, with episodes becoming more frequent. Possible palpable mass effect in abdomen on 5/2/2023, but no obvious signs on radiographs. He is slowly losing weight despite eating fairly well (slightly more than he used to). Current Medications Metronidazole 250 mg twice daily. Radiographic Findings Radiographs will be emailed. Stomach axis is tilted slightly more cranial. Primary Question/Differential to Be Answered in This Exam What is the cause of abdominal discomfort (IBD, etc)? Is there a mass visible anywhere?

SPECIES

Canine

BREED

Brittany

SEX

Abnormal PE/Chem/CBC/UA Results: Mildly elevated reticulocyte count (135,000), all else normal.

MN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

Urinary System

13yr

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

WEIGHT

34lb

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.8 cm in length.

INTERPRETED BY

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

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

IMAGING PERFORMED BY

Jenna Walsh CVT

The area of the residual prostate appeared normal and free of pathology measuring 1.1 cm in diameter.

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.82 cm width at the caudal pole and 2.0 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 1.7 cm length.

REFERRING VET

Dr. Jones

Spleen

The spleen was not visualized owing to previous splenectomy. No evidence of pathology in the area of the splenic fossa.

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Liver/Gallbladder

The liver exhibited mild enlargement with areas of minor capsule asymmetry and generalized mild non-uniform increased parenchyma echogenicity. Overall moderate coarse echotexture was noted. A solitary moderately sized non-homogenous mass was present in the deep mid liver measuring ~ 5-6 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of

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05/04/2023



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

Gastrointestinal

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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.

BREED

Brittany

Mid abdominal jejunal intussusception measuring ~ 6.0 cm in length was present. Concurrent adjacent jejunal luminal mildly non-homogenous mass was present potentially within or directly next to the jejunal intussusception measuring ~ 2.3 cm in diameter. The remainder of the small intestine was sonographically unremarkable exhibiting intact wall layering with 1:3 muscularis/mucosa ratio. No intestinal obstructive pattern.

SEX

MN

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

AGE

13yr

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.

WEIGHT

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Free Abdomen

No omental masses, overt/significant lymphadenopathy or peritoneal effusion was present.

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Mild peri intestinal hyperechoic omentum was present around the intussusception.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with non-homogenous intraparenchymal mass.
- Jejunal intussusception with adjacent potentially associated jejunal luminal mass/lesion-nonobstructive.
- Soft feces in colon.
- Mild chronic renal changes.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status a hepatic mass FNA for screening cytology could be considered for further assessment. Resectability of the hepatic mass is questionable given the size and potential involvement of more than one liver lobe.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. If surgical options are a potential for this patient, referral for advanced imaging for assessment of non-sonographically evident metastasis and surgical planning would be ideal.

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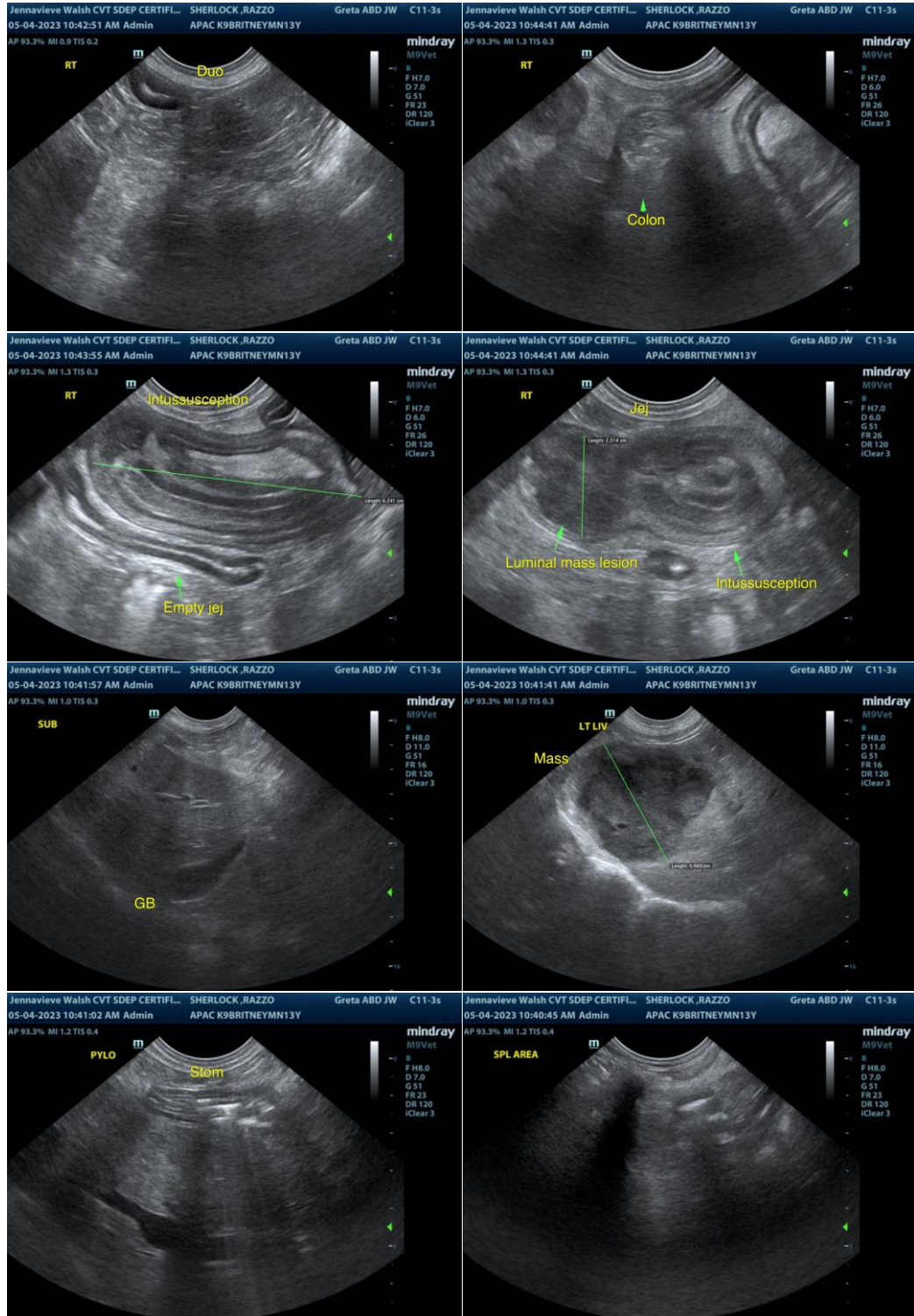
Dr. Jones

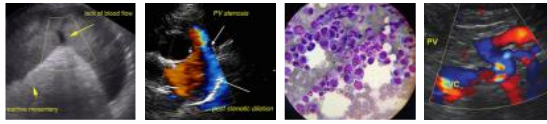
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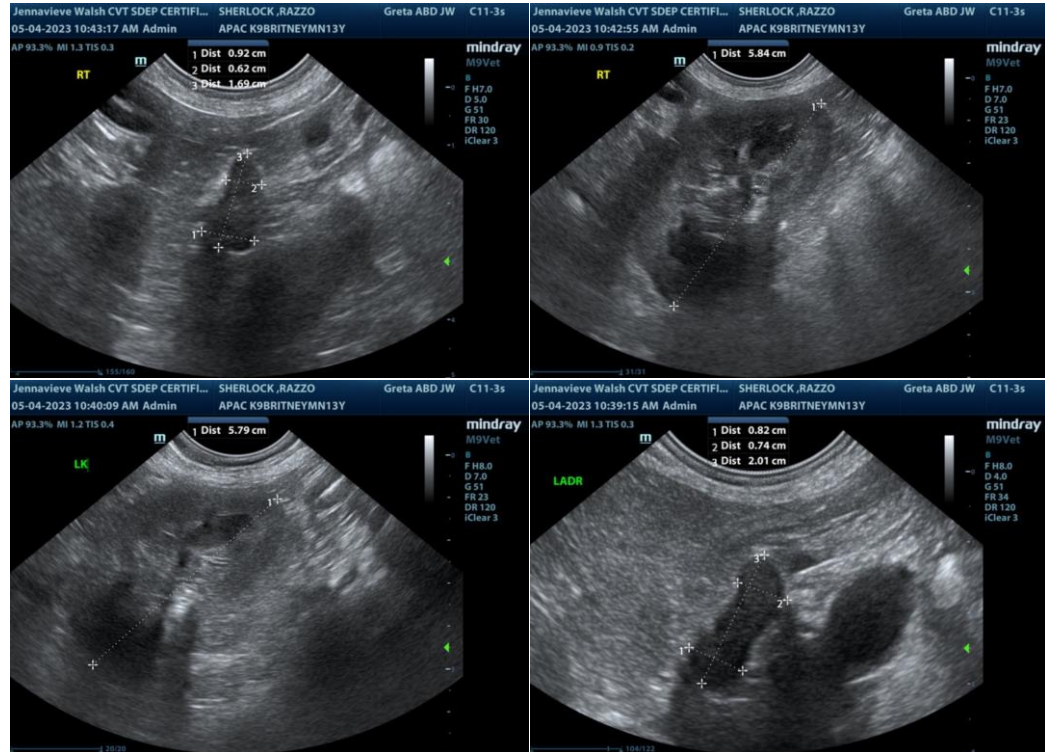
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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