



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Quinn Finigan	weight Loss, inappetance, passing black tarry stool , lots of gas
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: CBC - Hct 40 -( this is low for Quinn, usually the typical Greyhound hemo-concentration ) , low platelets Chem - elevated Amylase 2174 low TP 5.2
Canine	Current Medications Prednisone 20 mg EOD, Carafate 1 GM TID, Amoxicillin 500 mg BID, Omeprazole 20 mg SID Radiographic Findings will send for you to review - lots of gas in stomach
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Greyhound	<b>Urinary System</b>
<b>SEX</b>	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.
MN	
<b>AGE</b>	
10yr	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 7.6 cm in length. The right kidney measured 7.3 cm in length.
<b>WEIGHT</b>	
59.9lb	
<b>INTERPRETED BY</b>	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the residual prostate appeared normal and free of pathology.
	<b>Adrenal Glands</b>
<b>IMAGING PERFORMED BY</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole.
Sara Hansen	
<b>HOSPITAL NAME</b>	<b>Spleen</b>
The Veterinary Hospital	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
<b>REFERRING VET</b>	
Dr. Johnson	<b>Liver/Gallbladder</b>
<b>INVOICE</b>	The liver presented 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 gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
13729ag	
<b>DATE</b>	
05/05/2023	



**PATIENT** *Gastrointestinal*

Quinn Finigan The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

**SPECIES**

Canine

**BREED**

Greyhound

**SEX**

MN

**AGE**

10yr

**WEIGHT**

59.9lb

The small intestine presented generalized intact wall layering with 1:3 muscularis/mucosa ratio. A solitary small mildly expansive non-homogenous intestinal mass in the subjective mid abdomen consistent with jejunal location was present measuring ~ 2.0 cm in diameter. The lumen of the small intestine contained segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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

**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.

**Free Abdomen**

No omental masses or overt lymphadenopathy was present.

Potential very small pockets of scant peritoneal free fluid.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic renal changes.
- Minor hepatic parenchymal remodeling.
- Generalized gastrointestinal ingesta.
- Solitary small mildly expansive non-homogenous intestinal mass in the abdomen-consistent with jejunal location, granuloma, ulceration, carcinoma, stromal tumor, leiomyoma/leiomyosarcoma or other possible.
- Possible intermittent scant peritoneal free fluid.

**IMAGING PERFORMED BY**

Sara Hansen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

The Veterinary Hospital

The solitary intestinal mass appears to be amendable to surgical resection given its size and location. The possibility of additional GI mural pathology cannot be definitively excluded given the presence of GI ingesta. Potential sonographic reassessment of the GI tract following documented NPO could be considered. The possibility of current Prednisone may be masking additional GI mural changes. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for more generalized occult intestinal disease given the patient's weight loss.

**REFERRING VET**

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Empirically gastroprotectants with as needed GI support would be reasonable. If surgery is elected, generalized GI biopsies in addition to resection of the intestinal mural mass would be recommended.

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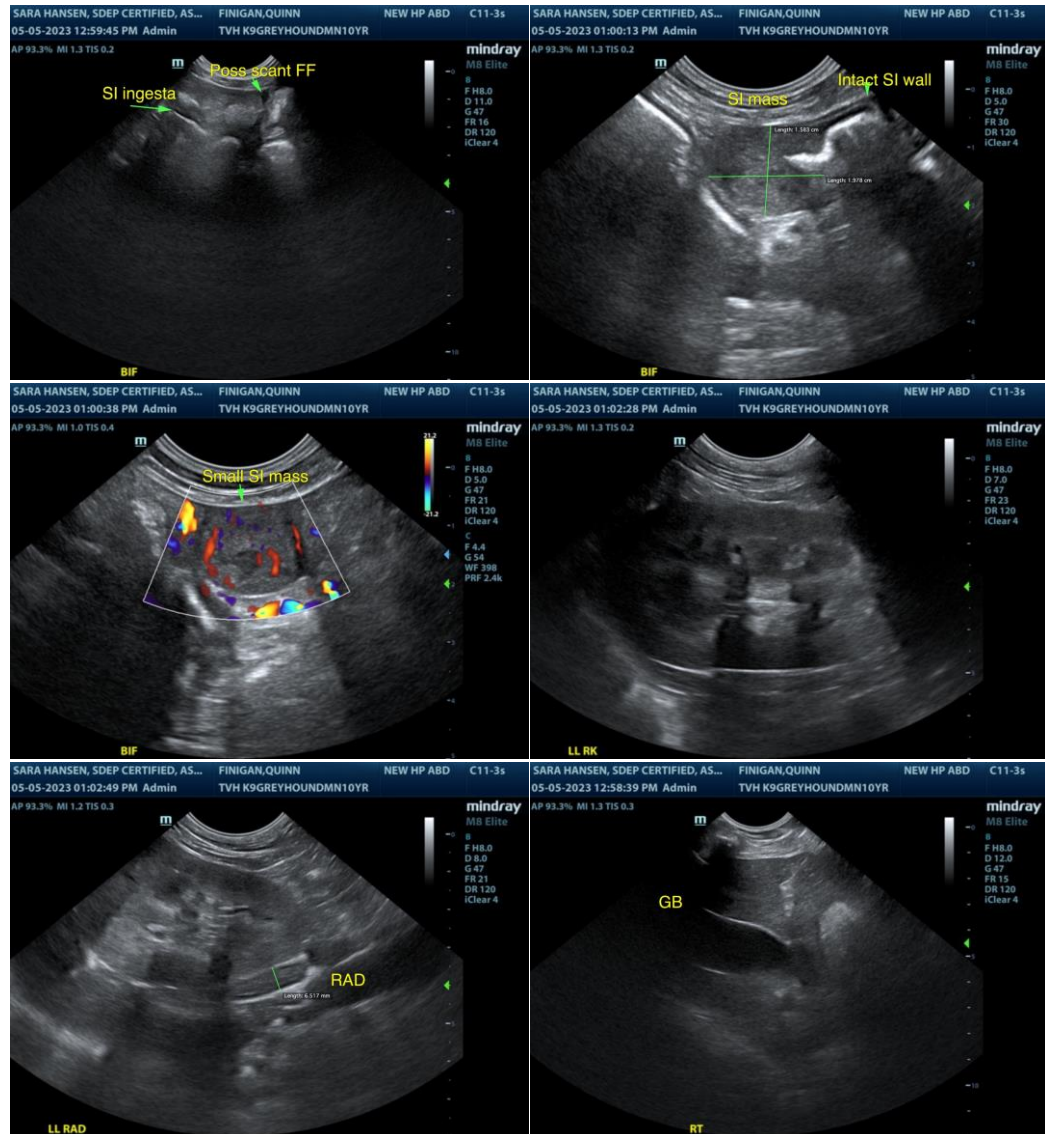
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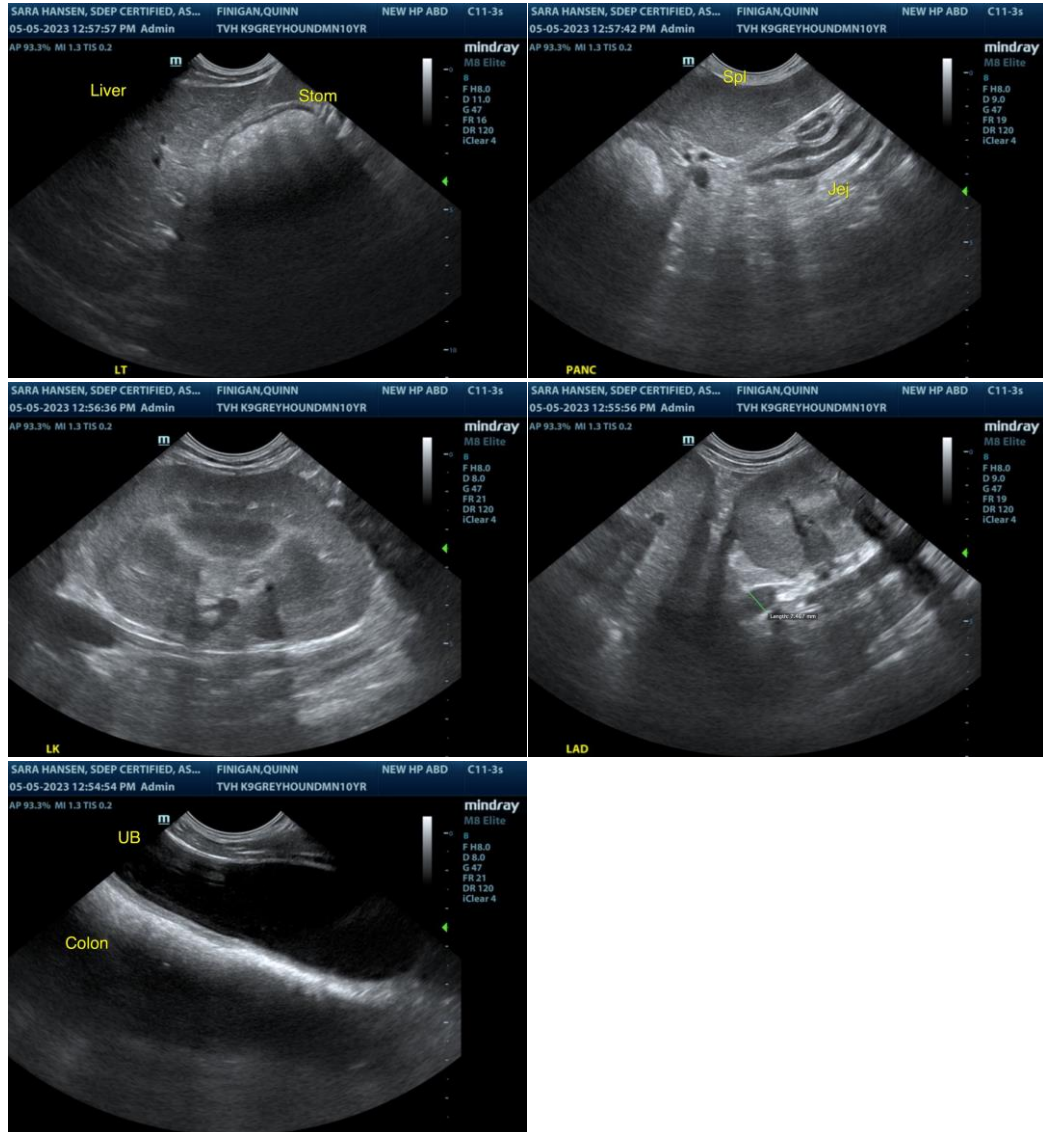
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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