

PATIENT

Sawyer Ralston

SPECIES

Canine

BREED

Chihuahua X

SEX

Male Neuter

AGE

14

WEIGHT

5.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

South Pointe AH

REFERRING VET

Dr. Nadbrzezna

INVOICE

10541ag

DATE

5/6/22

PRESENTING CLINICAL SIGNS

Vomiting and weight loss . Attending concerned about pancreatitis
Abnormal PE/Chem/CBC/UA Results: Mild elevation kidney enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.37 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.

The residual prostate was mildly prominent in size with nonhomogeneous nonmineralized parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

A hypoechoic nonhomogeneous mass was present in the area of the left adrenal gland measuring approximately 3.1 cm x 1.5 cm. Color Doppler assessment of the mass indicated intra mass blood flow. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.3 cm length and 0.41 cm width at the cranial pole.

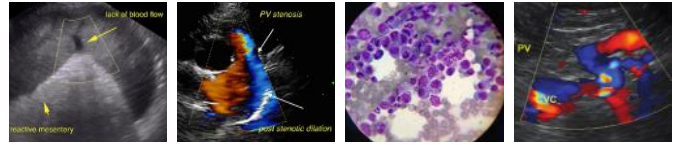
Spleen

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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 with mild nondependent nonparticulate debris. The cystic and common bile ducts were normal.



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Gastrointestinal

Sawyer Ralston

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.

SPECIES

Canine

The small intestine exhibited a segmental mural mass with moderate to variable mural hypertrophy, decreased mural echogenicity and indistinct loss of wall layering in the subjective mid to cranial abdominal jejunum. The jejunal mural mass measured potentially 6 cm in length x 1.0 cm wall width.

BREED

Chihuahua X

Regional associated reactive mesentery along with intermittent mildly prominent nonhomogeneous mesenteric lymphadenopathy was present, an example of a mesenteric lymph node measured 0.34 cm in width.

SEX

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

Male Neuter

Pancreas

AGE

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

14

Free Abdomen

WEIGHT

Regional associated reactive mesentery along with intermittent mildly prominent nonhomogeneous mesenteric lymphadenopathy was present, an example of a mesenteric lymph node measured 0.34 cm in width.

5.4 kg

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ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Dr. Belan

Primary Findings

- Jejunal mural mass
- Suspect concurrent left adrenal mass
- Cystitis pattern
- Moderate chronic renal changes
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

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Although several etiologies for the jejunal mural mass i.e. inflammatory disease, granulomatous disease or other are possible, neoplastic criteria is suspected such as round cell neoplasia, carcinoma, stromal tumor or other. The jejunal mass appears to be accessible for ultrasound guided mural FNA for screening cytology for further assessment. Screening BP to assess for evidence of systemic hypertension which may allude to a left pheochromocytoma is recommended.

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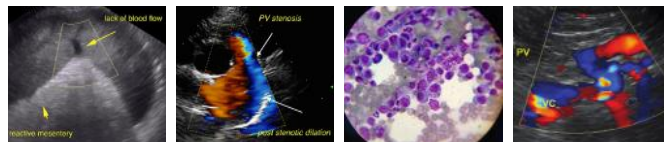
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The concurrent left adrenal mass could be consistent with adenomatous change, benign hyperplasia or primary vs metastatic neoplastic criteria. Biopsies of the jejunal mural mass are likely required for definitive diagnosis. Three view chest radiographs are suggested if not already done to assess for thoracic pathology.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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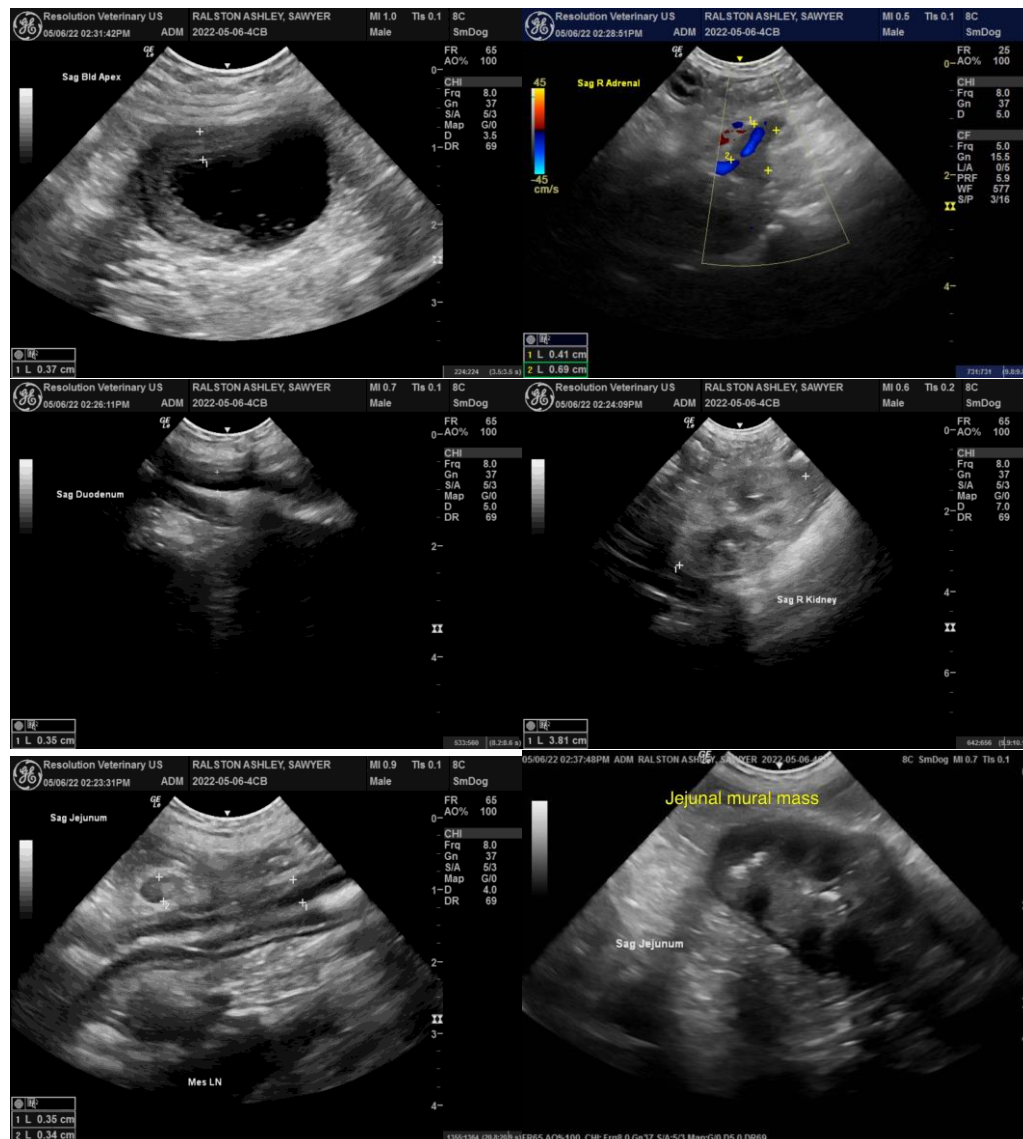
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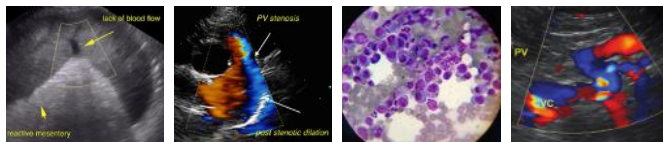
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Continued empirical GI support is recommended.





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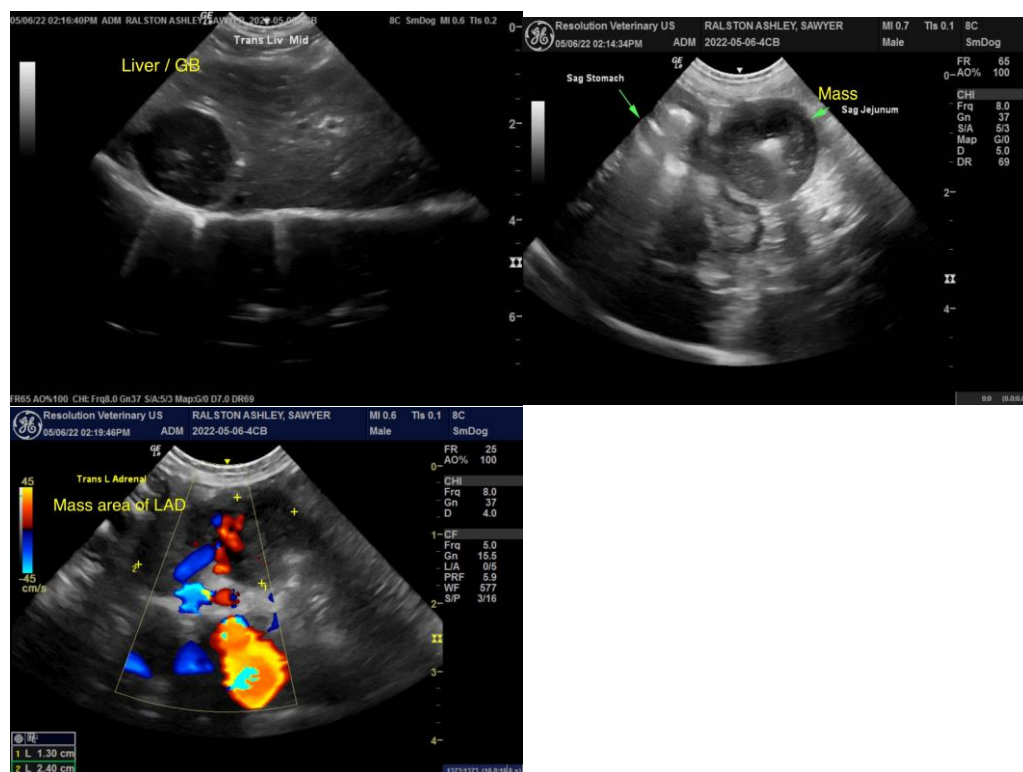
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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