



**PATIENT PRESENTING CLINICAL SIGNS**

Pepe Westen

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered Male

**AGE**

13.5

**WEIGHT**

14.8

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens Animal  
Hospital

**REFERRING VET**

Dr. Sharkaway

**INVOICE**

10373

**DATE**

7/21/2023

LETHARGIC DARK SOFT STOOL

Abnormal PE/Chem/CBC/UA Results: BW- MODERATE NON DEGENERATIVE ANEMIA, MILD ELEVATED ALT, ALPK Lethargy Light pink mucous membrane

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 was noted.

No overt pathology area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint medullary mineral noted. No pyelectasia was present. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.7 cm in length.

**Adrenal Glands**

The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized exhibiting subjective minor capsule symmetry and subtle non-homogenous non-mineralized parenchyma. Subjectively measuring 0.48 cm caudal pole.

**Spleen**

A mildly expansive irregular non-homogenous hypoechoic splenic mass measuring 2.5 cm in diameter. The remainder of the spleen was sonographically unremarkable.

**Liver/ Gallbladder**

The liver was normal in size and symmetrical capsule contour. Non-homogenous mild increase hepatic parenchyma echogenicity compared to the spleen exhibiting moderate coarse echotexture. Mild parenchyma remodeling. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized hepatic masses or nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic gallbladder sediment without overt inflammatory gallbladder criteria. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact mildly prominent to thickened wall. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. No evidence of mechanical pyloric out flow obstruction. The gastric body wall was 0.53 cm.



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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. The duodenum wall measured 0.32 cm in width. The jejunum wall measured 0.30 cm in width.

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

**Pancreas**

**BREED**

Chihuahua

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 were evident.

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Neutered Male

**Free Abdomen**

No overt omental masses or significant lymphadenopathy. No evidence of peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

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- Mildly expansive irregular non-homogenous hypoechoic splenic mass – neoplastic criteria i.e., round cell neoplasia or similar probable.
- Minor potential for hyperplasia, hematopoiesis, or other benign etiology.
- Intact mildly thickened stomach wall, sonographically unremarkable small bowel.
- Chronic hepatopathy – vacuolar hepatopathy, inflammatory/immune-mediated disease, hyperplasia, hematopoiesis, mild fibrosis, infiltrative neoplasia (though less likely), or other hepatopathy.
- Mild gallbladder sediment. (non-mucocele)
- Bilateral chronic renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status using a 25-gauge needle with recommended Benadryl pretreatment FNA cytology of the splenic mass is warranted for further assessment. Three-view chest radiographs are recommended. Overt evidence of infiltrative gastrointestinal neoplasia or definitive ulceration was not obvious, yet gastric micro ulceration given potential melena cannot be definitively excluded. Gastro protectant protocol is recommended. Assuming no evidence of pathology on three-view chest radiographs and normal clotting status splenectomy with hepatic +/- gastric biopsies could be considered.

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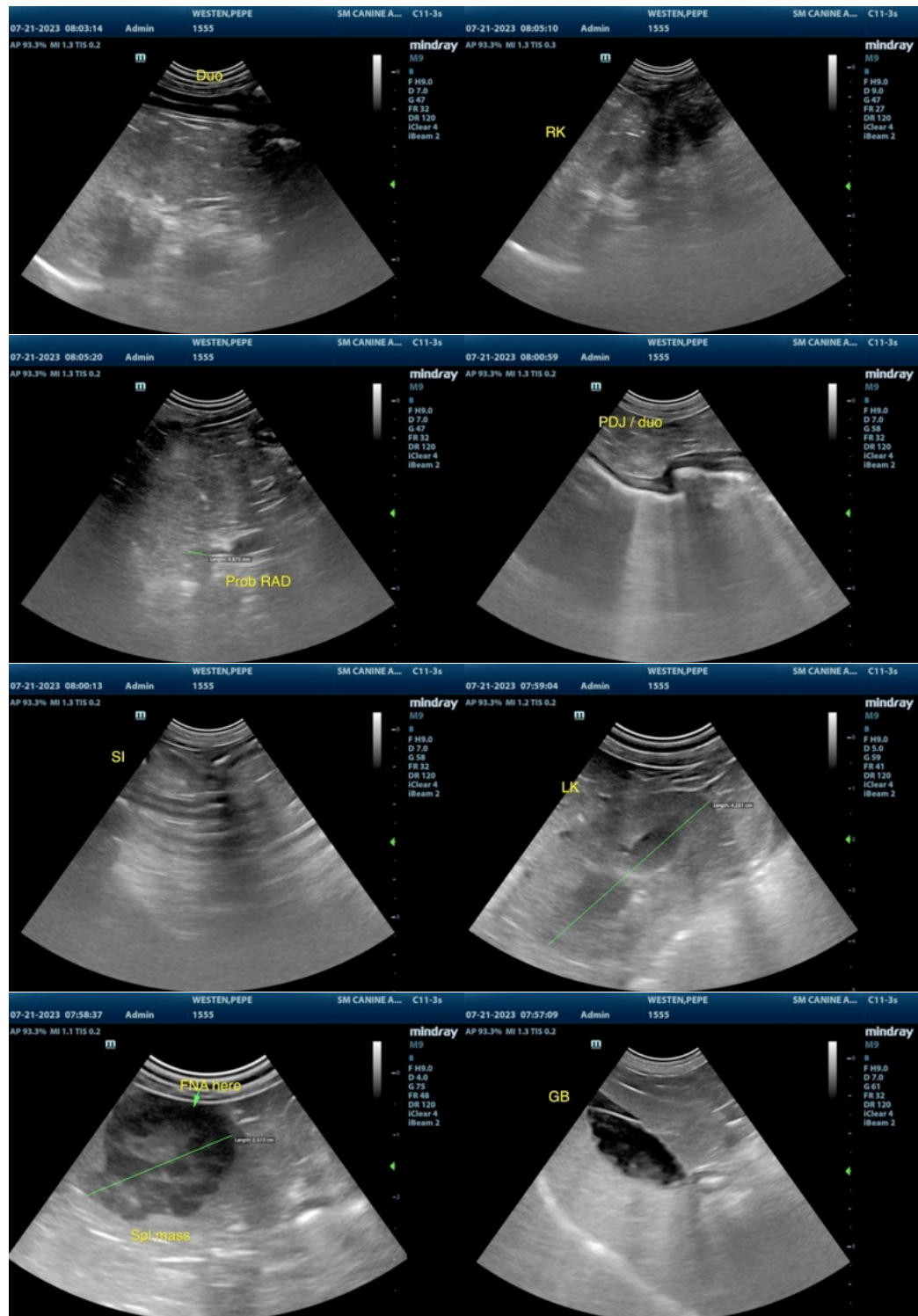
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com