



PATIENT PRESENTING CLINICAL SIGNS

Pepper Chaya Intermittent vomiting, palpable abdominal mass.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

Mix 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 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 5.9 cm in length. The right kidney measured 6.6 cm in length.

AGE Adrenal Glands

2013 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was overtly normal in size, position, and shape subjectively measuring 0.6 cm width at the caudal pole.

WEIGHT
43

INTERPRETED BY Spleen

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) A mildly expansive, nonhomogeneous, nodular splenic mass was present in the subjective mid to cranial spleen measuring ~5.0 cm in diameter. The remainder of the spleen was sonographically unremarkable.

IMAGING PERFORMED BY Liver/ Gallbladder

Rebekah Jakum, CVT ARDMS/RVT The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.

HOSPITAL NAME Gastrointestinal

Simmonds VH The stomach exhibited mildly thickened wall layering in the subjective fundus and ventral gastric body with indistinct wall layer detail. Thickened gastric wall width measured up to 0.87 cm. The stomach lumen was primarily empty with mild luminal gas. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.45 cm.

REFERRING VET

Dr. Cougar The stomach exhibited mildly thickened wall layering in the subjective fundus and ventral gastric body with indistinct wall layer detail. Thickened gastric wall width measured up to 0.87 cm. The stomach lumen was primarily empty with mild luminal gas. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.45 cm.

INVOICE

17420

DATE
7/27/23

Within the midabdominal intestinal segments, a moderately sized, nonhomogeneous, intestinal mass was present exhibiting variable to moderate mural hypertrophy and loss of discernable wall layering



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measuring approximately 6.0 cm in diameter. Concurrent normal-appearing small intestine exhibiting empty lumen without evidence of intestinal mechanical / metabolic ileus measured 0.30 cm.

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

SPECIES

Pancreas

Canine

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.

BREED

Mix

Free Abdomen

No overtly visualized significant omental lymphadenopathy or evidence of peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

2013

- Splenic mass
- Midabdominal intestinal mass
- Regional mildly thickened gastric wall
- Mild chronic renal changes
- Minor gallbladder sediment (non mucocele)

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Although histopathology is required for a definitive diagnosis, multicentric neoplasia involving the spleen and segmental intestinal tract is probable.

The regionally thickened gastric wall may indicate concurrent gastritis, although early concurrent infiltrative gastric mural neoplasia cannot be definitively excluded.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Three view chest radiographs are recommended. If no evidence of pathology on three view chest radiographs, abdominal CT for further clarification of the splenic and intestinal mass, assessment for sonographically undetectable metastasis, and potential surgical planning would be ideal.

HOSPITAL NAME

Simmonds VH

If advanced imaging is not elected or possible, exploratory laparotomy with expectation towards resection anastomosis of the intestinal mass and splenectomy could be considered. A very guarded prognosis is suspected.

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ARDMS/RVT

HOSPITAL NAME

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REFERRING VET

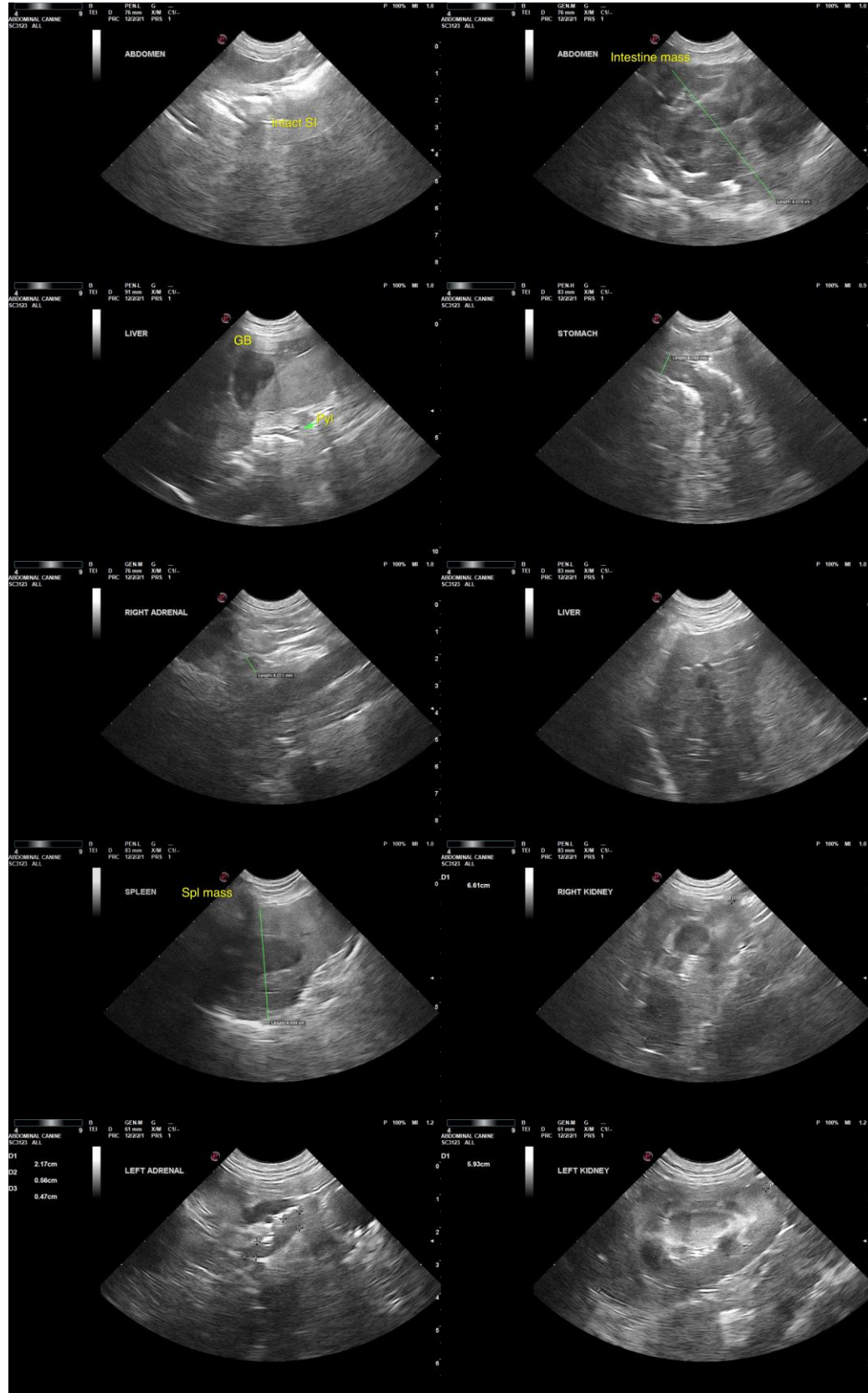
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SPECIES

Canine

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.

BREED

Mix

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.

SEX

FS

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
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