



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Harley Lecompte	Inappetence, vomiting and weight loss. Apx. 1 month history of off and on eating. History of IVDD and paresis in rear legs. Quieter and ADR. On Cerenia, Famotidine, and started IV fluids today.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: BW (7-21-21): BUN 5, Alb 2.1, Glob 4.8. Chol 346 H. WBC 31,140 w/86% Neut., 6% Monos. RADS (attached): suspicious opacity in cranial abdomen on Lat view.
<b>BREED</b>	
Pug	
<b>SEX</b>	
Spayed Female	
<b>AGE</b>	
12 years	
<b>WEIGHT</b>	
15.6 lbs.	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Urinary System</b>
	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.
	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 loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of nonobstructive medullary mineral were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.4 cm in length.
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Dr. Ebersole	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole and 0.92 cm width at the cranial pole.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Scanvet	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Several, mildly expansive, hypoechoic to nonhomogeneous parenchymal nodules were present. An example of a splenic nodule measured 1.6 cm in diameter. 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.
<b>REFERRING VET</b>	<b>Liver/ Gallbladder</b>
Dr. Sanders	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 with minor, particulate, echogenic, nondependent yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.
<b>INVOICE</b>	
12124	
<b>DATE</b>	
8/13/21	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Harley Lecompte	The stomach exhibited generalized yet variable wall thickening with decreased mural echogenicity. Intact to mildly indistinct wall layering was present. A mild amount of retained, primarily anechoic fluid was present in the gastric lumen extending into the pylorus. The gastric body wall width measured up to 1.1 cm in diameter.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Pug	The Intestinal tract exhibited segmental wall thickening primarily in the mid to cranial abdomen caudal to the stomach and medial to the spleen. Associated segmental ileus pattern exhibited by mild retained, primarily anechoic fluid present in the thickened segment of Intestine. A nonspecific, primarily ovoid mural lesion subjectively containing anechoic fluid with mild cellular component was present in the segment of thickened intestine. The segment of thickened intestine measured approximately 5.0-6.0 cm in length with wall width measuring up to 0.55 cm. The mural lesion measured approximately 2.3 cm in diameter. By comparison, the normal-appearing intestine measured 0.45 cm wall width, while the normal-appearing colon measured 0.24 cm wall width.
<b>SEX</b>	
Spayed Female	
<b>AGE</b>	
12 years	The colon walls presented intact yet mildly prominent wall layering with mildly thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.
<b>WEIGHT</b>	<b><i>Pancreas</i></b>
15.6 lbs.	The area of the pancreas base presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
<b>INTERPRETED BY</b>	<b><i>Free Abdomen</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Associated perigastric to peri intestinal inflamed omentum and possible scant free fluid was noted. No overt lymphadenopathy was present.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Dr. Ebersole	<b><i>Primary Findings</i></b>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>• Nonspecific, mildly expansive splenic nodules - hyperplasia, hematopoiesis, infection, infarction, splenitis, or potential neoplasia possible</li> <li>• Thickened to hypomotile stomach - gastritis or potential emerging infiltrative mural neoplasia possible</li> <li>• Segmentally thickened to hypomotile intestine with solitary subjectively cystic mural lesion - strong concern for intestinal mural abscess or necrosis, potential for possible perforation owing to foreign body, other nonspecific cyst, or neoplasia also considered a potential</li> <li>• Possible concurrent pancreatitis in area pancreas base</li> </ul>
<b>REFERRING VET</b>	
Dr. Sanders	
<b>INVOICE</b>	
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<b>DATE</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
8/13/21	Pending cytology of the spleen and cystic intestinal lesion (if no signs of neoplasia), exploratory laparotomy given the presence of abdominal pain and peritonitis for further assessment, GI biopsies with possible resection of cystic Intestinal mural lesion +/- splenectomy is warranted.



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Pug

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**WEIGHT**

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**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

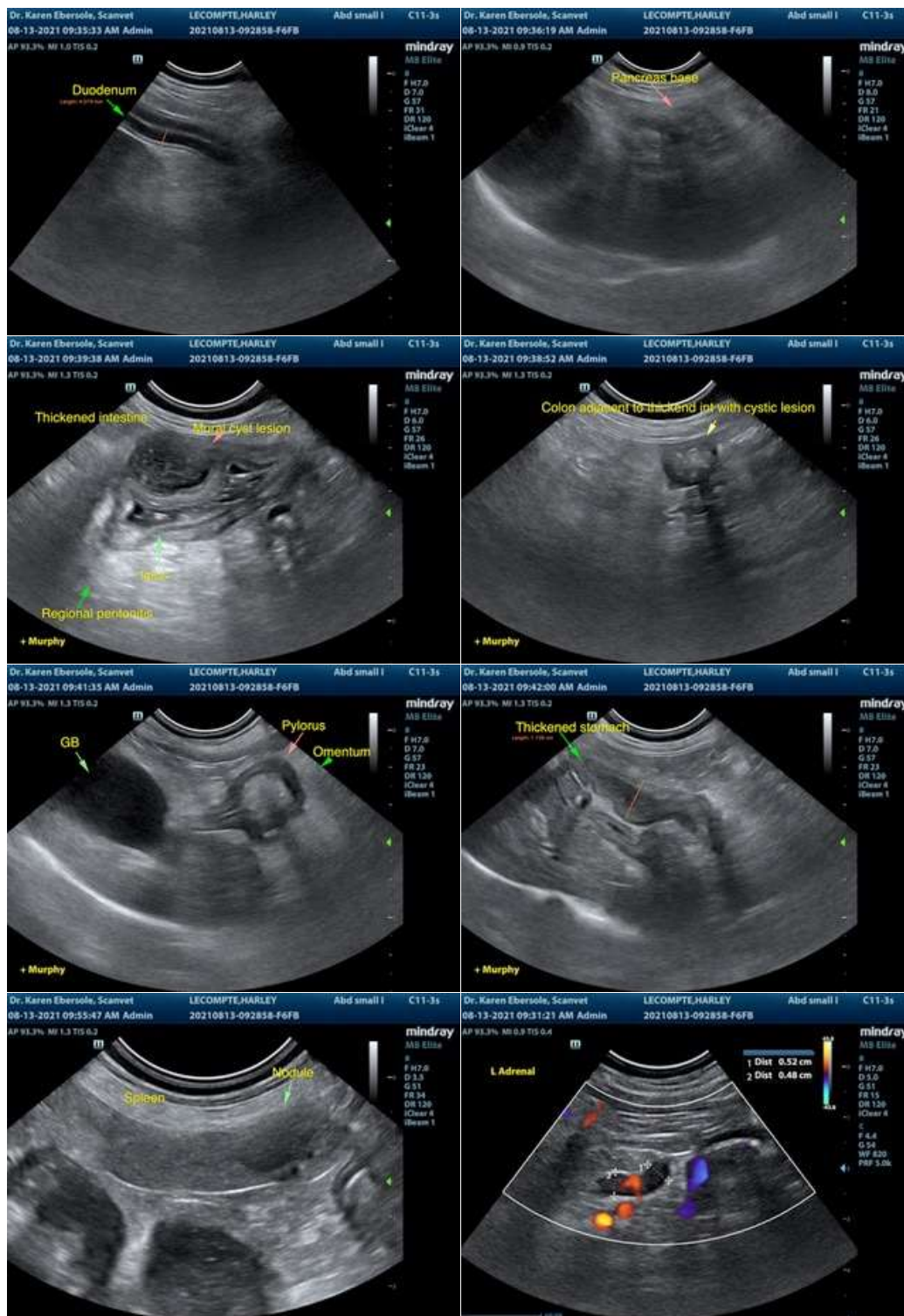
Dr. Sanders

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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