



PATIENT

Maizie Hackney

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

12y 1m

WEIGHT

16.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Lepkowski

INVOICE

14851

DATE

8/17/23

PRESENTING CLINICAL SIGNS

Decreased appetite, loose dark stool, no improvement w/Metronidazole or Tylosin or Fortiflora.
Current meds: Metro, Tylosin, Forti Flora, EN diet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

No evidence of pathology in the area of the aortic trifurcation.

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 4.6 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to increased peri adrenal omental artifact.

Spleen

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.

Liver/ Gallbladder

The liver presented subjective mild enlargement. 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. A solitary, well-demarcated, mildly hypoechoic, nondisruptive, intraparenchymal nodule was present measuring 1.4 cm diameter. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas. There were no signs of ileus, obstruction, or foreign material.

Segmental jejunal mural mass was present in the midventral abdomen measuring ~6.0-7.0 cm in length with wall width up to 1.0 cm. Adjacent intact yet thickened jejunal wall was present. Concurrent normal



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appearing duodenum and jejunum were noted with intact wall and normal wall layer ratio. There was no evidence of an intestinal obstructive pattern.

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

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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 were evident.

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Free Abdomen

Regional peri intestinal to midabdominal non-uniform, hyperechoic omentum was present with intermittent, variably prominent, homogeneous yet hypoechoic mesenteric lymphadenopathy. Mild volume peritoneal effusion was noted.

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Transdiaphragmatic view of the caudal thorax revealed concurrent, subjective, moderate volume pleural effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Segmental jejunal mural mass with associated adjacent thickened yet intact jejunal wall
- Regional peri intestinal to midabdominal nonuniform hyperechoic omentum and intermittent variably prominent hypoechoic mesenteric lymph nodes
- Mild hepatomegaly with nonspecific yet suspicious intraparenchymal nodule
- Biventricular effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the jejunal mural mass and concurrent adjacent thickened segments of the jejunum were most consistent with neoplastic criteria. Strong concern for multicentric neoplasia with regional peri intestinal omental seeding, lymph node involvement, and in conjunction with likely noncardiogenic pleural effusion i.e., lymphomatosis, carcinomatosis, or similar, is warranted.

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Correlation with effusion analysis, cytology +/- C/S, if evidence of inflammatory cells, as well as FNA cytology of the intestine mural mass wall +/- screening hepatic parenchyma and if accessible hepatic nodule FNA cytology with potential for oncology consult. An unfavorable prognosis is suspected.

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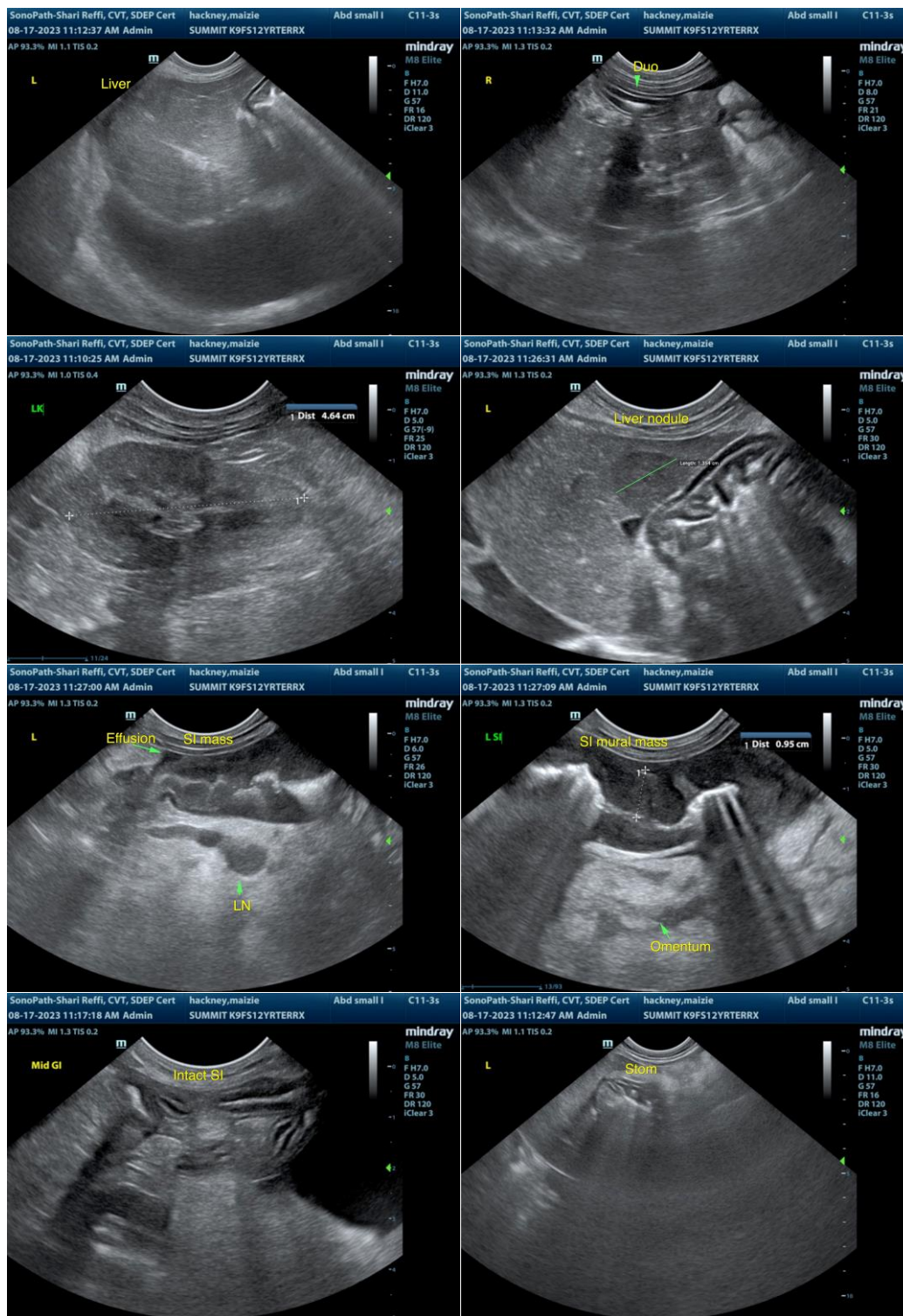
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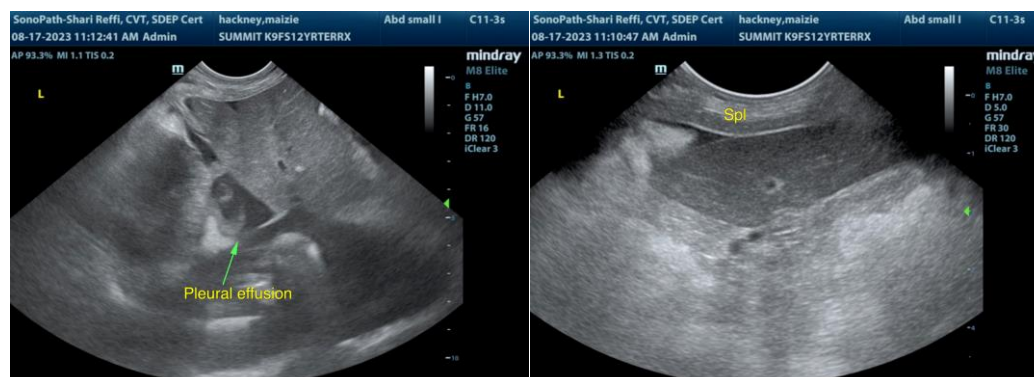
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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