



PATIENT

Marley Dijoseph

SPECIES

Canine

BREED

SharPei

SEX

MN

AGE

10yr

WEIGHT

29.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Isermann

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Isermann

INVOICE

14660ag

DATE

08/19/2023

PRESENTING CLINICAL SIGNS

Presented for not eating, vomiting, and having diarrhea for the past 2 weeks on and off. New masses have been appearing all over his body. Radiograph report shows possible soft tissue opacity mass affect within cranial ventral abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

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 6.6 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 presented mildly enlarged in size. 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. 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 contained minor retained fluid and non-shadowing chyme along with mild to moderate lumen gas and no signs of ileus, obstruction or foreign material.



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A solitary irregular non-homogenous to mixed echogenic mass was present in the mid to cranial abdomen with peripheral gas artefact consistent with potential small or large intestine lumen. The mass measured ~ 4-6 cm in diameter. Regional hyperechoic omentum noted around the mass with intermittent pockets for scant to minor free fluid. The duodenum appeared to exhibit intact overtly normal wall layering. Additional segments of small intestine exhibited overtly intact wall layering with subjective increased intestinal gas artifact.

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Visualized discernable normal colon wall layers were present with segmental semi formed to soft 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 was evident.

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Free Abdomen

No omental masses or overt lymphadenopathy was present.

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Regional hyperechoic omentum noted around the intestinal mass with intermittent pockets for scant to minor free fluid.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Abdominal mass - consistent with intestinal origin
- Regional peritonitis
- Hepatopathy-suspect probable vacuolar hepatopathy pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small or large intestine mass possible. Non-intestinal unspecified mass impinging on small or large intestine is considered less likely. Small or large intestine neoplasia is probable. Assuming normal clotting status, FNA cytology of the mass if accessible and liver warranted. Three view thoracic radiographs are recommended. Ideally, CT for further assessment of the mass and potential surgical planning is recommended.

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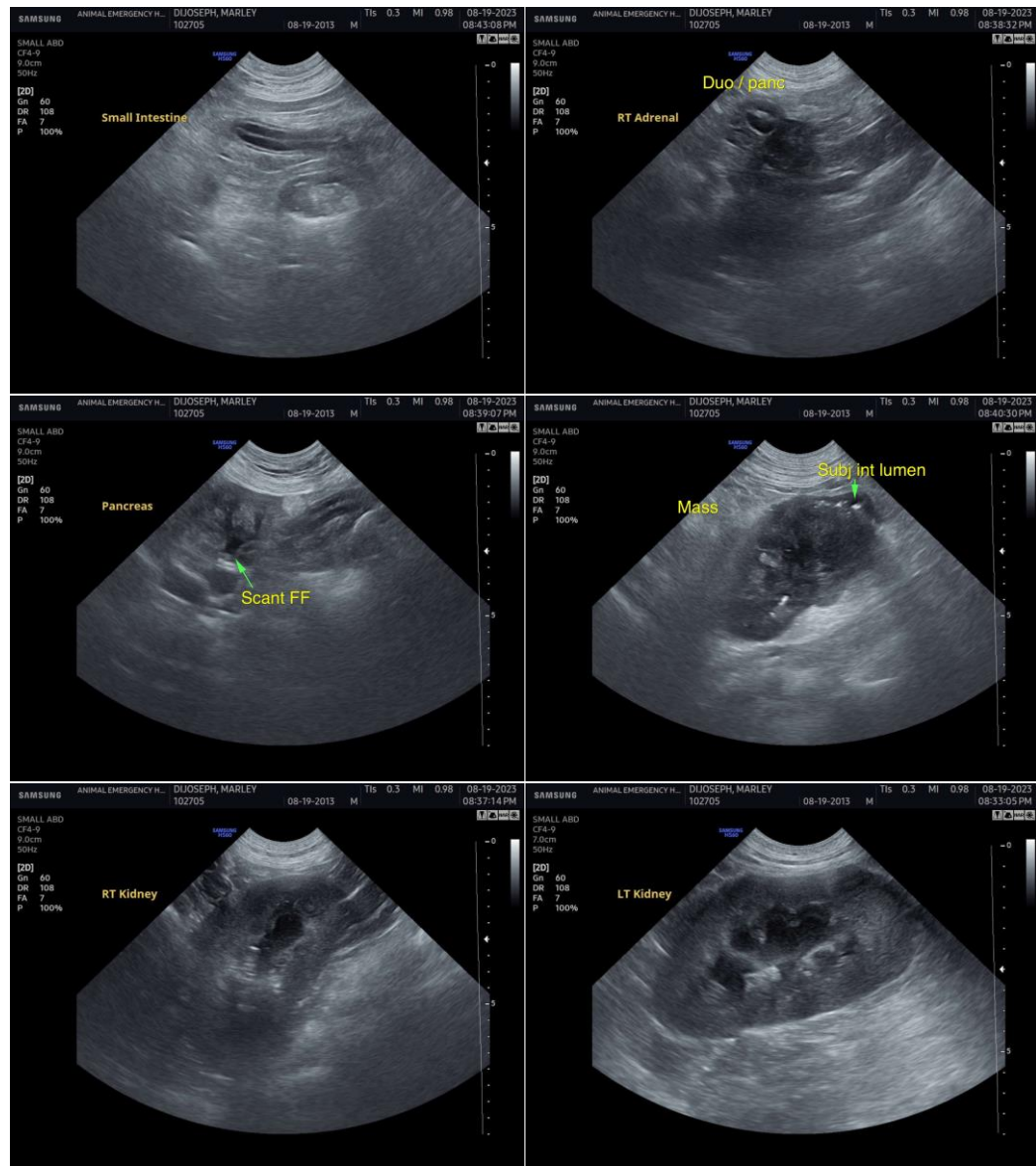
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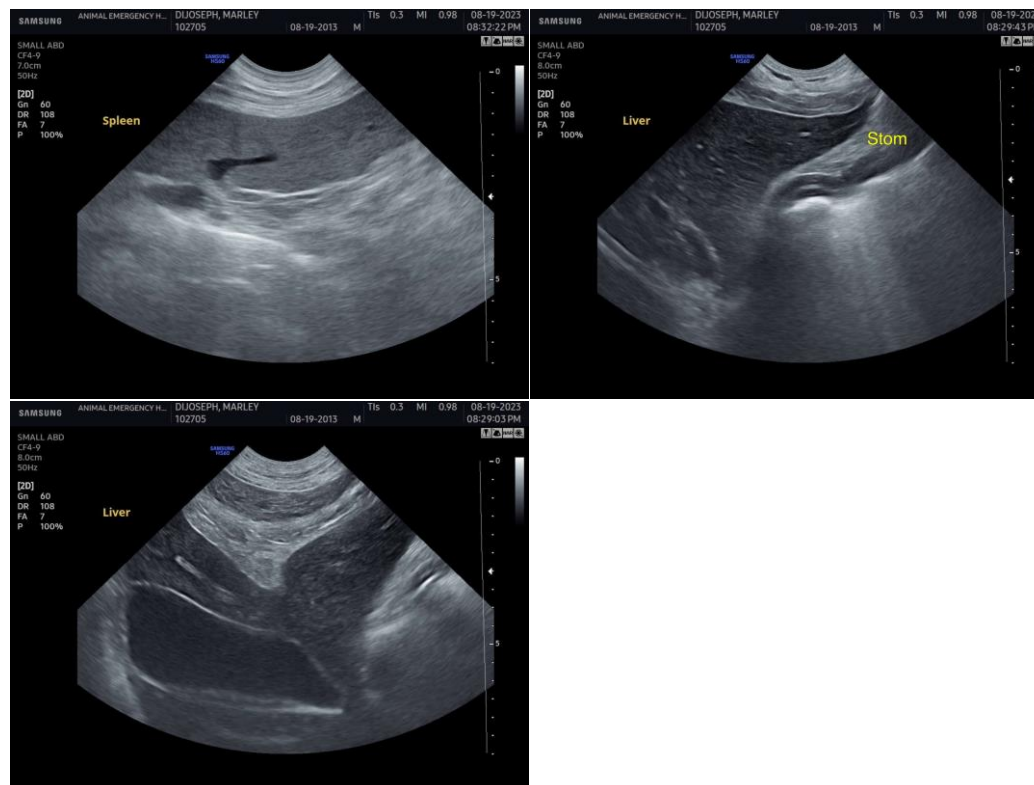
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com