



**PATIENT**

Bailey Allen

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

MN

**AGE**

12 years

**WEIGHT**

17.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Countryside AC

**REFERRING VET**

Dr. Cox

**INVOICE**

14519

**DATE**

8/5/22

**PRESENTING CLINICAL SIGNS**

weight loss exercise intolerance - more panting, slower and less willing dental disease  
Abnormal PE/Chem/CBC/UA Results: HCT = 33%, WBC 37,500 with neutrophilia, monocytosis. PLT 672,000 CI 104, ALP = 171 spec cPL wnl at 45 Cardiopet wnl at 475 T4 is wnl at 1 Current Medications None

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 residual prostate was free of overt pathology.

The area of the iliac trifurcation was free of overt pathology including no obvious evidence of medial iliac or sublumbar lymphadenopathy/masses.

The left kidney was mildly enlarged compared to the right kidney exhibiting marked cortical hypertrophy, as well as marked loss of corticomedullary border demarcation, given similar corticomedullary echogenicity. Moderate pyelectasia was present in the left kidney. The left kidney measured 5.9 cm in length.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 5.0 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized owing to regional perirenal increased artifact and pathology.

**Spleen**

The spleen exhibited potential for medial folding of the caudal spleen and generalized mild parenchyma heterogeneity with subjective mild areas of capsule asymmetry. Definitive or attached splenic mass was not obvious.

**Liver/ Gallbladder**

The liver was mildly enlarged in size. The hepatic parenchyma was mildly hypoechoic compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The



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gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**Gastrointestinal**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.50 cm.

**BREED**

Shih Tzu

The visualized segments of small Intestine exhibited intact wall layering and maintained a 1:3 muscularis / mucosa ratio.

**SEX**

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

MN

**Pancreas**

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The right pancreatic limb appeared to be sonographically normal exhibiting symmetrical contour and subtle heterogeneous parenchyma. Mildly prominent to mildly hypoechoic pancreas base and left pancreatic limb compared to adjacent mildly hyperechoic peripancreatic omentum.

**WEIGHT**

**Free Abdomen**

17.8 lbs.

Indistinct yet subjective multifocal mid abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An ill-defined asymmetrical nonhomogeneous mass was present in the left mid to cranial abdomen and appeared to extend into the area of the right cranial abdomen. The mass exhibited subjective areas of potential mineralization. The possibility of gas artifact within the mass is also possible. The area of the mass within the left mid to cranial abdomen measured approximately 5.0-6.0 cm in diameter. A small pocket of scant associated regional peritoneal free fluid was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Unspecified to ill-defined mass mid to cranial left abdomen subjectively extending into the right cranial abdomen exhibiting potential areas of mineralization
- Multifocal mild to variably prominent mildly hypoechoic mesenteric lymphadenopathy and generalized associated regional hyperechoic mesentery
- Bilateral chronic renal changes with marked left kidney cortical hypertrophy and moderate pyelectasia
- Mildly prominent to hypoechoic pancreas base and left pancreatic limb
- Mild hepatomegaly exhibiting mild parenchyma hypoechogenicity

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neoplastic criteria for the undifferentiated unspecified mass is favored. A definitive origin of the mass was not obvious.



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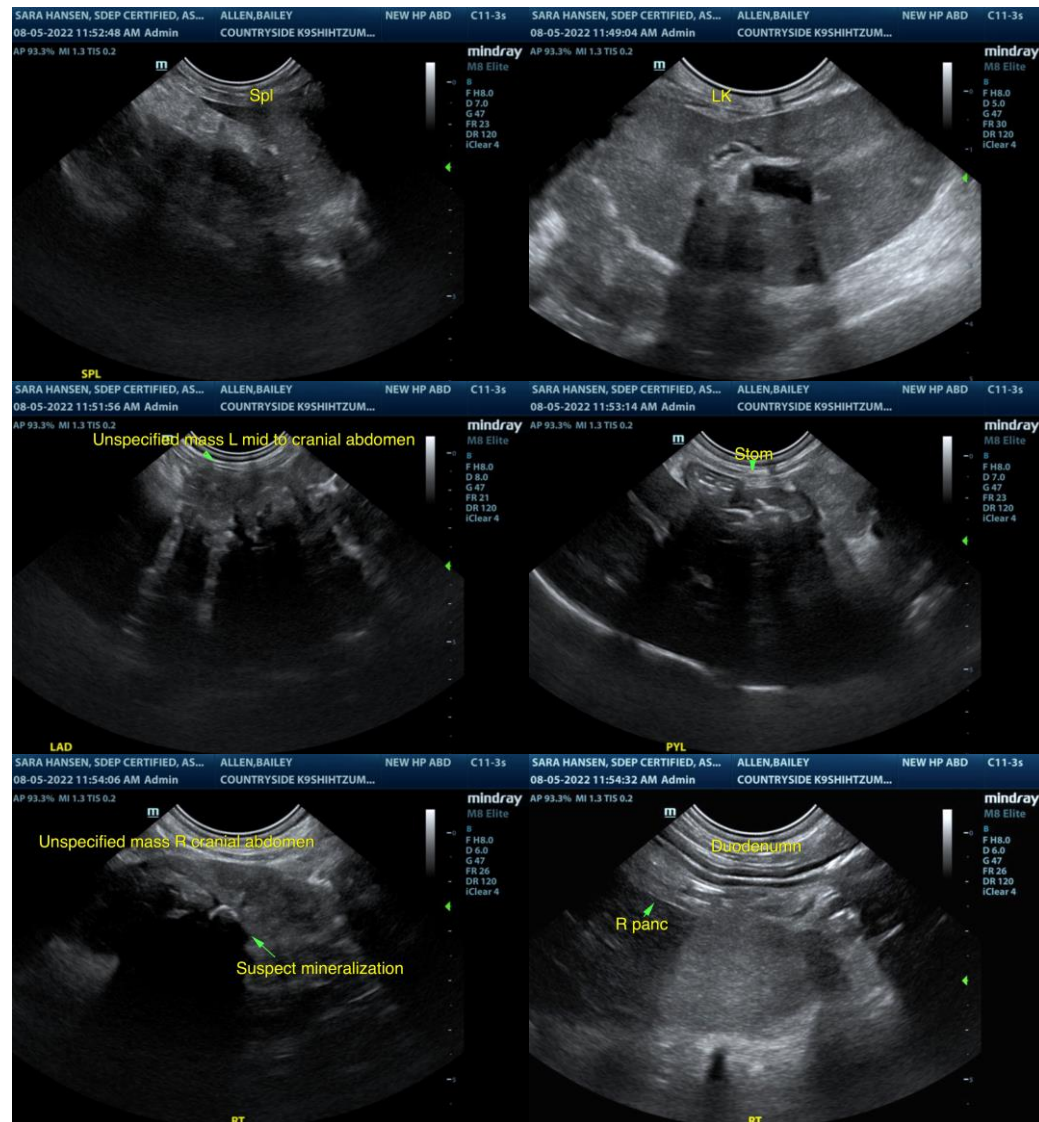
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Ultrasound-guided FNA of the mass, assuming normal clotting status could be considered for cytology and potential further clarification. Screening blood pressure is advised to assess for evidence of hypertension which may allude to potential adrenal origin. Three-view chest radiographs are recommended if not done.

Given this presentation, abdominal CT for further assessment would be ideal and recommended if possible. However, a very guarded to potential unfavorable prognosis is indicated.





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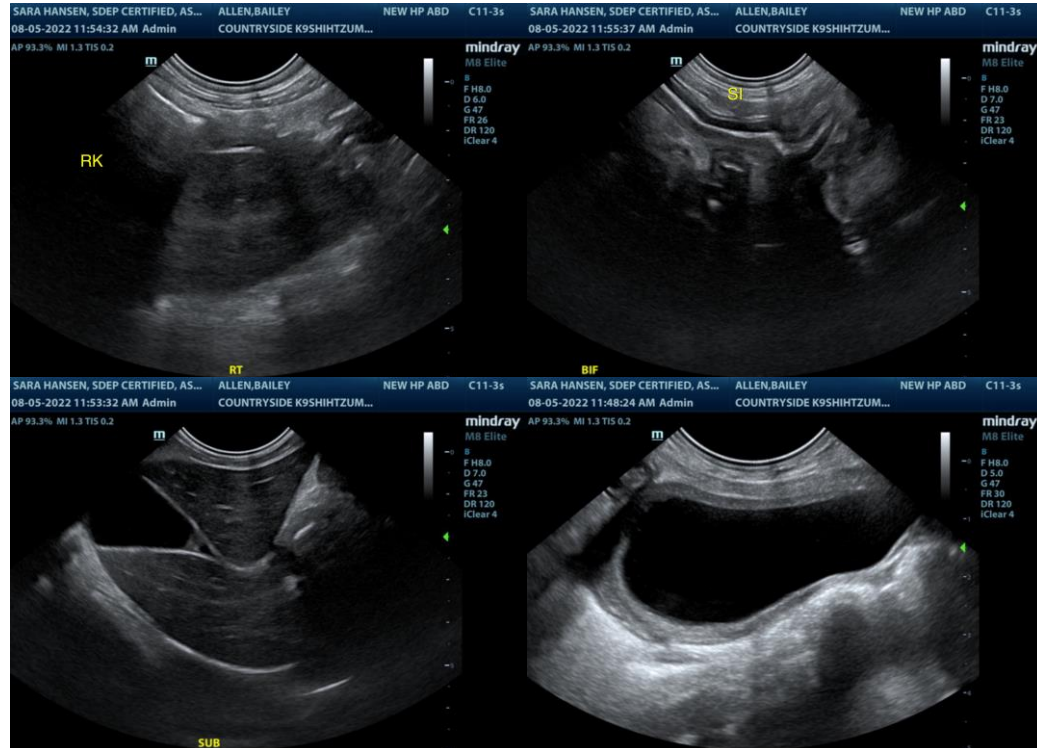
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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