



**PATIENT**

Elliot Gaudio

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Neutered Male

**AGE**

14 years 5 months

**WEIGHT**

27.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Newton VH

**REFERRING VET**

Dr. Kim

**INVOICE**

12081

**DATE**

8/9/21

**PRESENTING CLINICAL SIGNS**

Signs of Cushings; pu/pd, skin issues, bloodwork changes LDDS test neg in Dec 2020  
Abnormal PE/Chem/CBC/UA Results: WBC20.91, Neut 18.95, PLT 826 TP 7.7, Globulin 5.1,  
Cholesterol 371, ALP 554, CI 94 UA: Protein 100+, blood +50, inactive sediment

**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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

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 moderate 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 6.0 cm in length.

**Adrenal Glands**

The adrenal glands exhibited bilateral enlargement. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.2 cm length x 0.9 cm width in the cranial pole and 1.1 cm width in the caudal pole. The right adrenal gland measured 3.3 cm length x 1.1 cm width in the cranial pole and 1.1 cm width in the caudal pole.

**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 exhibited subjective mild generalized enlargement. The parenchyma of the liver was mildly increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with an overall moderate coarse echotexture. Intermittent, non-expansive, subtle yet uniform echogenic parenchymal nodules noted in the deep mid liver adjacent to the gallbladder were present. Mildly expansive nodular mass lesion arising from the caudal right liver lobes adjacent to the duodenum was present. This mass lesion measured approximately 6.6 cm x 3.4 cm. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder



<b>PATIENT</b>	was non distended in size with mild gallbladder debris. The gallbladder debris exhibited hyperechogenicity with subtle distal acoustic shadowing. Subtle nonobstructive proximal common bile duct dilation was present.
Elliot Gaudio	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	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.
<b>BREED</b>	
Boston Terrier	Segmental wall thickening with loss of wall layering was present in the caudal abdomen. Focal paralytic ileus was present within the lumen of the abnormal intestine without an obstructive pattern in the intestine proximal to the abnormal intestine. The caudal abdomen mass was mildly expansive, asymmetrically marginated, and primarily hypoechoic to nonhomogeneous. Luminal gas artifact was noted within the central to peripheral aspect of the mass indicating intestinal origin. The mass was located directly adjacent to the and cranial to the urinary bladder. The mass measured approximately 5.5 x 4.5 cm. By comparison, normal-appearing small intestine measured 0.43 cm.
<b>SEX</b>	
Neutered Male	
<b>AGE</b>	
14 years 5 months	The visualized discernable colon was sonographically normal.
<b>WEIGHT</b>	<b><i>Pancreas</i></b>
27.2 lbs.	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.
<b>INTERPRETED BY</b>	<b><i>Free Abdomen</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Subtle regional reactive mesentery was noted around the intestinal mass as well as around the liver.
<b>IMAGING PERFORMED BY</b>	No effusion was noted.
Jessica Miller	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>HOSPITAL NAME</b>	<b><i>Primary Findings</i></b>
Newton VH	<ul style="list-style-type: none"> <li>Caudal abdominal intestinal mass - neoplasia likely, lymphoma, carcinoma, stromal tumor, leiomyoma/ leiomyosarcoma, or other possible, minor potential for non-neoplastic etiologies such as inflammatory or potential granulomatous etiologies possible</li> </ul>
<b>REFERRING VET</b>	<ul style="list-style-type: none"> <li>Hepatopathy with right caudal nodular mass lesion - overall vacuolar inflammatory hepatopathy with hyperplasia, hematopoiesis, granuloma, primary vs. metastatic neoplasia possible</li> </ul>
Dr. Kim	<ul style="list-style-type: none"> <li>Mild gallbladder debris (non-mucocele) with minor nonobstructive proximal common bile duct dilation</li> </ul>
<b>INVOICE</b>	<b><i>Secondary Findings</i></b>
12081	<ul style="list-style-type: none"> <li>Bilateral moderate chronic renal changes</li> <li>Bilateral adrenomegaly</li> </ul>
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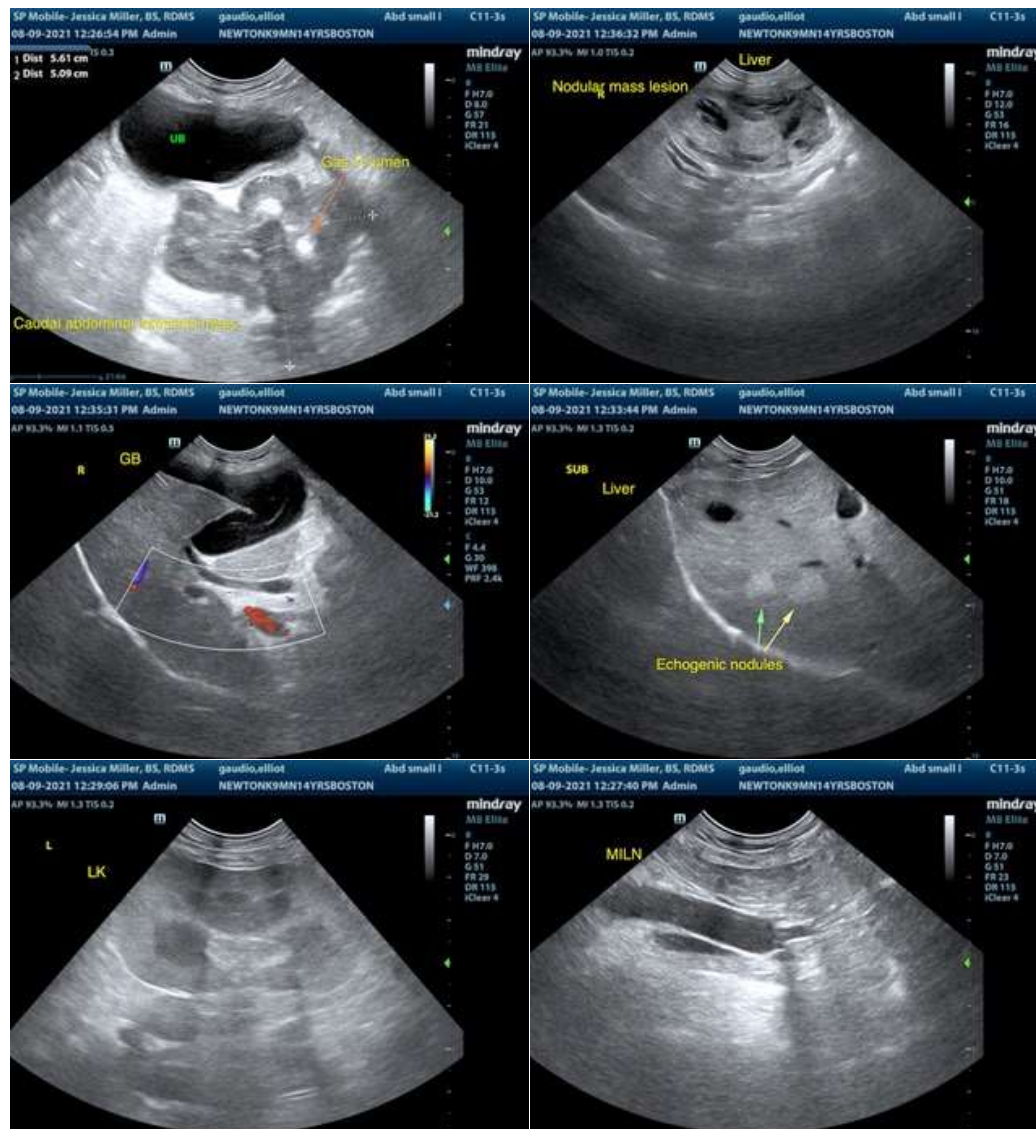
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral adrenomegaly, given the normal previous LDDST is of unclear clinical significance. Recheck LDDST could be considered if strong suspicion for Cushing's Disease.

Ultrasound guided FNA of the caudal abdominal intestinal mass and the hepatic nodular mass lesion was obtained for screening cytology without complication. Three view chest radiographs are recommended if not recently done.





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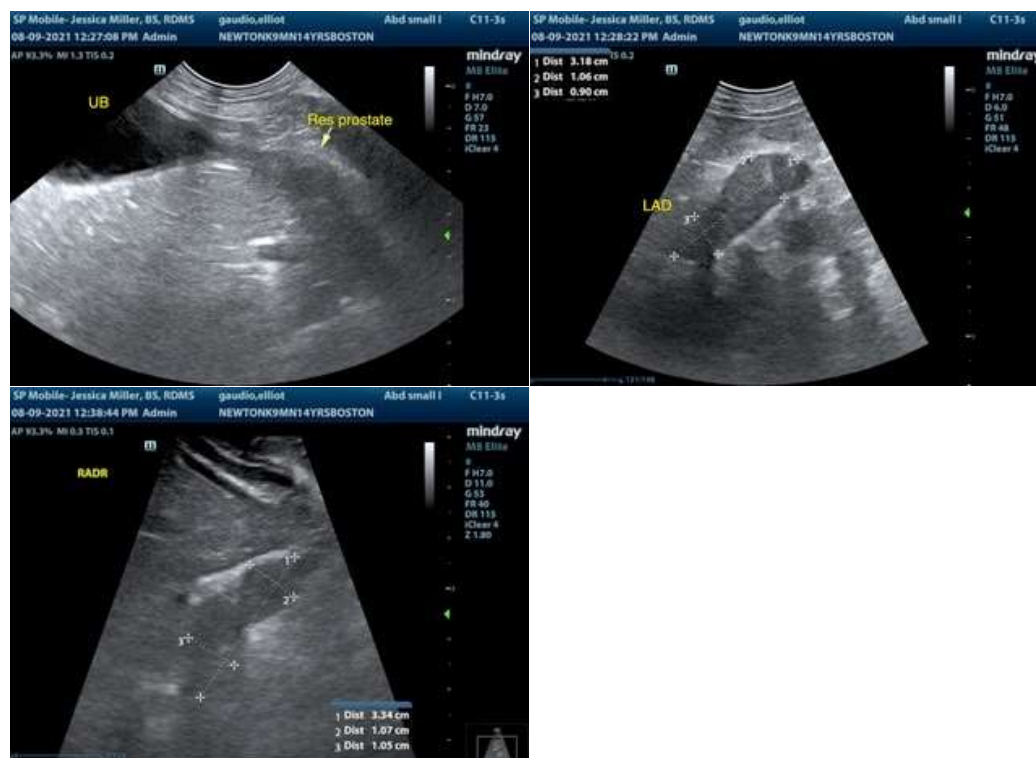
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com