



PATIENT

Harvey Rosano

SPECIES

Canine

BREED

Yorkie Poo

SEX

MN

AGE

12 years

WEIGHT

18.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. A. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Dr. A. Rodriguez

INVOICE

15037

DATE

9/30/22

PRESENTING CLINICAL SIGNS

Vomiting even on anti-emetics.

Abnormal PE/Chem/CBC/UA Results: Urine: protein 4+, Blood 3+, WBC: 2-3, USG: 1.046 Creat: 1.2, TP: 9.8, Glob: 5.9, ALK 443, WBC: 24.72

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. The echogenicities were primarily small, dependent, and nonobstructive. An example of an echogenicity measured 2.0 cm width.

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 pyelectasia was present. Focal areas of mild medullary mineral to small renoliths were present in both kidneys. The left kidney measured 4.8 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.69 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.74 cm width at the caudal pole.

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 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. No evidence of posthepatic obstructive criteria was noted.

Gastrointestinal

The stomach was markedly distended with retained primarily anechoic fluid. Regional variably thickened echogenic gastric walls were present along with a solitary, mixed echogenic mural mass



PATIENT	lesion in the subjective caudal to ventrocaudal stomach which appeared to be encapsulated and containing echogenic fluid. The mural mass-like lesion measured approximately 5.0 cm in diameter. Distortion of associated gastric wall layering, as well as regional indistinct wall layer detail in the adjacent gastric walls, was present. No overt evidence of mechanical pyloric outflow obstruction was noted, yet cannot be definitively ruled out.
Harvey Rosano	
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BREED	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. No evidence of small intestinal mechanical / metabolic ileus was noted.
Yorkie Poo	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
MN	
AGE	Pancreas
12 years	The left limb, right limb, and base of the pancreas 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.
WEIGHT	Free Abdomen
18.6 lbs.	Generalized primarily perigastric to cranial abdominal hyperechoic mesentery with intermittent small pocket of scant peritoneal free fluid were present. Suspect solitary hypoechoic swollen to nonhomogeneous gastric lymph node was noted in the right cranial abdomen, measuring 2.9 cm x 1.7 cm.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Primary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Hypomotile gastritis pattern with solitary mixed echogenic mural mass lesion - suspect gastric mural abscess / necrosis, potential for necrotic neoplasia possible • Suspect hypoechoic swollen nonhomogeneous focal gastric lymphadenopathy • Sonographically unremarkable small bowel • Potential concurrent pancreatitis
Dr. A. Rodriguez	
HOSPITAL NAME	Secondary Findings
Foxfield Veterinary Services	<ul style="list-style-type: none"> • Bilateria chronic renal changes with mild medullary mineral / renolithiasis • Urinary bladder calculi
REFERRING VET	
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INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
15037	Ultrasound-guided FNA of the gastric mural mass lesion for initial cytology +/- C/S, as well as potential FNA of the suspected enlarged solitary gastric lymph node for cytology, is warranted. Abscess, necrosis, or neoplastic criteria suspected to be of gastric origin are possible, while the potential for pancreatic pathology i.e., abscess, mass, or similar impinging upon the gastric wall cannot be definitively excluded.
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Exploratory laparotomy for gross inspection with potential for resection of necrotic gastric or pancreatic tissue and histopathology could also be considered. However, given this presentation, a very guarded prognosis is indicated.

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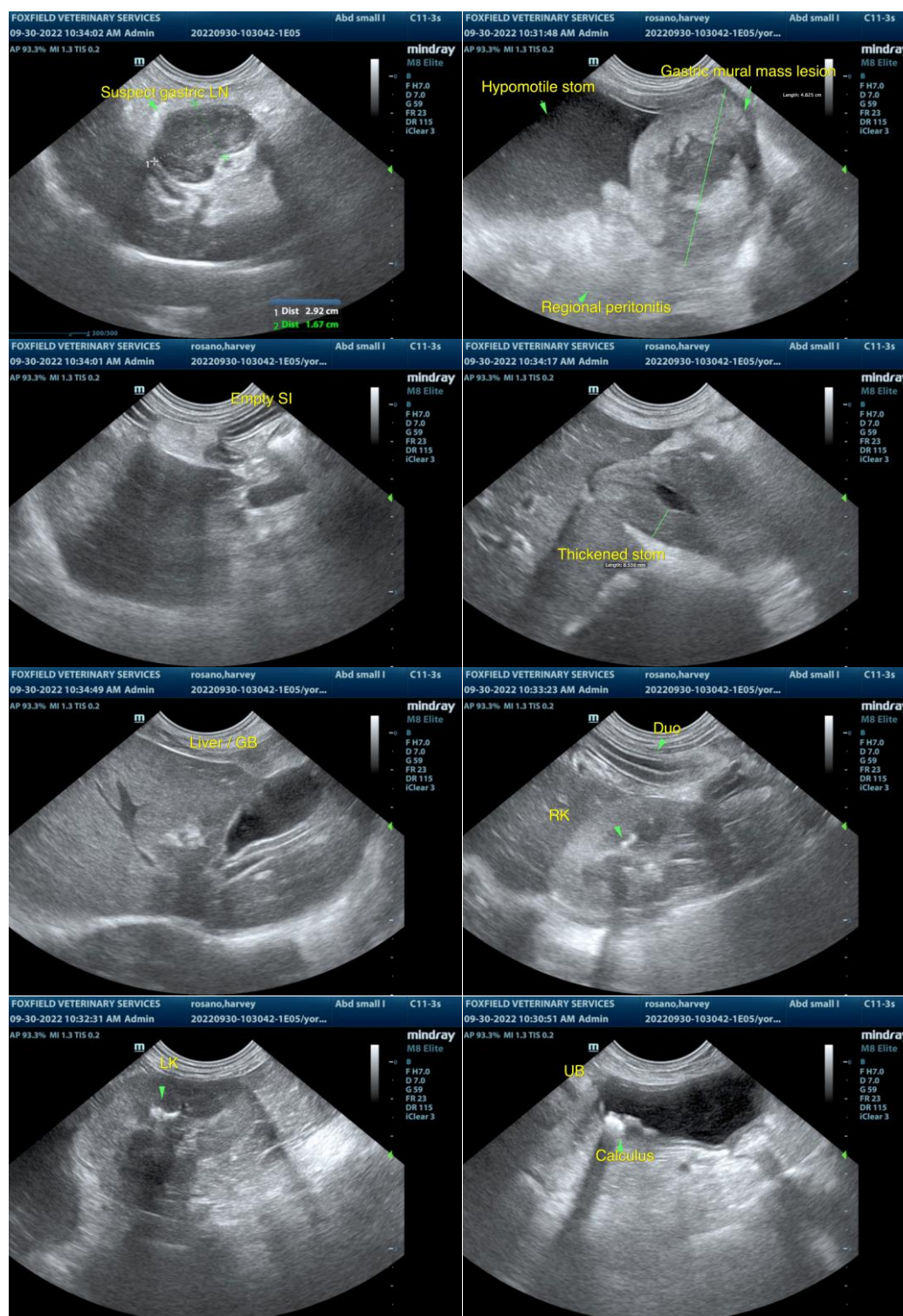
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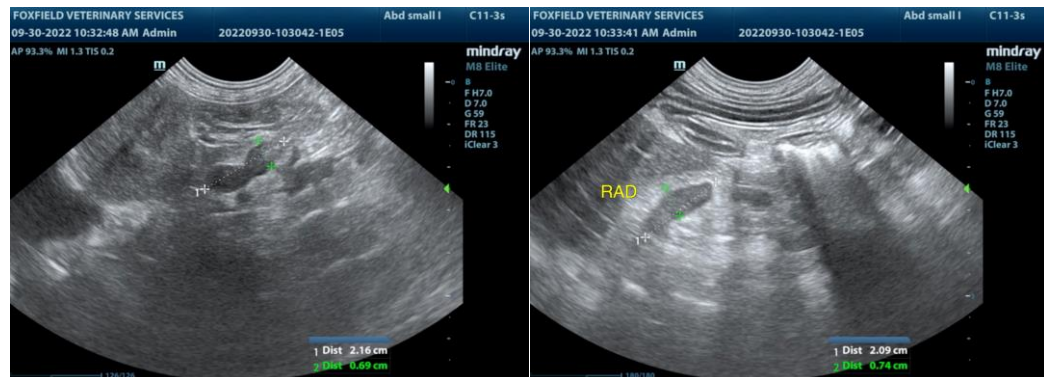
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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