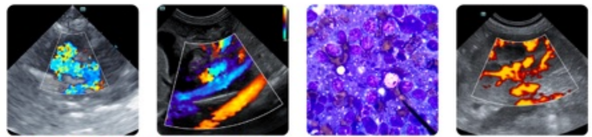


PATIENT

Suki Rhoades

SPECIES

Canine

BREED

Pug

SEX

Spayed female

AGE

10 years

WEIGHT

13.9 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great and Small Corvallis

REFERRING VET

Dr. Marszewski

INVOICE

72221

DATE

3/4/26

PRESENTING CLINICAL SIGNS

- Hx of rapid weight loss, lethargy and picky appetite. Occ. vomiting.
- Severe BOAS
- Tense/painful cranial abdomen, weight loss w/ severe MCS atrophy, severe inspiratory stridor, otherwise NSF on PE BW: CBC: WBC (22.0)- Bands (880), lymphopenia (440), neutrophilia (14960), Monocytosis (5720), RBC (4.7), HGB (11.5), HCT (36%), NRBC and polychromasia. -CBC changes consistent w/ inflammation and stress on path review Chem: Hypoalbuminemia (1.6), Hyperglobulinemia (4.1), AST (80), Ca+ (8.8)- corrected Ca+ (10.7) Pale yellow clear ascites fluid obtained today UA pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.3 cm, right measured 3.8 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

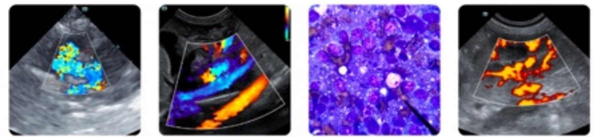
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.62 cm in length x 0.77 cm and 0.47 cm in width. The right adrenal gland measured 1.68 cm in length x 0.43 cm and 0.54 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 1.6 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules are evident. Large, irregular, mottled echogenic mass was noted in the right lobe measuring 4.0 x 6.6 cm in size.



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Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Focal, small intestinal mass with a hypoechogenic appearance measuring 0.8 x 1.8 cm in size. The rest of the small intestine was normal and measured 0.37 cm. The duodenum measured 0.49 cm.

Pancreas

Normal size with a diffuse, mottled echogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A moderate amount of acellular ascites is present. Hyperechogenic, appearance of the mesentery in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Hepatic mass.
- Small intestinal mass.
- Ascites.
- Mesenteric inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

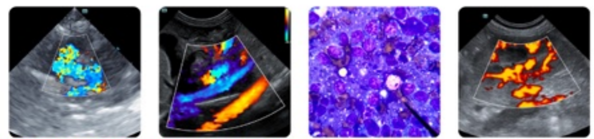
The most likely etiology for the hepatic mass would be neoplasia.

The most likely etiology for the pancreatitis would be chronic, active pancreatitis.

The most likely etiology for the small intestinal mass would be neoplasia with granuloma and focal perforation possible differential diagnosis.

The presence of the ascites and the mesenteric inflammation is indicative of peritonitis possibly secondary to the pancreatitis with bacterial peritonitis a possible differential diagnosis.

Further assessment would be CPL/PSL assay, three view thoracic radiographs, analysis of the ascitic fluid and FNA cytology of the hepatic mass and small intestinal mass.



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Specific therapy would be dependent on an etiological diagnosis.

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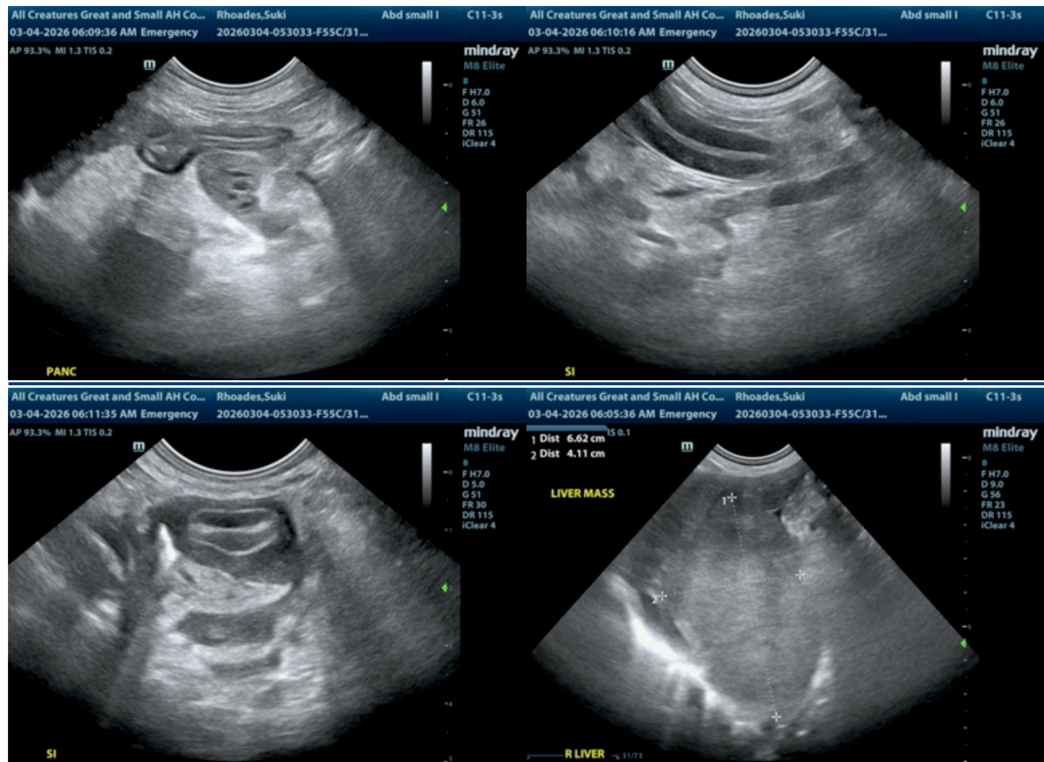

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com