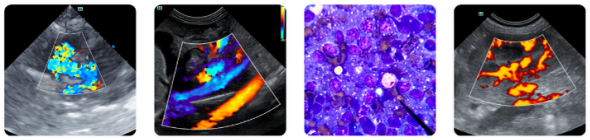


PATIENT

Buddy Zizza

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

10 years

WEIGHT

49.7 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Desen Ertunc

HOSPITAL NAME

Humboldt Veterinary Medical Group

REFERRING VET

Dr. Anne Rice

INVOICE

11027

DATE

1/2/2026

PRESENTING CLINICAL SIGNS

History of partial anorexia and mild malaise since around 12/19/25. Owner noticed white mucous membranes on 12/21/25. Seen in clinic on 12/22/25 and mucous membranes pale pink. Active in exam room, BARH. No cause for anemia found.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem done 12/22/25. HCT 28%, non-regenerative. WBC normal, chemistry normal. Brief abdominal u/s- mass in mid-abdomen right in front of prepuce. No ascites.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is underdistended. The bladder wall appears thin and smooth; however, wall thickness may be overestimated due to underdistension. The urine is turbid, containing suspended echogenic material and mineralized sediment with distal acoustic shadowing, consistent with a small urolith measuring approximately 6.9 mm. The bladder neck and proximal urethra appear normal.

The left kidney is normal in shape and size, measuring 6.25×3.39 cm, with a cortical thickness of 0.60 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 5.96×3.09 cm, with a cortical thickness of 0.63 cm in the sagittal plane.

In both kidneys, the renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Prostate

The prostate measures approximately 2.20×1.81 cm, is homogeneous and hypoechoic, and is compatible with post-orchiectomy prostatic atrophy.

Adrenal Glands

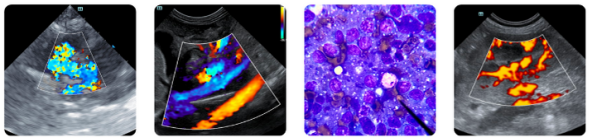
Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.52 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland measures 0.50 cm at the cranial pole and 0.58 cm at the caudal pole.

Spleen

Splenic thickness measures 1.31 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, containing gas, with a mural thickness of 1.83 mm and preserved wall layering. The pylorus measures 4.93 mm.
The duodenum wall measures 3.08 mm, and the jejunum wall measures 3.80 mm.

A heterogeneous mass with internal mineralization is observed. It measures approximately 3.98×3.26×2.83 cm and is identified as arising from a segment of the jejunum. The mass appears to originate from the outer layers of the intestinal wall and expands predominantly in an extraluminal direction. No sonographic evidence of gastrointestinal obstruction is identified.

The colonic wall measures approximately 1.23 mm and appears empty.

Pancreas

The right pancreatic limb appears normal. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No ultrasonographic evidence of pancreatitis or pancreatic neoplasia is identified.

Free Abdomen

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric lymph nodes are not visualized; surrounding regions appear unremarkable. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Non-obstructive heterogeneous extraluminal jejunal mass (≈4 cm) without visible lymphadenopathy.

SECONDARY FINDINGS

- Small urinary bladder urolith and mineral sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass is heterogeneous, well-defined, and predominantly extraluminal, arising from the outer layers of the jejunal wall, without evidence of luminal obstruction or perforation. This growth pattern is highly suggestive of a primary intestinal neoplasm of mesenchymal origin, such as a gastrointestinal stromal tumor (GIST). Other differentials include leiomyoma/leiomyosarcoma, or less commonly, other sarcomas. Adenocarcinoma is considered less likely in this case given the ultrasonographic appearance and extraluminal growth pattern.

The absence of abdominal effusion, regional lymphadenopathy, or overt metastatic disease is noted; however, ultrasound cannot exclude microscopic metastasis or early spread.

The non-regenerative anemia may be paraneoplastic, related to chronic disease, or secondary to occult gastrointestinal blood loss, even in the absence of obstruction or overt hemorrhage.

The urinary sediment is considered incidental and does not explain the anemia or systemic signs.

Recommendations

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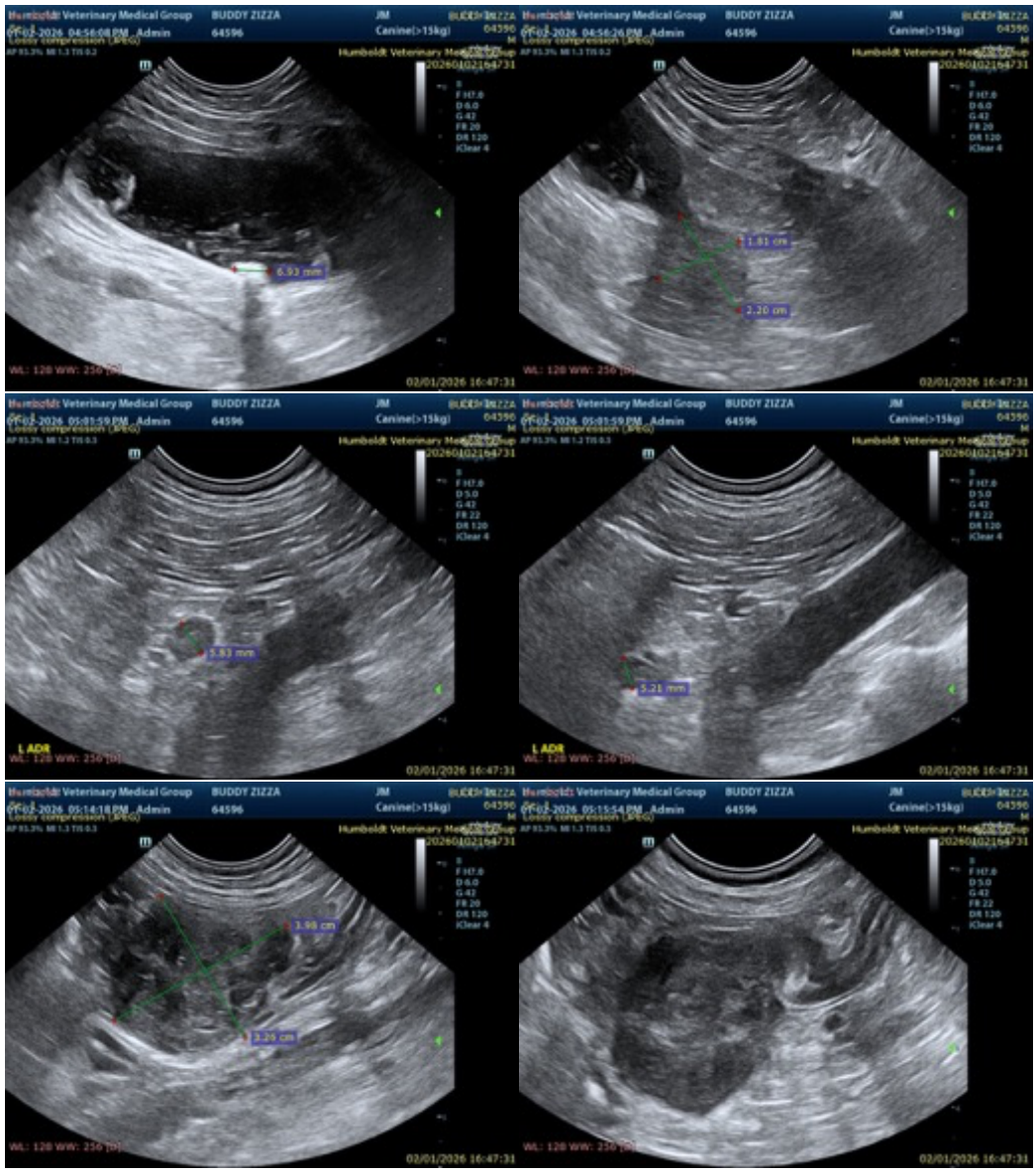
- Surgical exploration with excisional biopsy or resection is preferred over FNA, given the location, size, and likely mesenchymal origin of the mass.
- Repeat CBC to reassess anemia and evaluate anesthetic risk.
- Thoracic imaging to screen for metastatic disease prior to surgery.



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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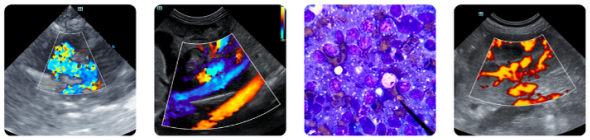

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