

**DATE PRESENTING CLINICAL SIGNS**

10/1/21 History: Progressive weight loss with ravenous appetite. Listless, heat seeking.

PATIENT Current Medications: No current medications.

Allin Mach Lab Results: Hct 17.7, WBC 27.20.

SPECIES Radiographs: unidentified opacity caudal to stomach. Chest WNL.

Canine Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED Sedation: Sedation not required for scan.

Boston Terrier Stat Report: STAT requested by the veterinarian.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Male Neutered

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

4/4/11

The prostate is normal in size (0.95 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

10.2 lbs.

The left kidney is normal size (4.28 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several small cortical cysts are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

The right kidney is normal size (4.58 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small nephroliths are visualized. A few small cortical cysts are seen. There is no evidence of pyelectasia, infarcts or hydroureter.

HOSPITAL NAME

Honeygo Animal
Hospital

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.50 cm at caudal pole) (1.47 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Mullenex

The right adrenal gland is normal size (0.57 cm at cranial pole) (0.52 cm at caudal pole) (1.67 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

11939kk

Spleen

The spleen is normal in size (0.99 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and small shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with gas and chyme (mild). An approximately 5 cm irregular mass is observed within a segment of jejunum. The wall in this region is severely thickened (up to 1.13 cm) with a loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Jejunal mass. Neoplasia (i.e., adenocarcinoma, lymphoma) is considered likely with a low possibility of benign pathology (i.e., severe inflammation). Regional peritonitis is present.

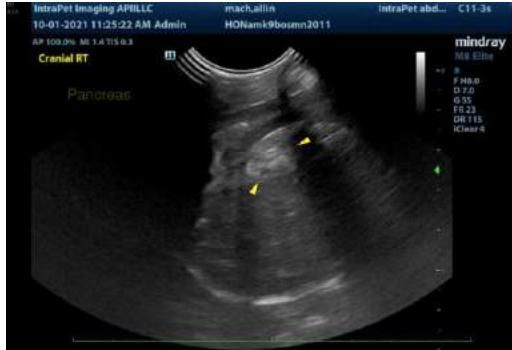
Secondary Findings:

- Bilateral, age-related renal changes with dystrophic mineralization and non-obstructive nephroliths in the right kidney.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A fine needle aspirate of the jejunal mass (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive, surgical biopsy and/or removal can be considered if there is no evidence of pulmonary metastatic disease.





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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com