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Clinical Sonography & Telecytology
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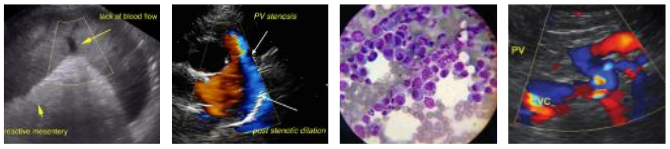


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rex Burns

SPECIES

Canine

BREED

Toy Poodle Mix

SEX

Neutered Male

AGE

10 Years 8 Months

WEIGHT

9 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Banfield Pet Hospital, Leesburg village

REFERRING VET

Dr. Jarrett

INVOICE

13955

DATE

PRESENTING CLINICAL SIGNS

History: Weight loss and vomiting
Abnormal PE/Chem/CBC/UA Results: (02/12/2022) CHEM: ALB 2.0. CBC: WBC 27.72, MON 1.97, NEU 21.84, RBC 5.40, HGB 11.1, HCT 34.91, MPV 12.2. SDMA 20.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.17 cm in length, 0.75 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (3.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (xxx cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.33 cm at cranial pole) (0.51 cm at caudal pole); 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.

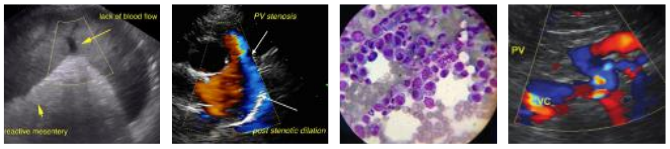
The right adrenal gland is normal size (0.48 cm at cranial pole) (0.63 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.11 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No focal distinct



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lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic debris/sludge is observed within the lumen, most of which is partially dependent and some of which is adhered to the luminal wall. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A >5.0 cm, irregular hypoechoic mass is thought to be arising from the duodenum. The wall in this region is severely thickened (up to 1.86 cm) with a complete loss of the normal layering pattern. The lumen within this segment is mildly fluid distended and hypomotile. The mesentery effacing the serosal surface in this region is hyperechoic. Just proximal to the mass, the segment of bowel appears plicated. Distal to the mass, at least one additional segment of small intestine is thickened with a loss of the normal layering pattern. The remaining segments are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

Trace free fluid is observed. A few prominent lymph nodes are observed adjacent to the small intestinal mass, the largest measuring 2.04 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Small intestinal mass (likely duodenal) with focal thickening of an additional bowel segment. Infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present. The adjacent lymphadenopathy could be secondary to infiltrative neoplasia, reactive lymphadenitis, or lymphoid hyperplasia.

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely.

- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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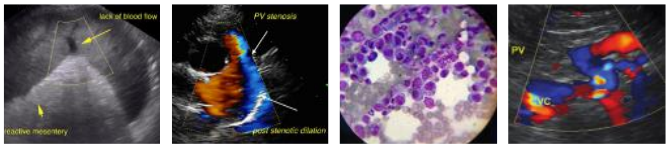

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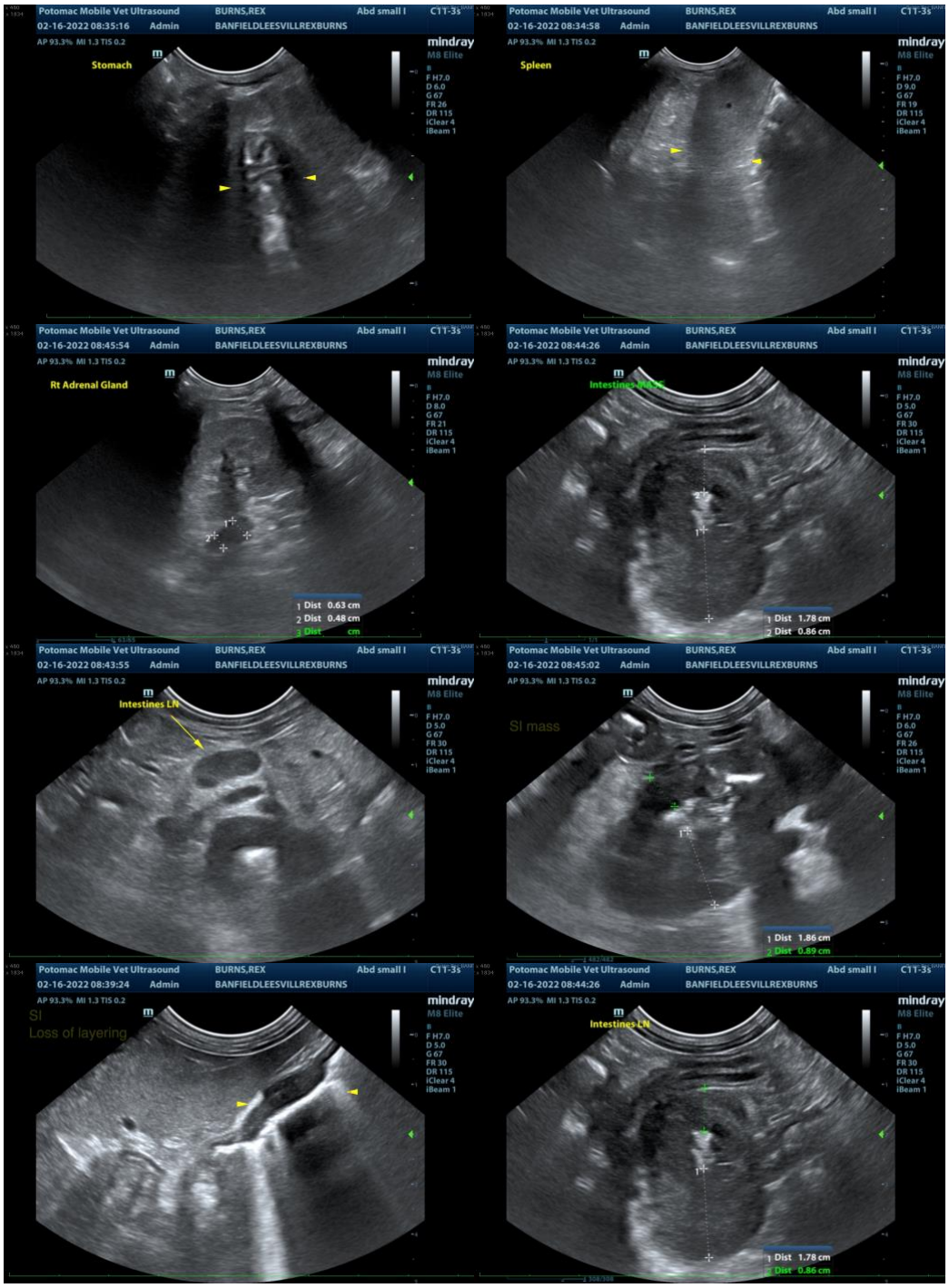
- Consider a fine needle aspirate of the bowel mass if clotting status is appropriate. If cytology results are inconclusive, surgical biopsies maybe necessary to get a definitive diagnosis.
- Also consider a malabsorption panel, including serum cobalamin, folate, TLI and PLI



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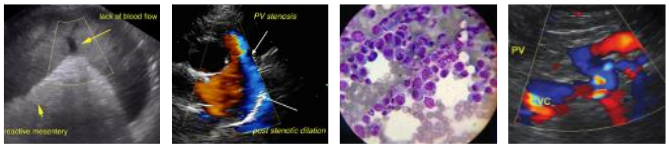

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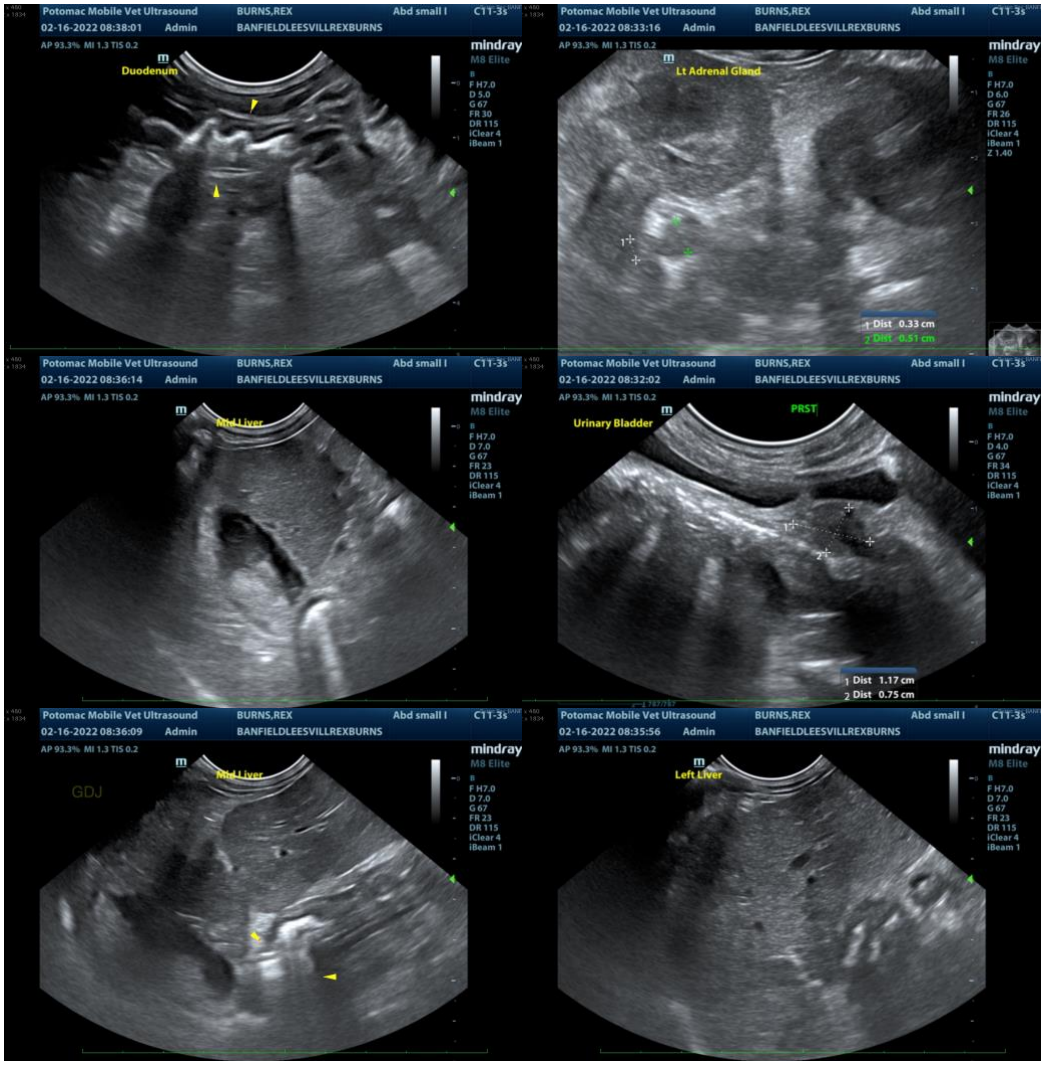

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

andrea_nicastro2@hotmail.com