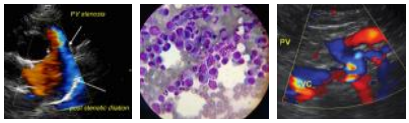
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/23/2022

PATIENT

Leo Lewis

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

9/17/2017

WEIGHT

62 lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Claws N Paws Animal Hospital

REFERRING VET

Dr. Singh

INVOICE

10452

PRESENTING CLINICAL SIGNS

Seen at EVC on 2/13 for shaking, lethargy, difficulty with mobility, decreased appetite but PU/PD that day; tense on mild abdominal palpation; temp 103.5F. Tachycardic.
Borderline anemia. Hematocrit 36.9. Slight thrombocytopenia. Not regenerative. Chemistry panel unremarkable.

Current Medications: Amoxicillin 500mg BID, Gabapentin 200mg BID.
Lab Results: Leukocytosis: inflammatory leukogram.
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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. A small amount of gravity dependent mineralized sand is observed within the lumen 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 (1.35 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 (5.94 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. Moderate pyelectasia is present (0.57 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.80 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.63 cm at caudal pole) (2.90 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.

The right adrenal gland is normal size (0.69 cm at cranial pole) (0.71 cm at caudal pole) (1.58 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.

Spleen

The spleen is normal in size (1.19 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. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A >6cm irregular hypoechoic to slightly heterogenous mass is arising from the small intestine (jejunal origin is suspected). The mesentery effacing the serosal surface in this region is hyperechoic. In the remainder of the small intestine, the walls are normal in thickness with a normal layering pattern. The lumen is not dilated. The colonic wall is normal. There is no evidence of an obstructive pattern.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

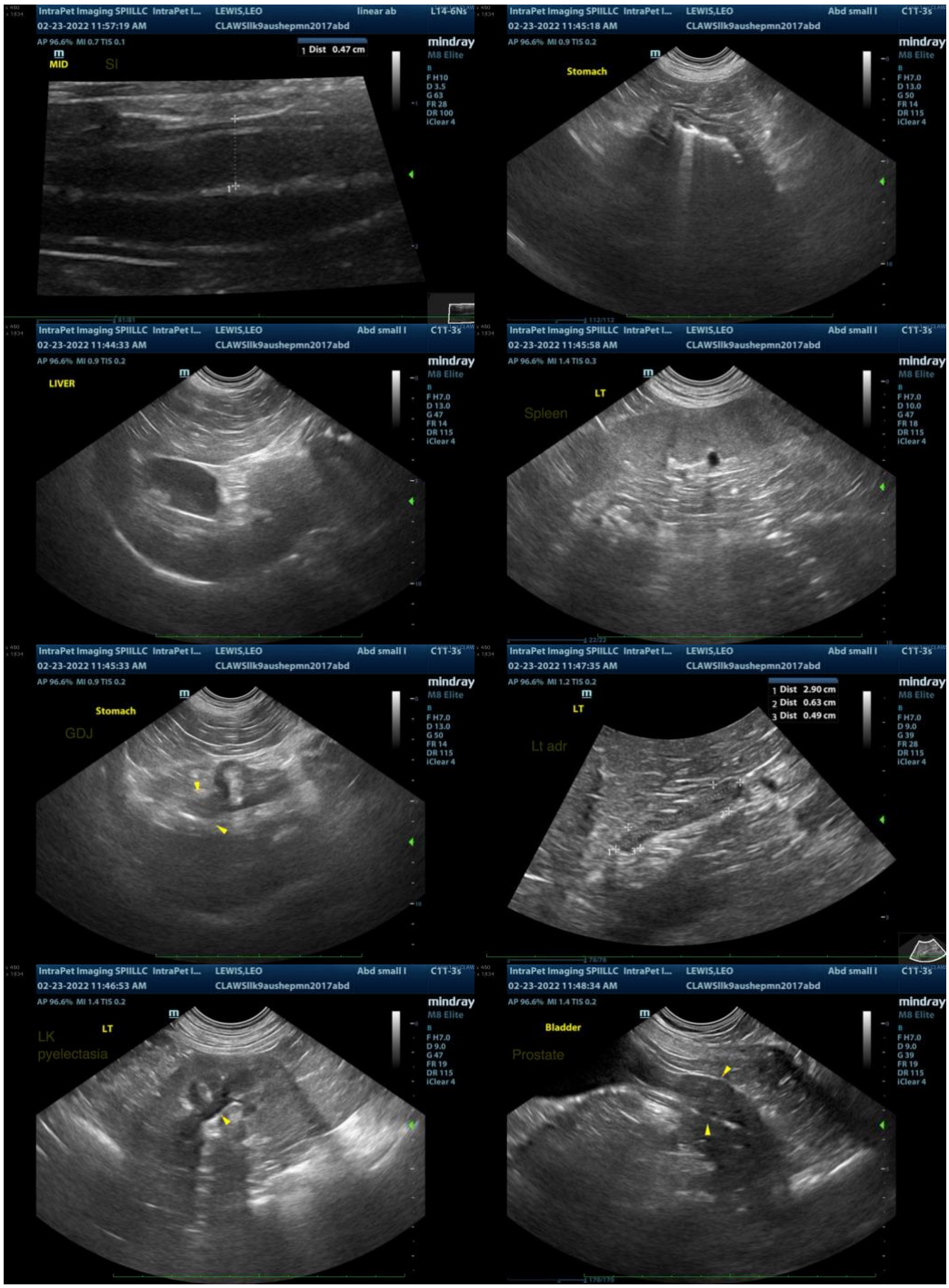
- Small intestinal (suspected jejunal) mass. Neoplasia (i.e., adenocarcinoma, round cell tumor, leiomyosarcoma, leiomyoma), is suspected. Regional peritonitis is present.

Secondary Findings

- Urinary bladder sand
- The left renal pyelectasia may be secondary to pyelonephritis or fluid therapy (if applicable).
- Suspected right renal cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- An ultrasound-guided fine-needle aspirate is recommended, if clotting status is appropriate. If cytology results are inconclusive, surgical biopsies/removal should be considered.
- Given the presence of pyelectasia, consider a urinalysis +/- urine culture and sensitivity, preferably on a pre-antiobiotic sample.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MID
SI
1 Dist 0.47 cm
mindray M8 Elite
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Stomach
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... LEWIS,LEO Abd small I C11-3s
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AP 96.6% MI 0.9 TIS 0.2
LIVER
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IntraPet Imaging SPIILLC IntraPet I... LEWIS,LEO Abd small I C11-3s
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Spleen
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02-23-2022 11:45:33 AM CLAWSIlk9aushepmn2017abd
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Stomach
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LT
Lt adr
1 Dist 2.90 cm
2 Dist 0.63 cm
3 Dist 0.49 cm
mindray M8 Elite
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AP 96.6% MI 1.4 TIS 0.2
LK
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mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... LEWIS,LEO Abd small I C11-3s
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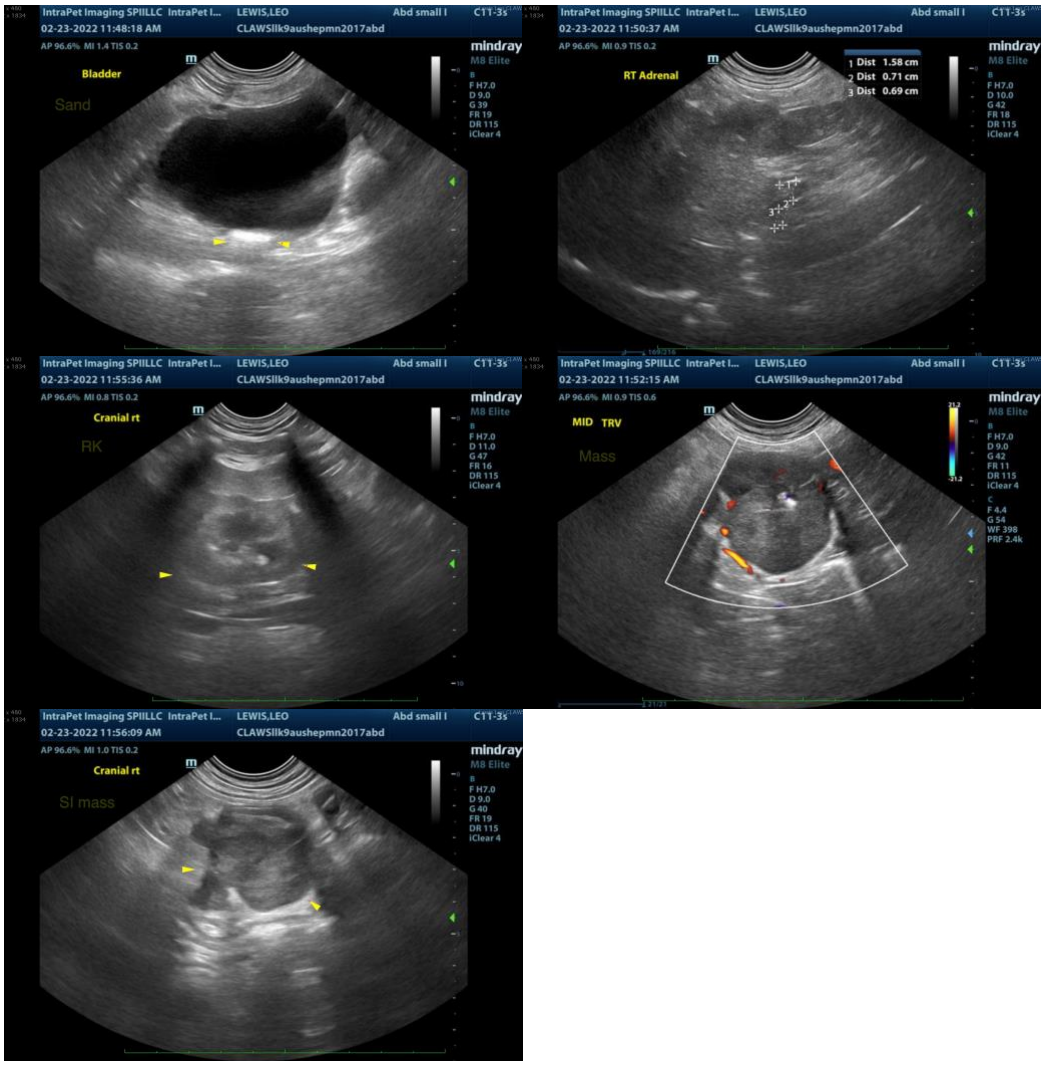
AP 96.6% MI 1.4 TIS 0.2
Bladder
Prostate
mindray M8 Elite



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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