Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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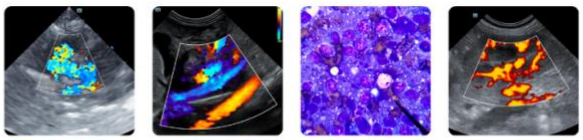

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Massi Culp

SPECIES
Canine

BREED
Vizsla

SEX
Male Neutered

AGE
08/04/2016

WEIGHT
22. 4

INTERPRETED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME
BluePearl MP ER

REFERRING VET
Dr. Alexis Starr

INVOICE
22669

DATE
3-9-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Massi is an 8yo MN Vizsla presenting as a direct transfer for 5 days of inappetence and vomiting after going into the woods last Wednesday (03/04/2026).

- Anxious but friendly
- Mild to moderate dehydration with ejected mucus membranes
- Mildly tachypneic
- Soft abdomen
- Melena on rectal

Abnormal lab-work values: CBC: WBC 24.8 (H), Mono 1.56 (H), Neut 21.16 (H), Baso 0.16 (H)
Chemistry: BUN/UREA 42 mg/dL H (7 - 27), Chloride 90 mmol/L L (109 - 122), Sodium 131 mmol/L L (144 - 160), rest WNL
Current Medications: None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The prostate is normal in size (0.96 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.93 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.58cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.64 cm at cranial pole) (0.68 cm at caudal pole) with a normal shape and 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 in size (0.72 cm at cranial pole) (0.72 cm at caudal pole) with a normal shape and 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 (1.83 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

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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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic- to mineralized, mostly gravity-dependent debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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. The duodenal is minimally- to mildly fluid-distended. The duodenal wall is normal in thickness with a normal layering pattern and appropriate mural detail. A > 5.0 cm focal annular mass effect is observed in one segment of jejunum. The wall in this region is thickened (up to 1.87 cm) and hypoechoic, with complete loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is mildly hyperechoic. Proximal to this segment, the jejunal lumen is mildly fluid-distended. In the remaining jejunal segments, the wall is normal- to mildly-thickened (up to 0.55 cm) with retention of the normal layering pattern. The ileocecocolic junction and colonic wall are 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.

Lymph Nodes

One-to-two prominent mesenteric lymph nodes are visualized (one measuring 1.59 x 0.68 cm).

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Jejunal mass effect. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected. However, a focal inflammatory process (i.e., pyogranulomatous) cannot be completely excluded. Adjacent peritonitis is present. The regional lymphadenopathy could be consistent with reactive change or infiltrative neoplasia.

*Ultrasound-guided fine-needle aspiration of the jejunal mass was performed at the end of this study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Depending on cytology results from the jejunal mass, consultation with a board-certified oncologist and/or surgeon may be warranted. If the cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.

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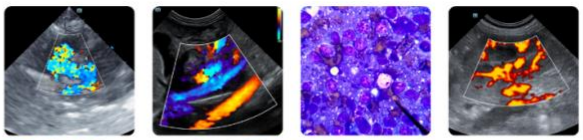

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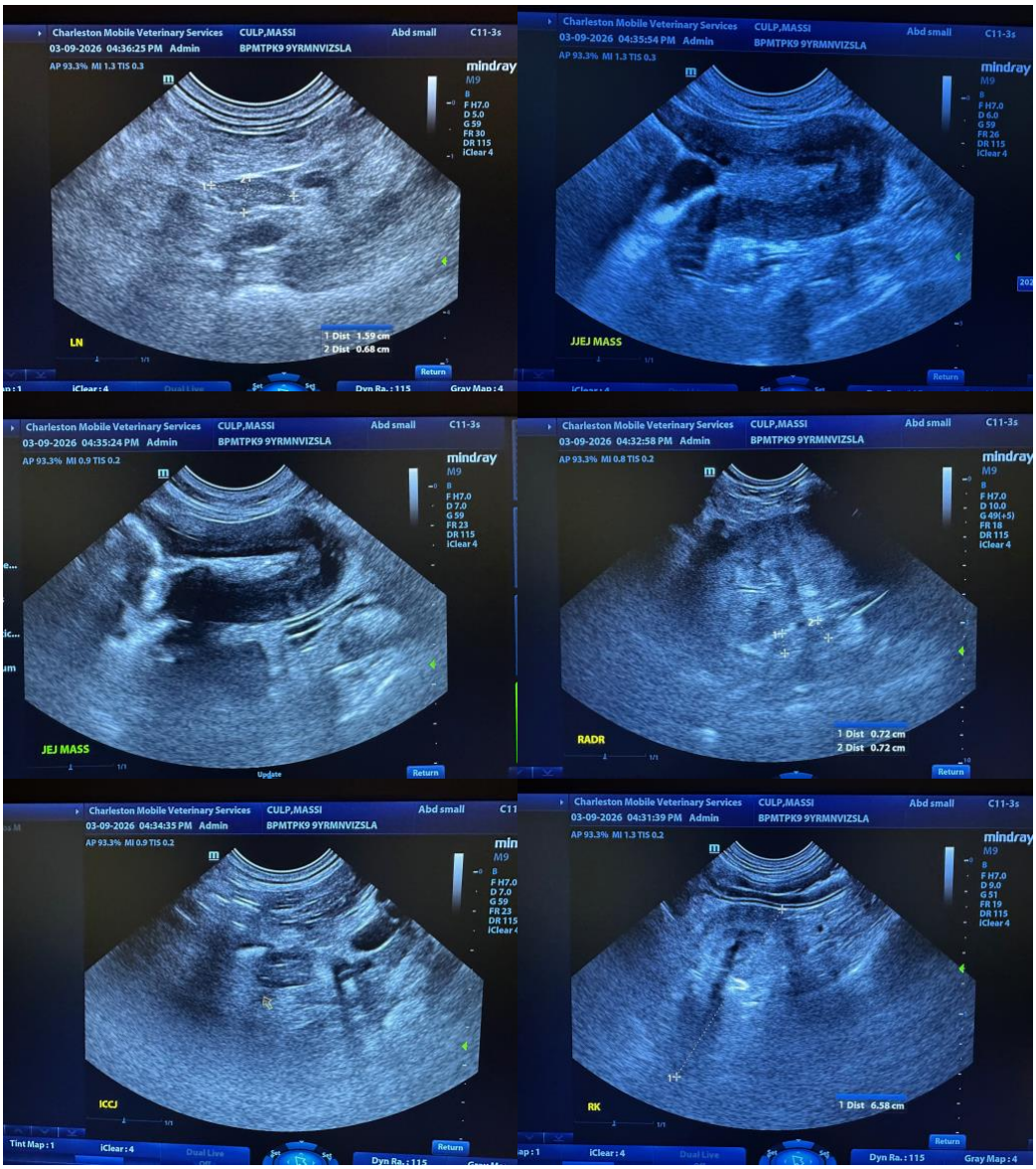

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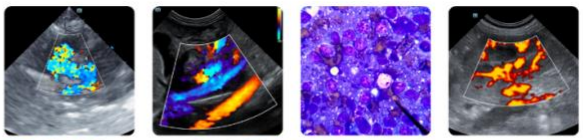

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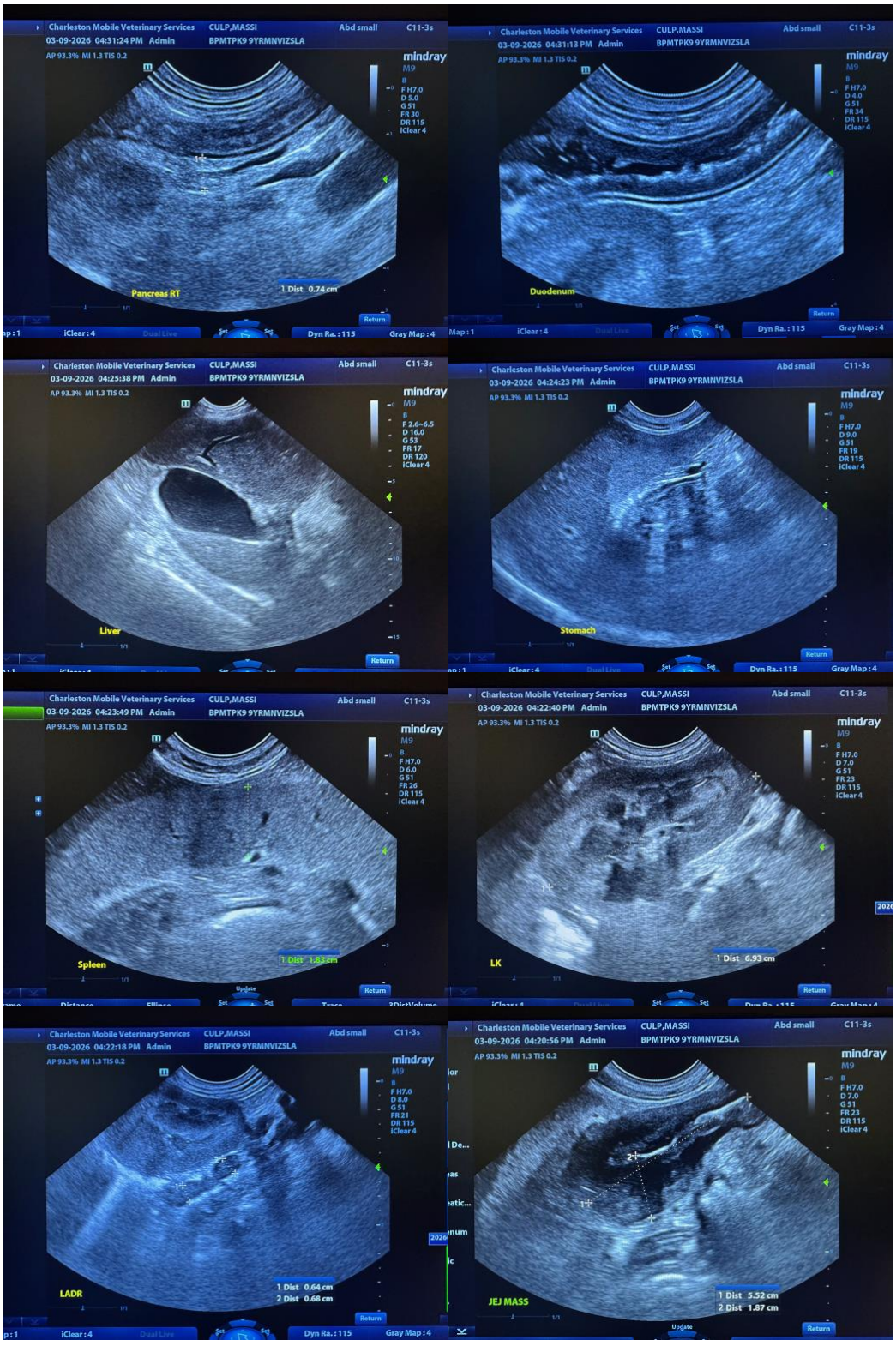

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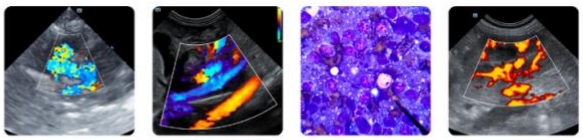

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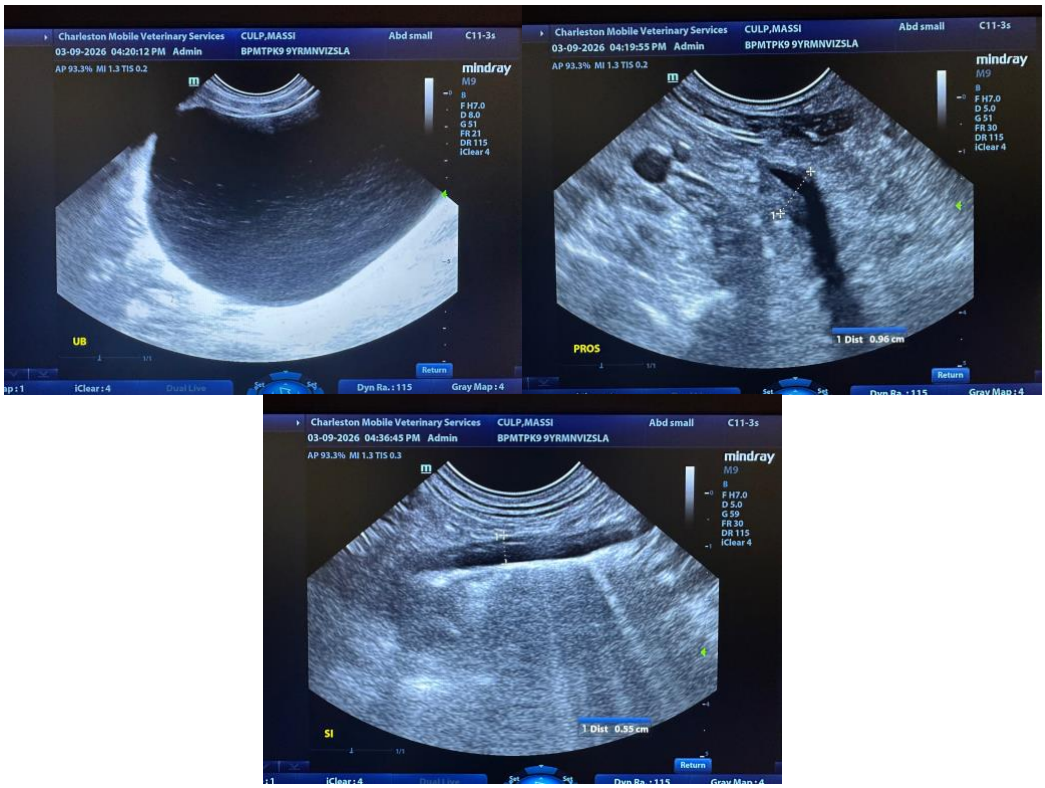

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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