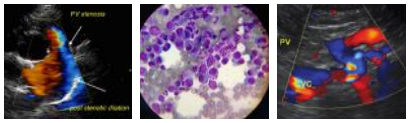
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

4/7/2022

PATIENT

Jack Carpenter

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

1/1/2012

WEIGHT

26 lbs

INTERPRETED BY

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

HOSPITAL NAME

Noah's Ark Veterinary Hospital

REFERRING VET

Dr. Gostyla

INVOICE

10714

PRESENTING CLINICAL SIGNS

Jack presented for a few weeks history of ADR. Not eating well, less active and playful. The family and pet were in Tennesee 3wks ago and there was an alarm that P could hear but people couldn't, P was shaking and terrified. P came home and their alarm was doing the same thing and P was stressed, since then has been fixed and P is okay. P is afraid of loud noises, (microwave, timers, etc). The owner assumed the abnormal behavior was attributed to this fear/anxiety. And he actually started
eating and acting more playfully this weekend. On exam, he was painful on abdominal palpation and a mass mas palpable in the cranial abdomen.

Current Medications: None current.
Lab Results: CBC: HCT low normal (41.4) but decreases in MCV, MCH, MCHC and Hemoglobin. Chem: Albumin 2.1. UA - 4+ TP crystals. T4 - 0.7 (decreased). 4dx - + Ehrlichia - (was negative last year)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 (0.91 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 (5.81 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.

The right kidney presented normal size (5.92 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 (0.54 cm at cranial pole) (0.55 cm at caudal pole) (1.87 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 (1.03 cm at cranial pole) (1.49 cm at caudal pole) (1.89 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 (1.45 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 anechoic. 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. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Just distal to the ileocecocolic junction, a >10 cm irregular, heterogenous, slightly cavitated vascular mass is present. The mesentery effacing the serosal surface is hyperechoic. More distally, the colonic wall is mildly thickened, up to 0.40 cm, with retention of the normal layering pattern. At the level of the urinary bladder, the colonic wall is normal in thickness. There is no obvious 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
Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

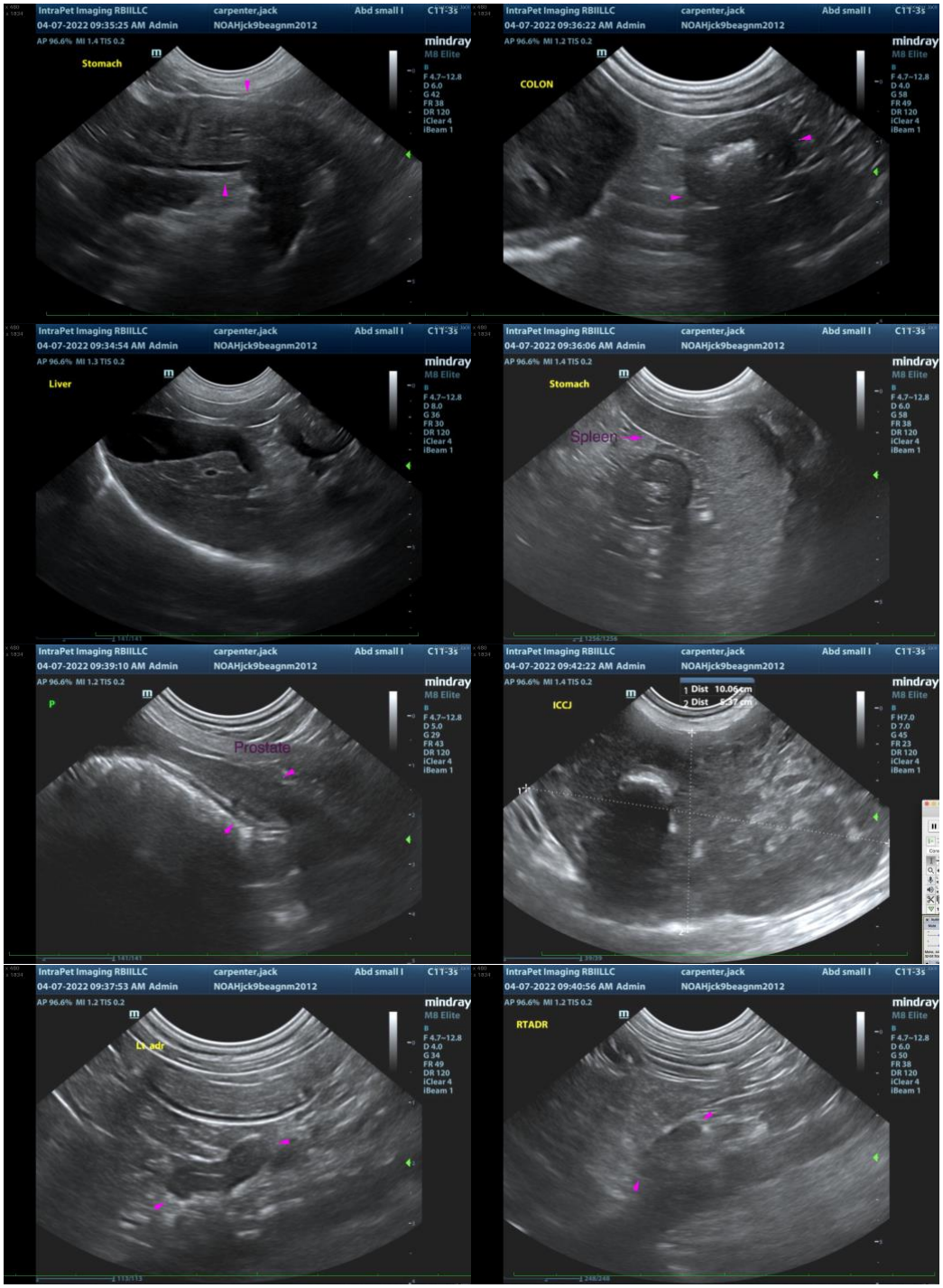
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Colonic mass, just distal to the level of the ileocecocolic junction. Neoplasia (i.e., adenocarcinoma, round cell tumor) is suspected. However, severe pyogranulomatous Inflammation (i.e., secondary to Histoplasmosis or Pythiosis) cannot be excluded. Regional peritonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. Consider a fine-needle aspirate of the colonic mass, if clotting status is appropriate. If cytology results are inconclusive, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis. Surgical biopsies are more likely to be representative of the lesion.



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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