

**DATE PRESENTING CLINICAL SIGNS**

7/20/22

Patient presents for evaluation of lethargy, vomiting and decreased appetite. Patient does have a cardiac murmur grade 3/6 PMI sternal- owner is declining echocardiogram at this current time.

PATIENT

Jax Prince

Current Medications: 0.2mg/kg torb 30 mins ago.

Lab Results: Overall unremarkable- slightly increased neutrophil count with bands suspected, increased SDMA, normal CPL- 4dx negative.

Radiographs: 3 view chest- unremarkable. Abdomen: cavitory mid-abdominal mass- suspected secondary to a necrotic tumor originating from the GI tract, pancreas or spleen. Benign disease is unlikely. Suspect neoplastic effusion.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Boxer

Imaging Performed By: Andi Parkinson, BS, RDMS.

SEX

Male, intact

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder wall is 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.

AGE

7/20/15

WEIGHT

86 lbs.

The prostate is enlarged (4.16 cm) in width with a normal shape and smooth peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

INTERPRETED BY

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

The left kidney is normal size (8.32 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.

The right kidney is normal size (7.16 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.

HOSPITAL NAME

Perry Hall Animal
Hospital

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

REFERRING VET

Dr. Miller

The right adrenal gland is normal size (0.75 cm at cranial pole) (0.71 cm at caudal pole) (2.73 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

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Spleen

The spleen is normal in size (2.51 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 echogenic debris 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 is normal in thickness with a normal layering pattern. In the mid to caudal abdomen, a >7 cm, irregular circumferential jejunal mass is visualized. The wall in this region is severely thickened (up to 2.06 cm). The mass appears to be invading through the serosal surface. There is complete loss of the normal layering pattern in this region. Surrounding mesentery is hyperechoic. The remaining small intestinal segments are normal thickness with a normal layering pattern. 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

A small amount of free fluid is seen within the abdomen. In addition, free air is suspected. A few prominent mesenteric lymph nodes are visualized, the largest measuring 4.61 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

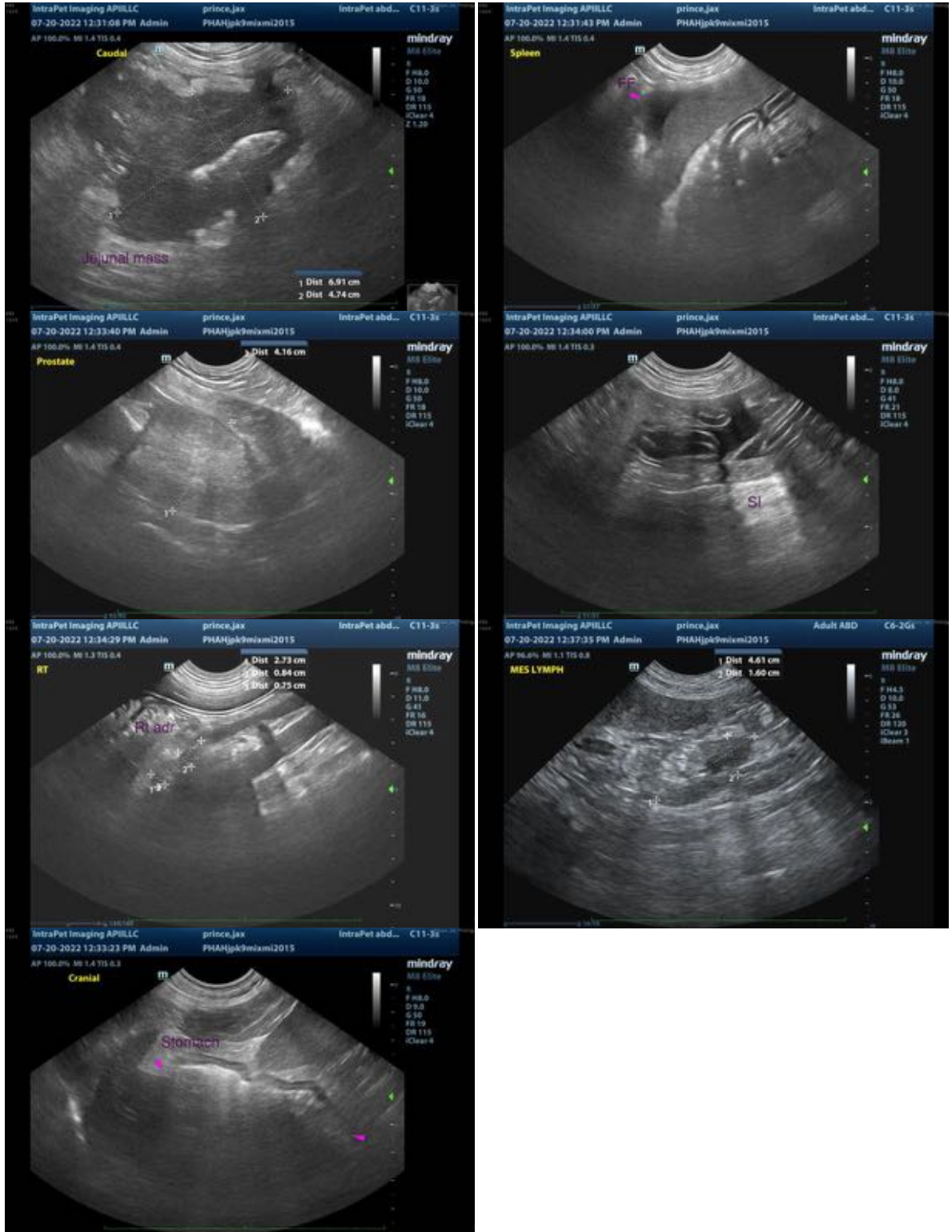
- Large, infiltrative jejunal mass with possible rupture and adjacent peritonitis.

Secondary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No further recommendations. The patient was euthanized following this study.



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.

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