

**DATE PRESENTING CLINICAL SIGNS**

8/13/21

History: 8/10/21: Recent history of weight loss. Typically, around 10lbs, now 7.6lbs. Over the past year has been constipated and straining to defecate. Once weekly will vomit bile/mucous.

PATIENT

PE: Grade 3 dental disease. Grade 3 systolic heart murmur; no arrhythmia. Rectal exam: soft stool present; anal glands small and expressed normal material. Prostate palpates wnl.

Nike Monge

Current Medications: Metronidazole 50mg PO BID since 8/10.

SPECIES

Lab Results: CBC: wnl. Chemistry: SDMA 15ug/dL, Creat 0.9mg/dL, BUN 22mg/dL, Mild hypophosphatemia 2.3mg/dL Ddx: Ddx: intestinal malabsorption, renal tubular defects, Mild hypoproteinemia 5.4g/dL Ddx: malabsorption/maldigestion, PLN, PLE, Mild hypoalbuminemia 2.3g/dL Ddx: intestinal parasites, GI disease, liver disease, other. UA (cysto): USG 1.029, pH 6.0, inactive sediment. T4: 2.4ug/dL.

Canine

BREED

Radiographs: Not provided by the veterinarian.

Chihuahua

SEX

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Male Neutered

Sedation: Sedation not required for scan.

AGE

Stat Report: STAT report not requested by the veterinarian.

7/29/07

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT****Urinary System**

7.62 lbs.

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.

INTERPRETED BY

The prostate is normal in size (0.95 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Andrea Nicastro, DVM,
Diplomate ACVIM
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The left kidney is normal size (3.61 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

Timonium Animal
Hospital

The right kidney is normal size (3.89 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

REFERRING VET

Dr. Falkowski

Adrenal Glands

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.49 cm at caudal pole) (1.43 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

11640kk

The right adrenal gland is normal size (0.43 cm at cranial pole) (0.39 cm at caudal pole) (1.29 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 subjectively normal in size (0.68 cm in width at the level of the hilus) with slightly irregular peripheral contours. A 0.84 x 0.69 cm hyperechoic to slightly heterogeneous nodule is observed at the caudal aspect. The lesion causes slight capsular expansion. The remaining parenchyma is homogeneous in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with a slightly swollen margin on the left side. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. A 3.05 x 2.23 cm hypoechoic swelling/mass is observed on the left side. The mass causes mild capsular expansion. Hepatic vasculature and intrahepatic 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 suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. Within the jejunal lumen, a 2.11 x 1.99 cm irregular, cavitated, vascular mass is observed. Proximal to the lesion, the jejunal lumen is severely distended with echogenic material, some of which is shadowing. Distal to the lesion, the small intestinal lumen is not dilated. The small intestinal wall in the remaining segments is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. The lumen of the descending colon contains soft shadowing fecal material.

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Obstructive, intraluminal, jejunal mass. Neoplasia (i.e., adenocarcinoma, round cell tumor, hemangiosarcoma, leiomyosarcoma) is considered likely with a low possibility of benign pathology.
- Left hepatic swelling/mass. Differentials include neoplasia (i.e., adenoma, adenocarcinoma) versus a benign process (i.e., regenerative nodular hyperplasia). The diffuse hepatic parenchymal changes are non-specific and may be secondary to age-related change or underlying pathology (i.e., infiltrative neoplasia, inflammatory disease, and other).
- The splenic nodule trends towards the benign (i.e., myelolipoma, lymphoid hyperplasia, with a possibility of a neoplastic process).

Secondary Findings:

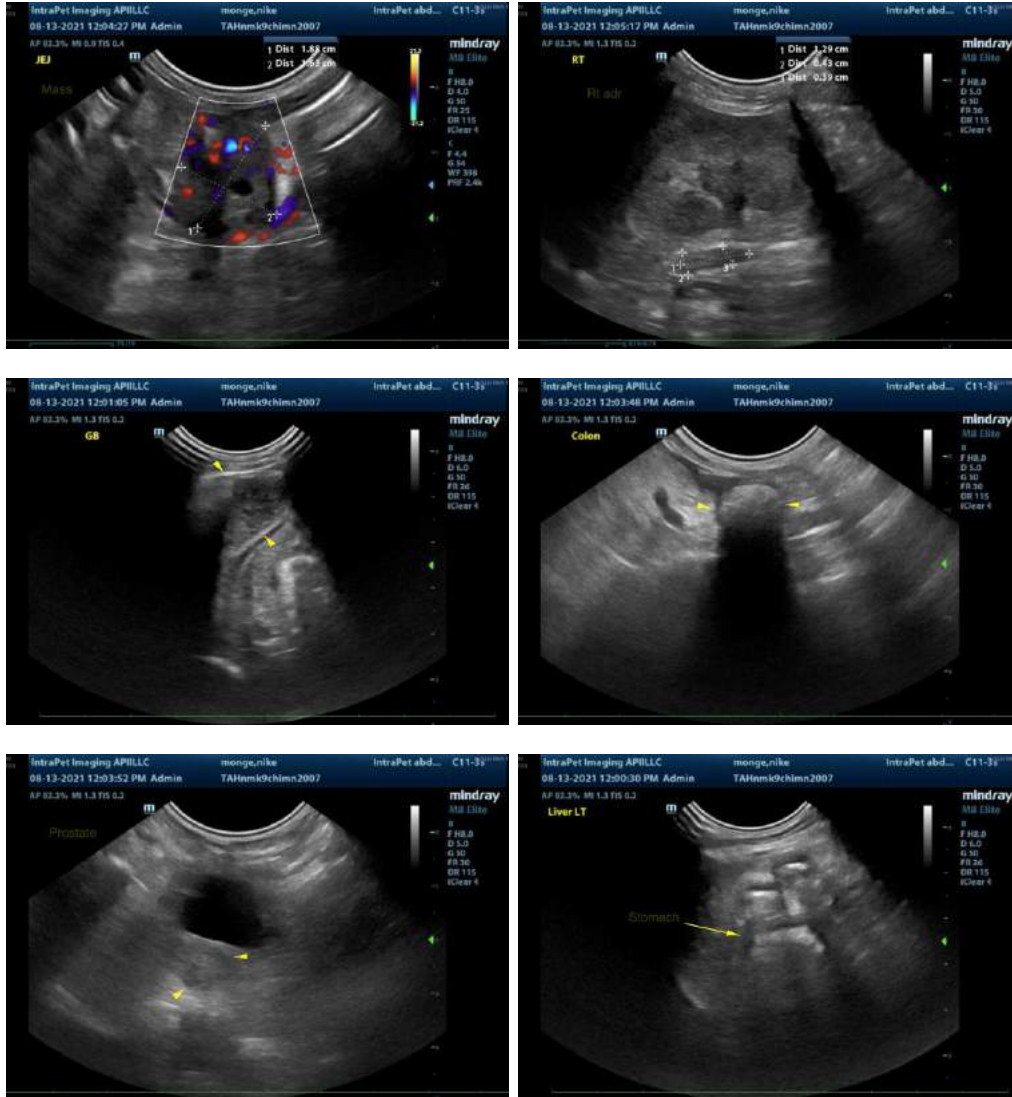
- Gall bladder debris – incidental.

- Bilateral, age-related renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If an aggressive approach is desired, an abdominal exploratory with bowel and hepatic mass removals can be considered. If surgery is to be pursued, referral to a board-certified veterinary surgeon is recommended due to the potential for perioperative complications.





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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