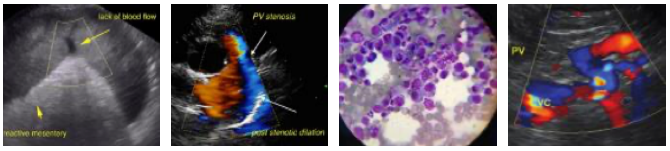
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Eartha Gugala

SPECIES
Canine

BREED
Jack Russell Terrier

SEX
Female, spayed

AGE
10 Yrs. 10 months

WEIGHT
10.25 kg.

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

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Brian Barnes

INVOICE
13821

DATE
8/15/22

PRESENTING CLINICAL SIGNS

History: O reports is reluctant to go on walks with other people when o is home. Seems a bit quieter than normal Has had black Tarry stools Previous Hx of MVD. PV Hypoplasia
Abnormal PE/Chem/CBC/UA Results: CBC: wnl besides, mild increase MPV 13 (8.7-13.2) CHEM, wnl besides mild decrease urea 2 (2.6-9.6) hypoalbuminemia (mild) 20 (22-39) amylase 2098 (500-1500) lipase 3859 (200-1800) TT4 low 12 (13-15) SDMA 10 (N 0-14)

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. A moderate to large amount of aggregated, echogenic, suspended debris 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 1-2 cm, are normal.

The left kidney is normal size (3.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.25 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 (0.43 cm at cranial pole) (0.56 cm at caudal pole) (1.86 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.

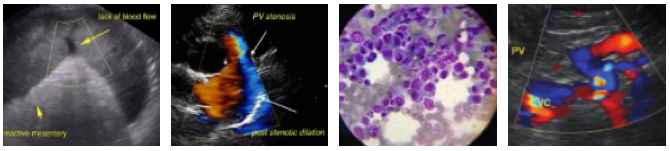
The right adrenal gland is normal size (0.50 cm at cranial pole) (0.50 cm at caudal pole) (2.59 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.50 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 moderate amount of aggregated echogenic, mostly gravity-



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dependent debris/sludge 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. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. A >5 cm segment of small intestine in the left cranial abdomen is severely thickened (up to 1.17 cm) with a mass effect. There is a complete loss of the normal layering pattern in this region. The mesentery effacing the serosal surface is hyperechoic. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. A portion of the colonic wall is mildly thickened (up to 0.37 cm) with retention of the normal layering pattern. No obstructive disease is noted.

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 present. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Small intestinal mass effect. This finding is most concerning for neoplasia (i.e., adenocarcinoma, lymphoma) with a lower possibility of a severe focal inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present.

Secondary Findings:

- Bilateral, degenerative renal changes with non-obstructive nephrolithiasis.
- The urinary bladder debris could be consistent with cells, crystals, lipid droplets and/or exfoliated material.
- The thickened colonic wall is most likely an inflammatory process with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the bowel mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.

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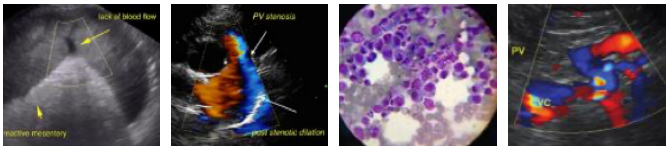

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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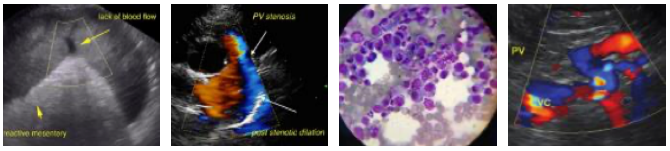

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com