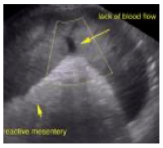
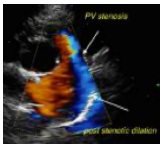
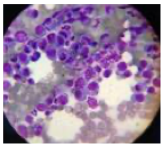
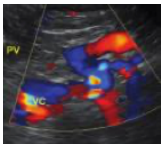
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Cooper Tulgar

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

9 years

WEIGHT

74 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Ho Kus VH

REFERRING VET

Dr. Eisenberg Ho

INVOICE

11542

DATE

8.31.22

PRESENTING CLINICAL SIGNS

History: Long hx of tentative diagnosis of maldigestion issues. Recent uptick in vomiting, weight loss, and anorexia. Is on tylan powder and pred

Abnormal PE/Chem/CBC/UA Results: pale gums Chem WNL, CBC: HCT 28%, increased Neut 20K, increased retic 150K, polychromasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is minimally distended with anechoic urine. The wall is thickened (up to 0.93 cm) with an irregular mucosal surface. No cystic calculi are observed. The region of the trigone is normal.

The region of the **prostate** is not visualized due to its pelvic location.

The **left kidney** is normal size (7.29 cm in length); normal shape and architecture with 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.

The **right kidney** is normal size (7.46 cm in length); normal shape and architecture with 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.

Adrenal Glands

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

The **right adrenal gland** is normal size (0.75 cm at cranial pole) (0.71 cm at caudal pole) (2.47 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 (1.52 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.41 ill-defined isoechoic to slightly hypoechoic nodule is observed in the mid to caudal aspect. Splenic vasculature is normal.

Liver

The **liver** is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance, with a coarse echotexture. No focal lesions are observed. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly fluid distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. An approximately 4.50 cm focal bowel mass is visualized. It is thought to be arising from the small intestine. The wall in this region is severely thickened (up to 1.77 cm) with complete loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining small intestinal segments are normal in thickness with a normal

layering pattern and appropriate mural detail. The colonic wall is normal. There is no 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
There is no evidence of free fluid. Two-three enlarged, hypoechoic, rounded mesenteric **lymph nodes** are visualized, the largest measuring 3.66 cm in length. Surrounding mesentery is hyperechoic.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Focal bowel mass, likely small intestinal. Neoplasia (i.e., lymphoma, adenocarcinoma, leiomyosarcoma) is considered likely with a lower possibility of a focal inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present. The abdominal lymphadenopathy may be secondary infiltrative neoplasia or reactive change.

  *The mass and lymphadenopathy observed on today's exam were not present in the previous study.

Secondary Findings

- Suspected benign hepatopathy. Idiopathic vacuolar hepatopathy is a top differential, with a lower possibility of infiltrative neoplasia or other hepatopathies.

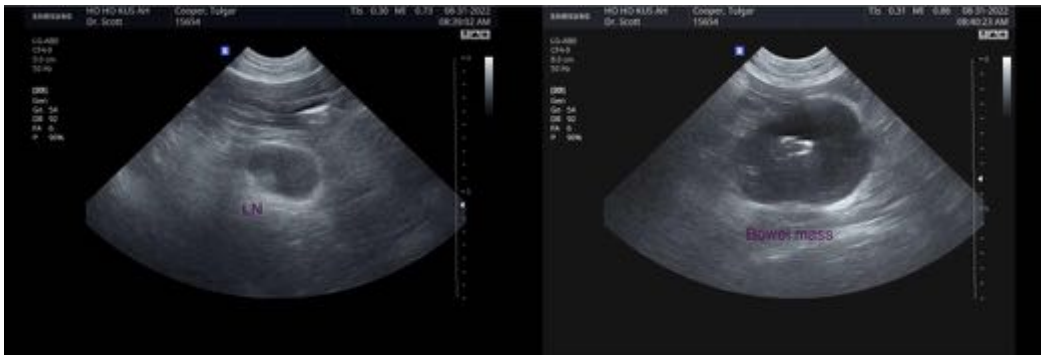
- The splenic nodule could be consistent with a focal benign process (i.e., lymphoid hyperplasia or extramedullary hematopoiesis). However, an emerging tumor cannot be completely excluded.

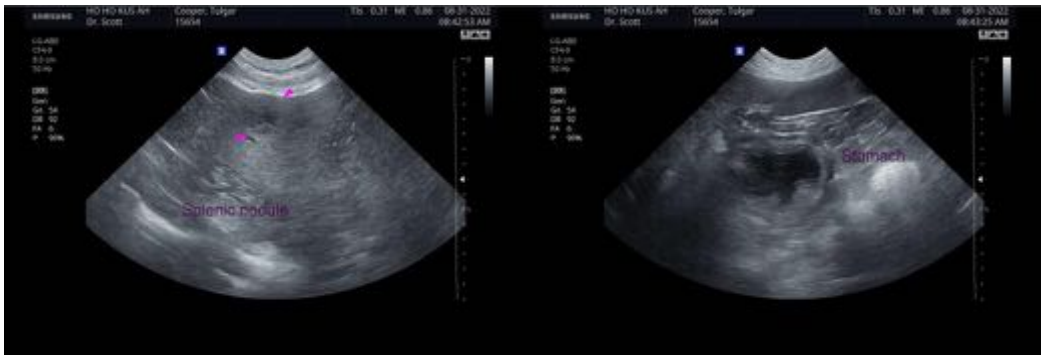
- The urinary bladder wall thickening may be secondary to cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's clinical history and urinalysis findings is recommended.

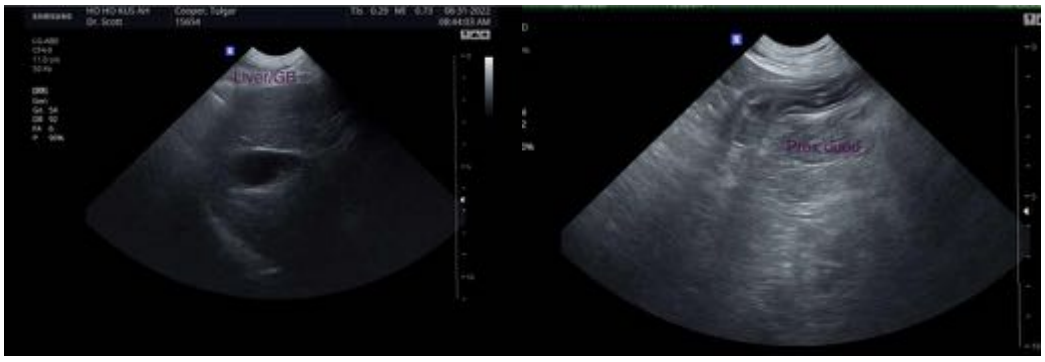
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

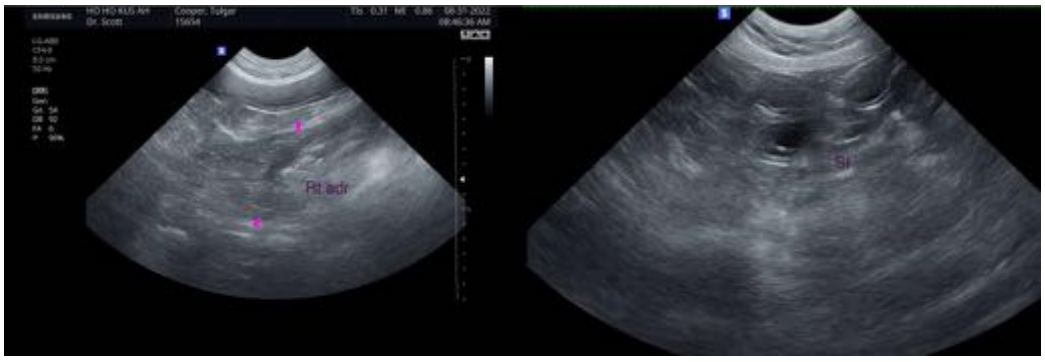
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- A fine-needle aspirate of the bowel mass and enlarged abdominal lymph nodes can be considered if clotting status is appropriate. Twenty-five gauge-needles should be used. If results are inconclusive, surgical biopsies/removal of the bowel mass and lymph nodes can be considered.









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)
info@SonoPath.com