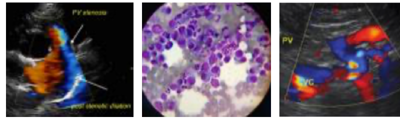
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

9.22.2022

PATIENT

Maximus Adams

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

9/20/2013

WEIGHT

53.5lbs

INTERPRETED BY

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

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Dr. Buchanan

INVOICE

11680

PRESENTING CLINICAL SIGNS

Hx of decreasing appetite over last few months. recently severe drop in appetite. Significant weight loss. Vomiting. Lethargy. PCV 17-19%, thrombocytopenia, elevated WBC/neutrophilia

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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

The **left kidney** is normal size (6.44 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.

The **right kidney** is normal size (5.63 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.

Adrenal Glands

The **left adrenal gland** is enlarged at the cranial pole and normal in size at the caudal pole (1.57 cm at cranial pole) (0.49 cm at caudal pole) (3.89 cm in length); with an irregular shape. A 1.74 x 1.65 cm slightly heterogenous nodule is observed at the cranial aspect. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.42 cm at cranial pole) (0.41 cm at caudal pole) (2.04 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 (1.76 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** is moderately distended. The wall is normal in thickness. A moderate amount of aggregated, hyperechoic, suspended debris in a partially stellate pattern 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 small intestinal lumen is not dilated. A >4.50 cm irregular, hypoechoic jejunal mass is visualized approximately midabdomen. Within the mass, gas shadowing is observed. The mesentery adjacent to the mass is hyperechoic. The remaining small intestinal segments are normal in 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

Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large jejunal mass>Neoplasia (i.e., adenocarcinoma, round cell tumor) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). The gas shadowing within the mass may be luminal gas, secondary to gas-producing bacteria, other. Adjacent peritonitis is present.

- The gall bladder changes are consistent with an emerging mucocele.

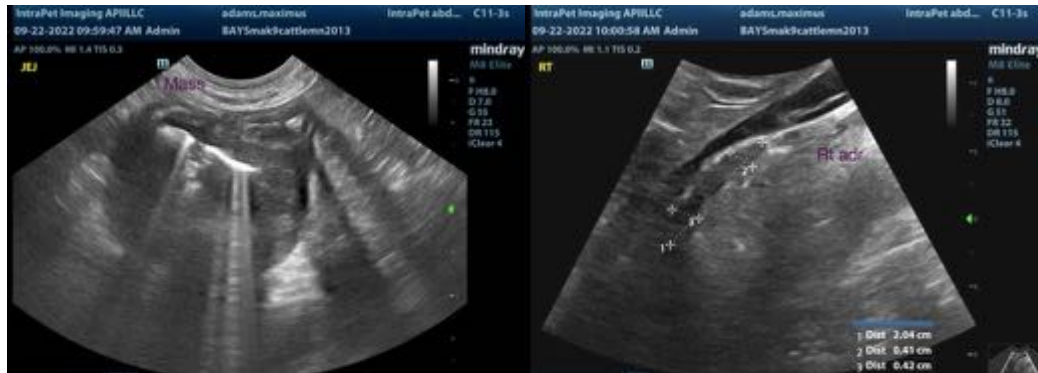
Secondary Findings

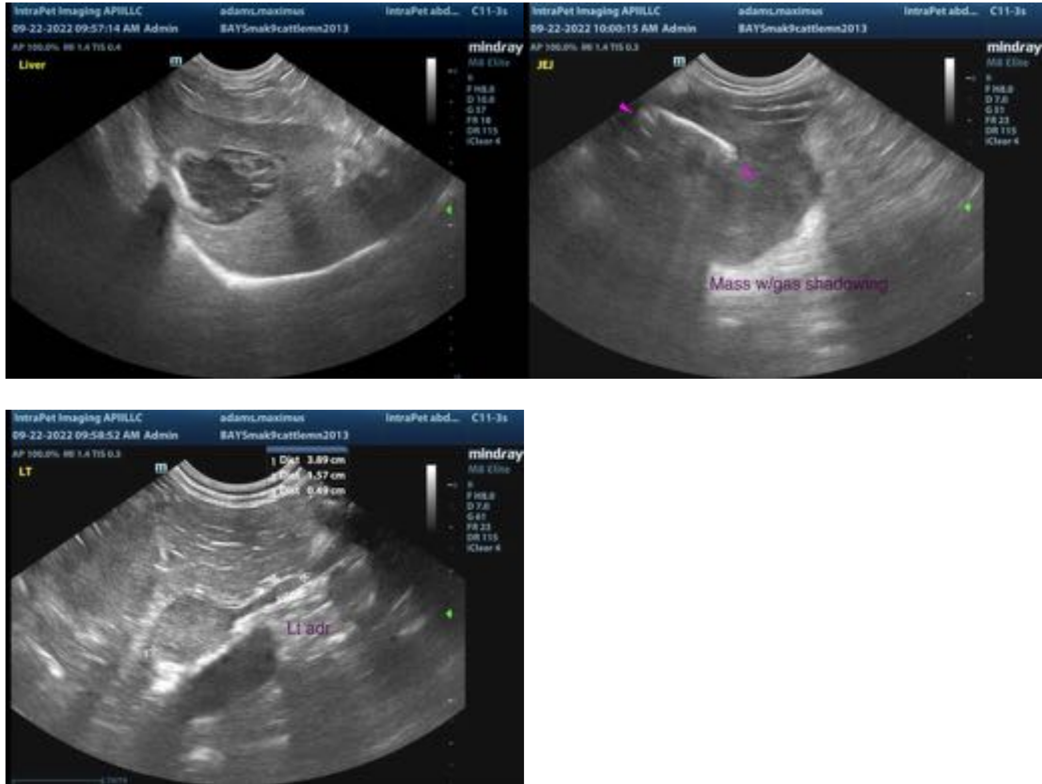
- The left adrenal nodule could be consistent with a benign process (i.e., benign nodular hyperplasia). Alternatively, an emerging tumor is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Consider a fine-needle aspirate of the jejunal mass if clotting status is appropriate. If cytology results are inconclusive, surgical biopsy +/- removal of the mass with submission for histopathology should be considered. If surgery is pursued, assessment of the gall bladder +/- a cholecystectomy (if indicated) should also be considered. In the meantime, consider initiation of Ursodiol therapy (when the patient is eating).





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