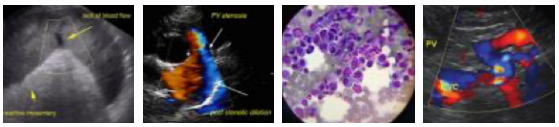


PATIENT
Strax Westing

SPECIES
Canine

BREED
Labrador Retriever mix

SEX
Male, neutered

AGE
7 Yrs.

WEIGHT
81.8 lbs.

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

IMAGING PERFORMED BY
Jenna Walsh

HOSPITAL NAME
The Ark VC

REFERRING VET
Dr. Mercer

DATE
7/18/22

INVOICE
13739

PRESENTING CLINICAL SIGNS

History: hyporexia, vomiting, tenesmus, lethargy, significant weight loss, episodes of weak or wobbly gait observed by o: open r/o chronic GI FB vs other GI vs addisons vs neoplastic, etc. Current Medications Cerenia 160mg tablets. CBC shows a mild neutrophilia, monocytosis. Chem panel WNL. Normal T4.

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 mostly 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 prostate is normal in size (1.60 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.91 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. Renal vasculature is normal.

The right kidney is normal size (7.54 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.61 cm at caudal pole) (2.89 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.

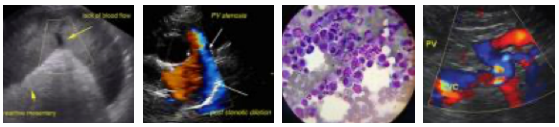
The right adrenal gland is normal size (0.88 cm at cranial pole) (0.61 cm at caudal pole) (2.01 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.78 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



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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 distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. In the left cranial to mid-abdomen, a small intestinal segment is focally thickened (up to 1.58 cm), irregular and hypoechoic with 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 pattern and appropriate mural detail. The ileocecocolic junction and colonic wall are normal. The proximal colonic lumen is fluid distended.

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 obvious evidence of free fluid. A 2.16 cm irregular, hypoechoic sublumbar lymph node is visualized. A few prominent mesenteric lymph nodes are also seen in the left cranial to mid-abdomen, the largest measuring 1.29 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

- Focal small intestinal wall thickening in the left cranial quadrant. Neoplasia (i.e., adenocarcinoma, lymphoma) is suspected. However, a focal inflammatory process (i.e., pyogranulomatous) cannot be completely excluded. Adjacent peritonitis is present.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma), lymphoid hyperplasia or lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, a fine needle aspirate of the thickened small intestinal wall can be considered (if clotting status is appropriate). If the area is not accessible or if cytology results are inconclusive, an abdominal exploratory with surgical biopsies may be necessary to get a definitive diagnosis. If surgery is pursued, abdominal lymph nodes should also be biopsied.

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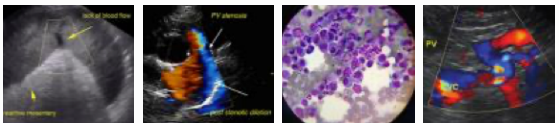

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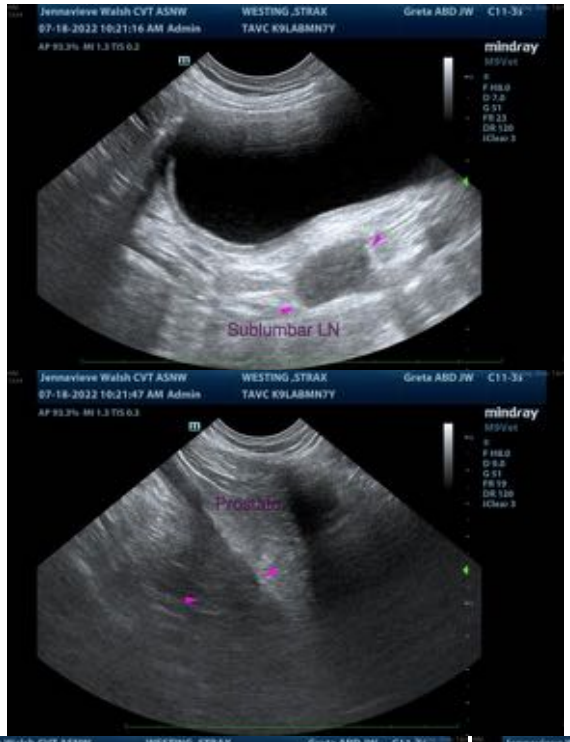

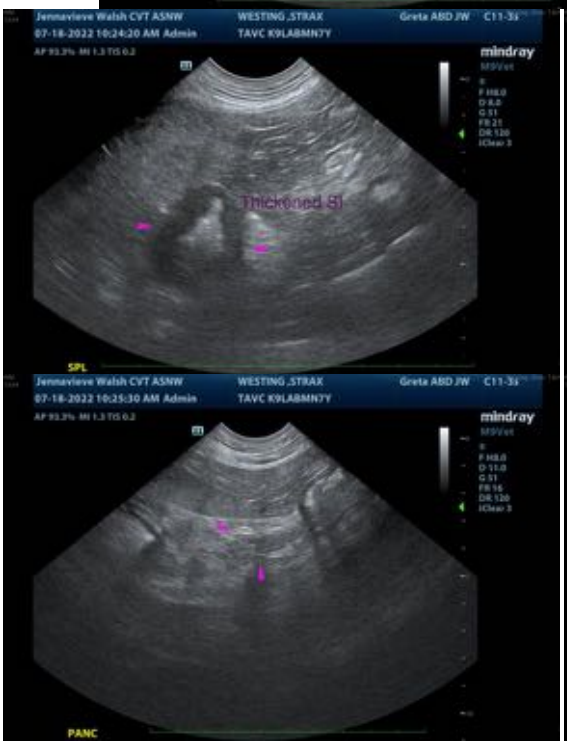

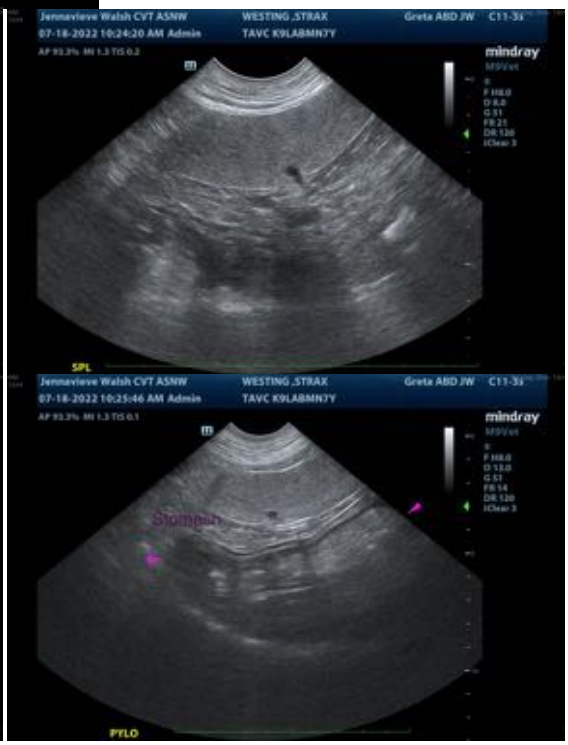

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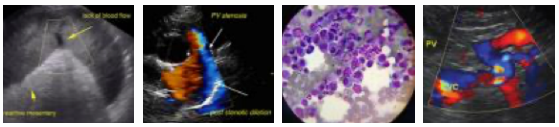

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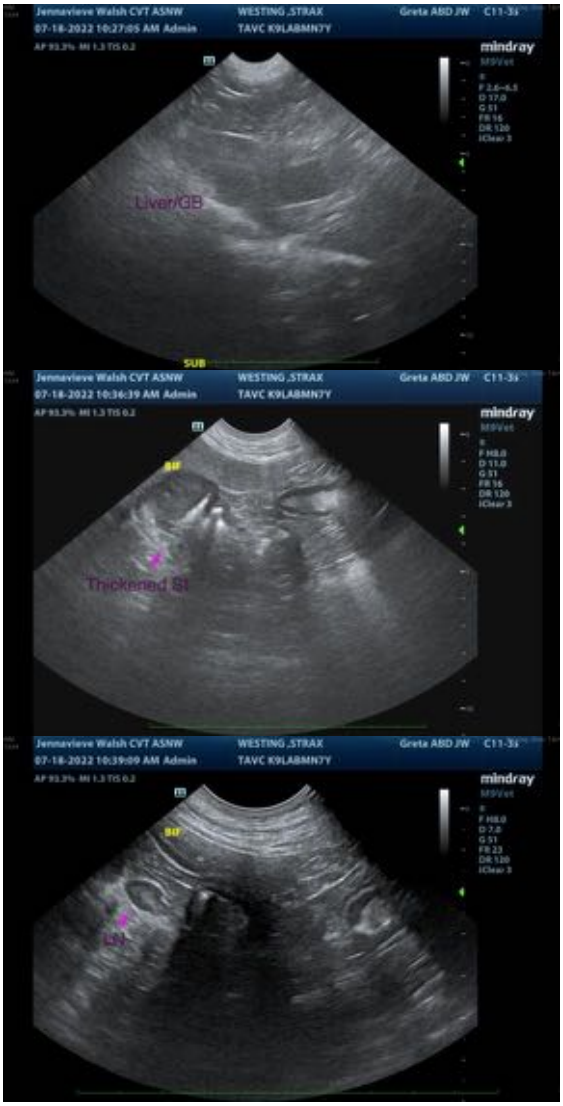

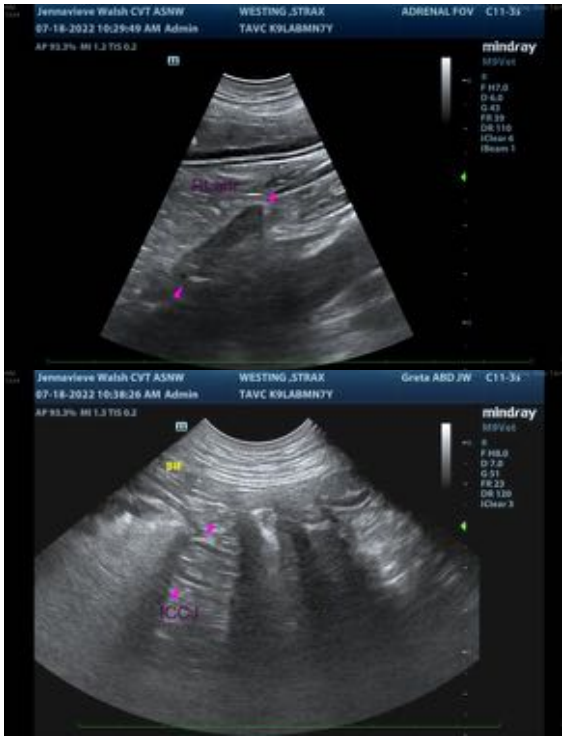

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

andrea.nicastro@sonopath.com

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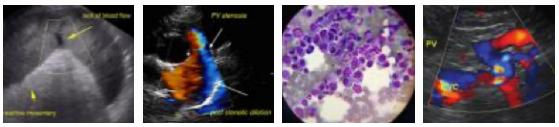

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