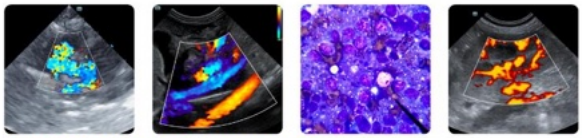


PATIENT

Wes Brinson

SPECIES

Canine

BREED

Basset Hound

SEX

Male

AGE

3Yrs. 1 month

WEIGHT

39 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Island Pet Urgent Care

REFERRING VET

Dr. Maston

INVOICE

13385

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Pt has several week history of vomiting, diarrhea, inappetence and severe weight loss. Had an episode of melena. Bloodwork showed an albumin of 2.4, fecal negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is mildly thickened (up to 0.35 cm) with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is enlarged (3.70 cm in width) with smooth peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and subtly heterogeneous in appearance. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.67 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (6.38 cm in length) with a normal shape, architecture and 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 in size (0.49 cm at cranial pole) (0.54 cm at caudal pole) with a normal shape and 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 in size (0.87 cm at cranial pole) (0.56 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

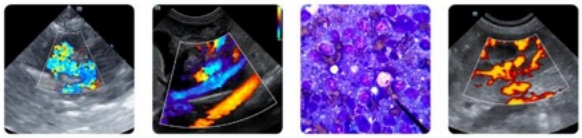
Spleen

The spleen is subjectively normal in width (1.35 cm in width at the level of the hilus) with an elongated contour. The parenchyma is subtly mottled in appearance. 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.

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.



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Gastrointestinal

The gastric lumen is mildly fluid distended and hypomotile. The gastric wall is diffusely thickened (up to 0.88 cm) with questionable retention of the normal layering pattern. The mesentery effacing the serosal surface of the stomach is hyperechoic. The pyloric outflow tract is patent. Several segments of small intestine are severely thickened (up to 1.33 cm) and hypoechoic with loss of the normal layering pattern. The mesentery effacing the serosal surface in these segments is hyperechoic. In the remaining segments, the wall is normal to mildly thickened. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. The lumen of the small intestine is segmentally fluid distended (mild). There is a questionable intussusception within one small intestinal segment. The transverse and descending colonic wall are normal. The colonic lumen appears empty.

Pancreas

The left limb of the pancreas is isoechoic relative to surrounding omental fat. No focal lesions are observed. The region of the right limb is largely obscured by bowel pathology.

Lymph nodes

1-2 prominent medial iliac lymph nodes are visualized, one of the nodes measuring 2.50 x 0.47 cm. A few enlarged slightly heterogeneous mesenteric lymph nodes are visualized, one of the nodes measuring 6.7 x 2.2 cm. In addition, a 2.9 x 2.1 cm heterogeneous lymph node is observed on the right cranial quadrant.

Free Abdomen

A small amount of free fluid is observed.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes are most concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of a severe inflammatory process. There is a questionable area of small intestinal intussusception.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma), lymphadenitis or lymphoid hyperplasia.
- Mild ascites

Secondary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

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

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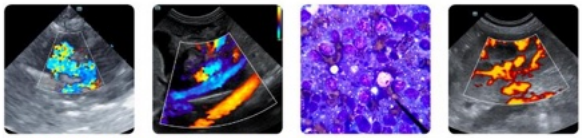

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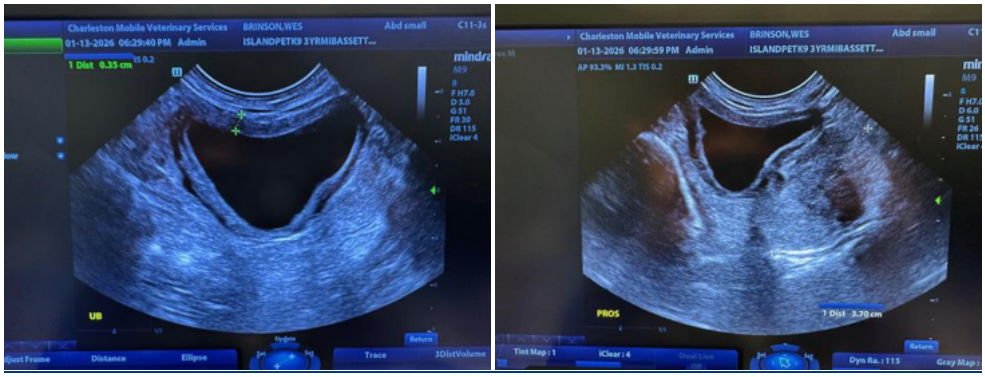
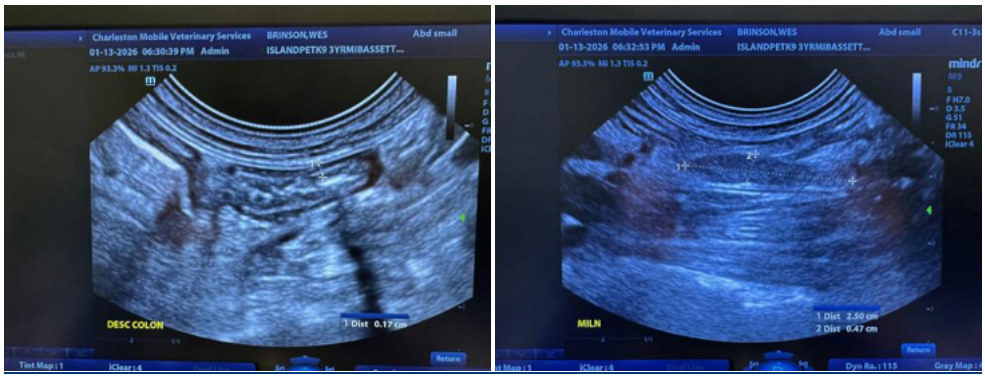
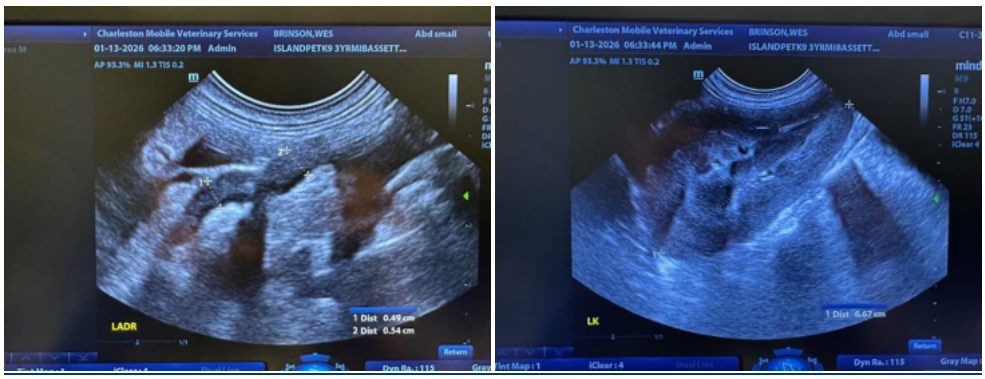
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine needle aspirates of the thickened bowel wall and enlarged mesenteric lymph nodes assuming normal clotting status. 25-gauge needles should be used. If tissue sampling is not pursued, palliative care is recommended.







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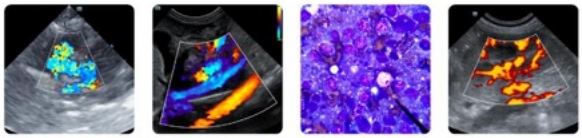

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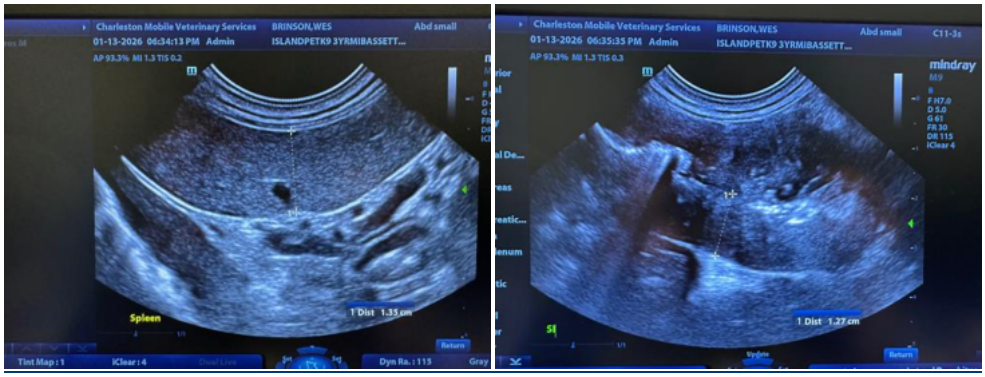

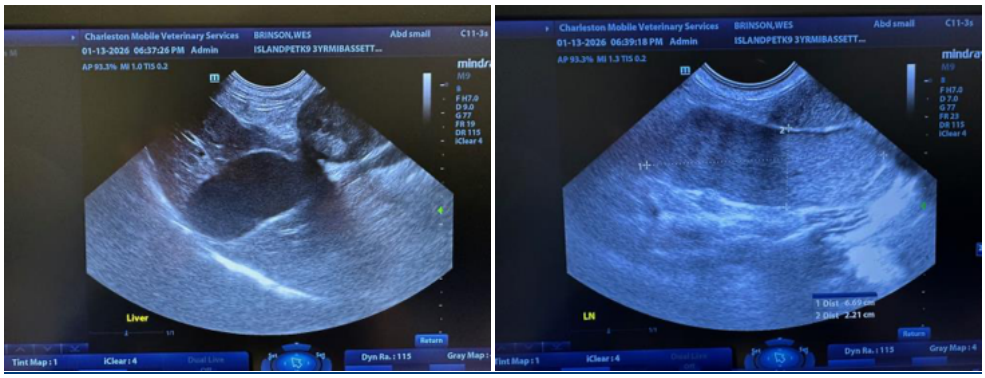

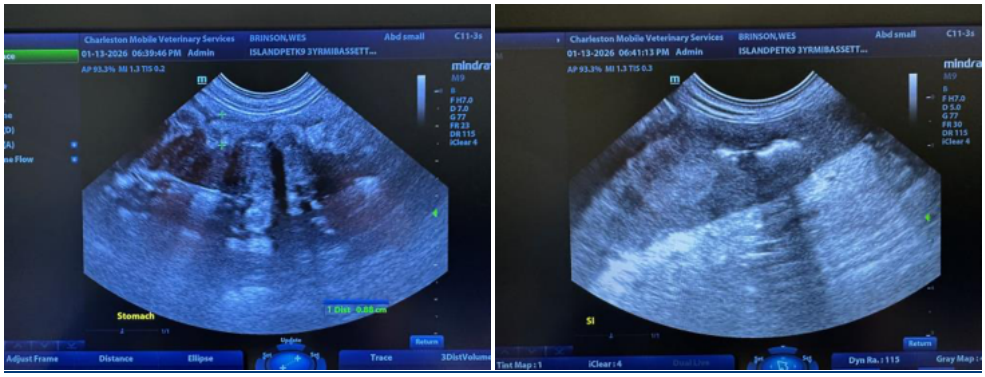

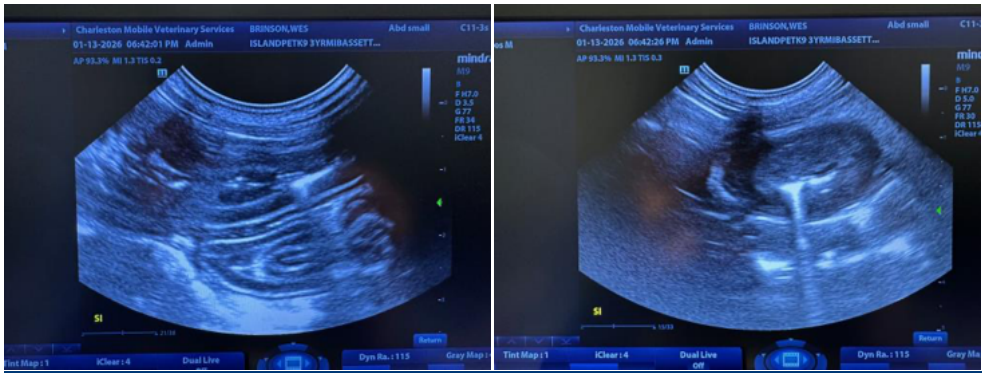

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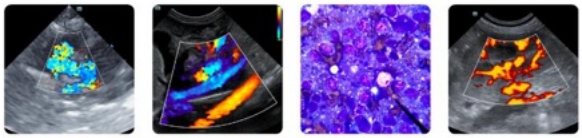

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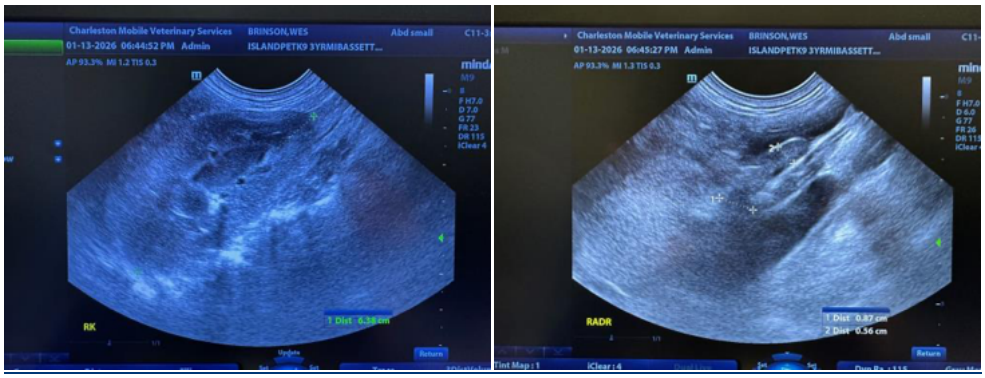

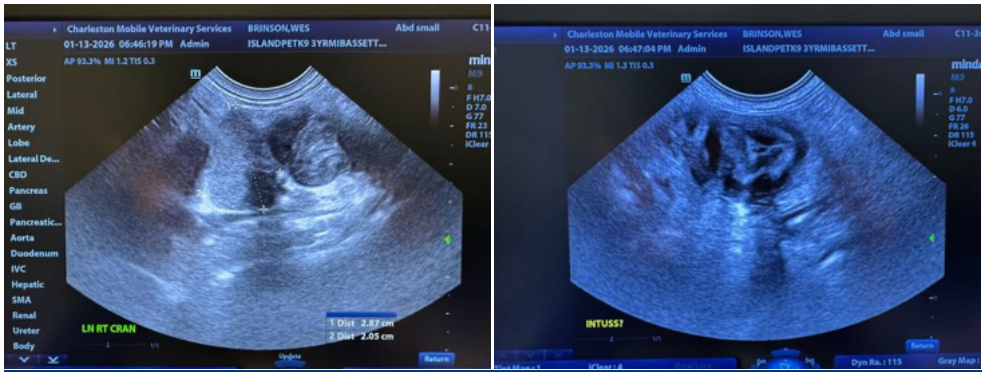

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com