



PATIENT	PRESENTING CLINICAL SIGNS
Camper Antonelli	Got into chocolate around Christmas time and since then has had vomiting episodes. At that time CBC showed borderline low anemia with elevated reticulocytes- pet did better on bland diet. Vomiting came back when starting to transition to regular dog food. Came in yesterday for recheck CBC
SPECIES	Abnormal PE/Chem/CBC/UA Results: recheck CBC: HCT 35%, retic 145 chest rads WNL
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Lab Mix	<i>Urinary System</i>
SEX	Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.
Neutered male	The prostate is normal for a neutered dog.
AGE	Left kidney is normal in size (5.6 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
8 years	Right kidney is normal in size (5.5 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
WEIGHT	<i>Adrenal Glands</i>
49 lbs	Left adrenal gland is normal in size (1.5 cm long x 0.54 cm at cranial pole and 0.58 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
INTERPRETED BY	Right adrenal gland is normal in size (2.8 cm long x 0.63 cm at cranial pole and 0.78 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
Beth Johnson, DVM DACVIM	<i>Spleen</i>
IMAGING PERFORMED BY	Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
Dr. Scott	<i>Liver</i>
HOSPITAL NAME	Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.
HoHoKus VH	<i>Gastrointestinal</i>
REFERRING VET	The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Dr. Scott	
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95308	
DATE	
1/18/22	



PATIENT

Camper Antonelli

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. In the mid abdomen there is a discrete area of small bowel with concentric thickness measuring up to 1.3 cm thick and total loss of normal layering that measured approximately 4.0 cm in length. The omentum/mesentery appear hyper reactive and potentially adhered to the bowel in that area. No free fluid is present.

SPECIES

Canine

Colon is normal in wall thickness (< 0.2 cm) and layering.

BREED

Lab Mix

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

SEX

Neutered male

Free Abdomen

Lymph nodes are normal with no observed enlargement.

AGE

8 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

49 lbs

Primary Findings

Mid abdominal small bowel mass, most concerning for infiltrative neoplasia such as round cell neoplasia or carcinoma. Benign inflammatory/infectious disease is also possible, but considered much less likely.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Given the hyper reactive adhered omentum in the area perforation/leak cannot be ruled out. However, no free fluid is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Scott

Recommendations include chemistry panel with electrolytes and urinalysis if not recently evaluated as well as three view thoracic radiographs to further assess cardiopulmonary status and rule out metastatic disease. Further diagnostic recommendations for the mass could include either a FNA of the thick wall if the patient's coagulation status is appropriate or surgical laparotomy for excisional biopsy, resection and anastomosis especially given the possibility of content leakage and an omental patch. If a conservative approach is elected therapeutic recommendations include fluid therapy, anti-emetics, gastroprotectants and close monitoring of the abdomen for the development of possible free fluid post rehydration, which would indicate the more likely need for surgery.

HOSPITAL NAME

HoHoKus VH

REFERRING VET

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SPECIES

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BREED

Lab Mix

SEX

Neutered male

AGE

8 years

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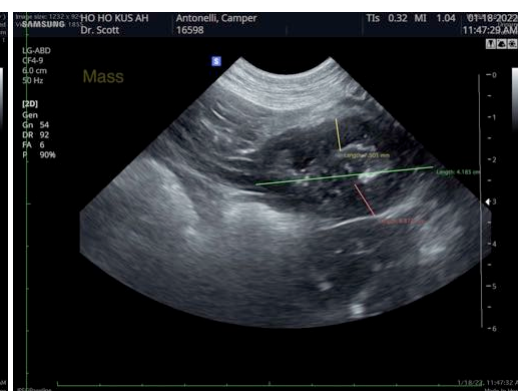
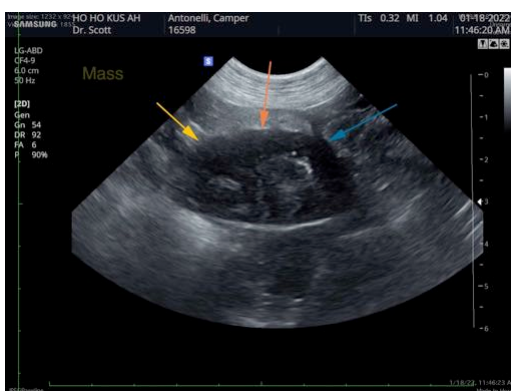
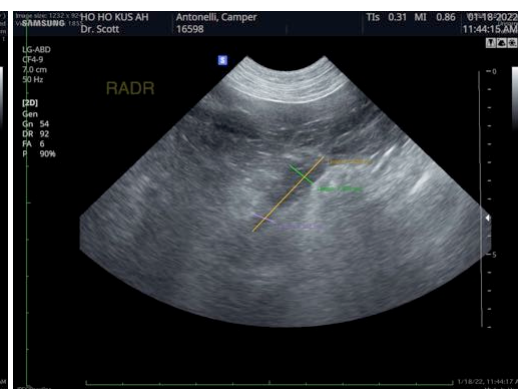
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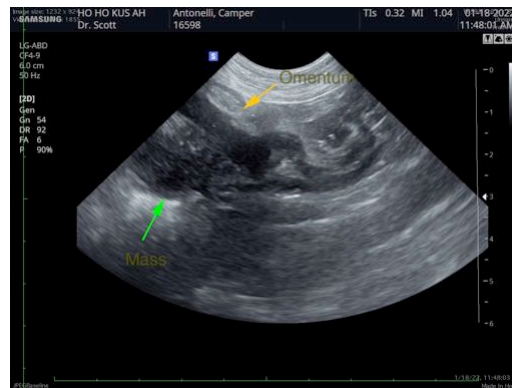
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com