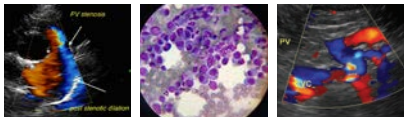
IMAGING PERFORMED BY

IntraPet.com



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

DATE

1/26/23

PATIENT

Daisy Pryor

SPECIES

Canine

BREED

Beagle X

SEX

Spayed Female

AGE

5/8/11

WEIGHT

25.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

44542

PRESENTING CLINICAL SIGNS

Patient originally diagnoses with SI mass in 11/10 by aus. Since then pet has had a progressive worsening of vomiting and slight weight loss. O now considering surgery and looking to see if any changes in the mass or evidence of metastatic disease. Looking for recommendations to see if surgery is still and options and to see if the mass is the reason for worsening vomiting. Exam is unchanged from November

Current Medications: None.
Radiographs: Thoracic radiographs from November included and showed no obvious metastatic disease at that time
Date of Previous IntraPet Ultrasound: 11/10/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (5.09 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (5.34 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (2.24 cm long x 1.6 cm at the cranial pole and 0.62 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.98 cm long x 0.56 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Diffusely, the visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). Focally, in the mid abdomen, there is a heterogeneous intramural mass associated with the small bowel that measures approximately 4.0 cm long x 2.78 cm thick. The mass does not appear to be creating a full obstruction. The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is a mildly prominent hypoechoic mesenteric lymph node noted measuring 0.51 cm thick.

ULTRASONOGRAPHIC FINDINGS

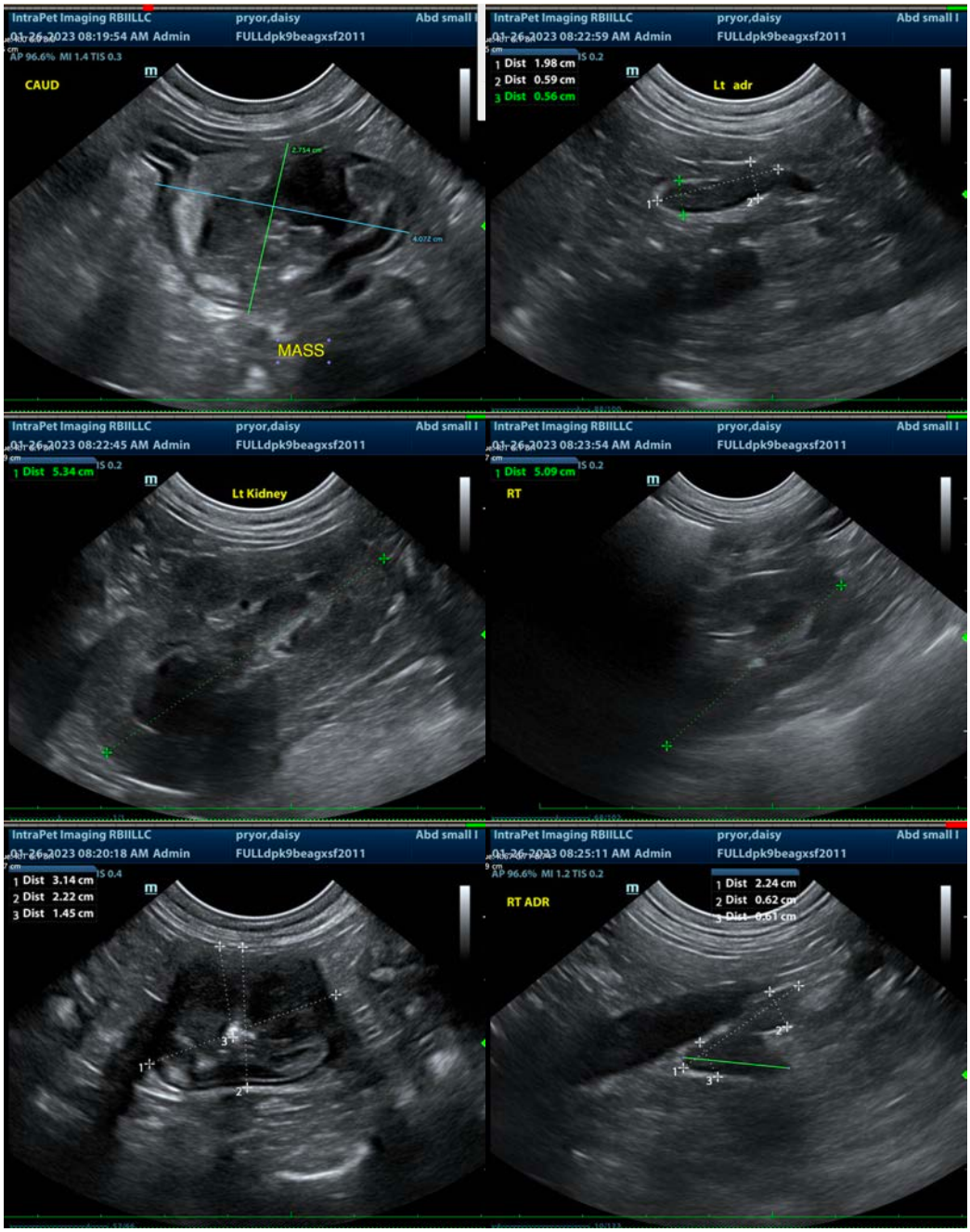
- Small bowel mass – Differentials include a leiomyoma versus leiomyosarcoma, adenocarcinoma, infiltrative round cell neoplasia, other infiltrative neoplasia most likely. A benign inflammatory, especially fungal lesion can't be ruled out but is considered less likely. The appearance of the mass is slightly/mildly progressive in terms of size. However, successful surgical excision still appears probable.

- Mild mesenteric lymphadenopathy – This could be a reactive lymph node or metastatic eoplasia and cannot be differentiated without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the mass could be considered if patient's coagulation status is appropriate, or if surgery is elected, then exploratory laparotomy for resection and anastomosis is a reasonable diagnostic and therapeutic approach. If surgery is elected, removal of the mildly prominent mesenteric lymph node is recommended at the same time.


IntraPet Imaging RBIILLC
pryor,daisy
Abd small I
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AP 96.6% MI 1.4 TIS 0.3
CAUD
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4.072 cm
MASS
IntraPet Imaging RBIILLC
pryor,daisy
Abd small I
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2 Dist 0.59 cm
3 Dist 0.56 cm
Lt adr
IntraPet Imaging RBIILLC
pryor,daisy
Abd small I
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Lt Kidney
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pryor,daisy
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IntraPet Imaging RBIILLC
pryor,daisy
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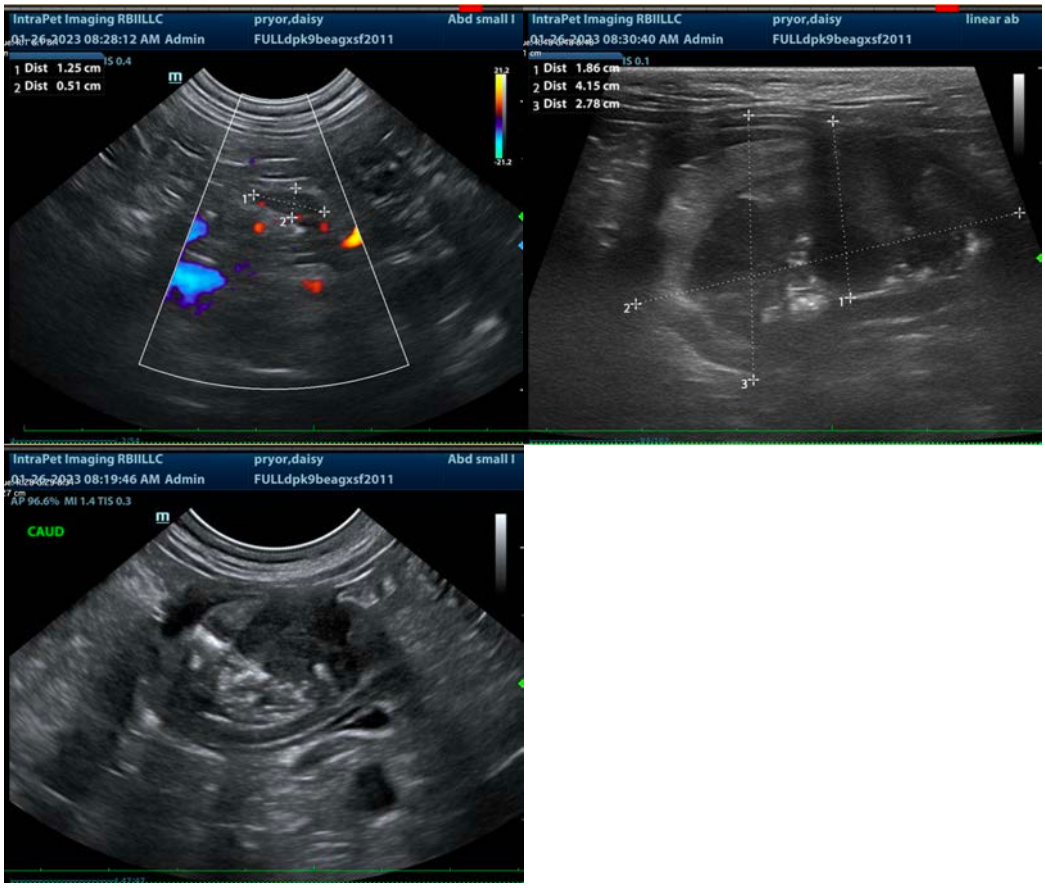
RT ADR
1 Dist 2.24 cm
2 Dist 0.62 cm



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.

Beth Johnson, DVM, DACVIM
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