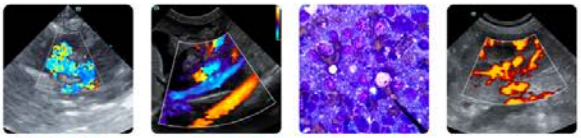


PATIENT

Penny Duda

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

7 Years

WEIGHT

6.06 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Ridge Road Animal Hopsital

REFERRING VET

Dr. Pathak

INVOICE

73955

DATE

3/24/26

PRESENTING CLINICAL SIGNS

Hx of chronic issues w/ vomiting/ diarrhea/ inappetance. Weight loss/ fever. Painful cranial abdomen/ HvDc stage 2-3 periodontal disease, Bradycardia. Meds: Entyce, Cerenia

Abnormal PE/Chem/CBC/UA Results: Persistent Neutrophilia w/ left shift ALP 292

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately 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 is size (3.02 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 or infarcts observed. Small non-obstructive nephroliths are noted.

The left kidney is normal is size (3.43 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 or infarcts observed. Small non-obstructive nephroliths are noted.

Adrenal Glands

The right adrenal gland is normal in size (0.55 cm at cranial pole and 0.38 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.40 cm at cranial pole and 0.40 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. 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.

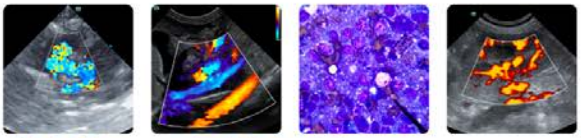
Liver

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.



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In the right cranial abdomen, in what I believe is the ileum extending into the colon at the Ileocecocolic junction is an approximately 2.0 cm x 4.5 cm bowel mass characterized by loss of layering in that area. The remaining definitive small intestines are normal in appearance with lumen mildly distended diffusely with gas and ingesta/chyme.

Other than what I believe is colon affected by the bowel mass described above, the distal descending colon is normal in thickness and layering and mildly distended with soft stool.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- The bowel mass described could represent infiltrative neoplasia such as carcinoma versus round cell neoplasia i.e., lymphoma versus other, given the loss of layering. Having said that, benign inflammatory lesion such as lipogranulomatous lesion sometimes associated with lymphangiectasia, other benign inflammatory or infectious lesion, etc. can't be definitively ruled out without tissue sampling.

- Concurrent mild acute pancreatitis suspected.

SECONDARY FINDINGS

- Non-obstructive nephroliths bilaterally.

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.

Fine needle aspirates of the bowel mass could be considered if patient's coagulation status is appropriate.

In the meantime, or pending results of above, additional gastrointestinal workup recommendations include a routine fecal/giardia exam if not recently evaluated.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

Ultimately, if a cytologic diagnosis is not obtained, an exploratory laparotomy for planned resection and anastomosis of the area may be necessary both therapeutically and diagnostically. If surgery is pursued, given concern for location, consultation with a veterinary surgeon is recommended.

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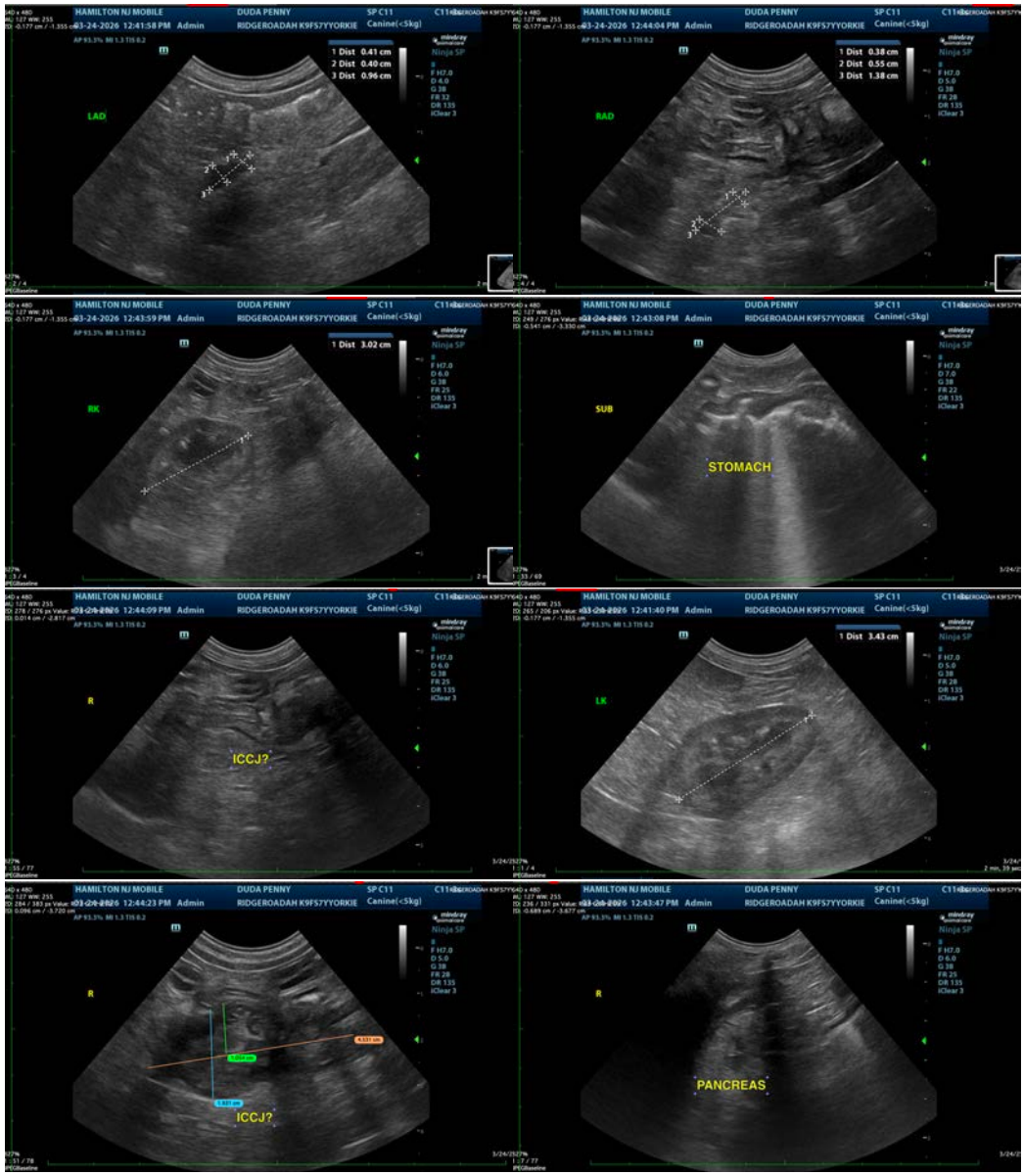

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com