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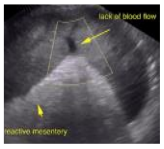

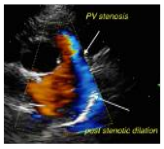

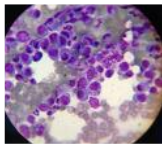
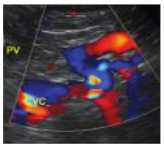

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Boston Ho

SPECIES

Canine

BREED

Pomeranian

SEX

M/N

AGE

11

WEIGHT

5.8 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Creature Comforts AH

REFERRING VET

Dr. Decker

INVOICE

16317

DATE

3/8/23

PRESENTING CLINICAL SIGNS

Vomiting lethargic hyporexia, for last 10 days
Abnormal PE/Chem/CBC/UA Results: Leukopenia neutropenia elevated protien

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 in size (3.59 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 (3.78 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 (0.53 cm width at the cranial pole and 0.38 cm width at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.99 cm width at the cranial pole and 0.76 cm width at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. In the cranial pole of the left adrenal gland, a hyperechoic nodule is noted. Nodule does not disrupt normal shape and/or architecture.

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.

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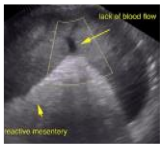

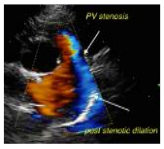

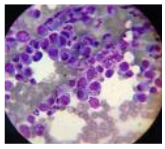
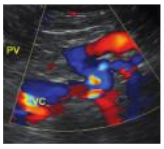

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Gastrointestinal

The stomach wall is normal in thickness (< 0.5 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.

The visible small intestines are diffusely normal in wall thickness and layering (canine duodenum < 0.5 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty. However, focally in the mid-abdomen, there is a 2.0 cm x 3.0 cm heterogeneous intramural jejunal mass that appears obstructive based on markedly dilated bowel cranial to the mass that returns to normal beyond the mass.

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.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. An example of the mesenteric lymph nodes measured 0.45 cm thick.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obstructive intramural jejunal mass - Differentials for which include leiomyoma vs. leiomyosarcoma vs. other infiltrative neoplasia.
- Reactive mesenteric lymphadenopathy – infiltrative neoplastic disease cannot be ruled out but is considered less likely

Secondary Findings

- Hyperechoic adrenal nodule in the cranial pole of the left adrenal gland – Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest adrenal disease) are most often incidental and should be monitored.

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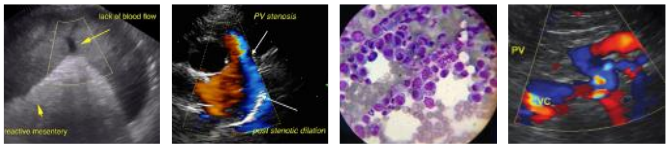

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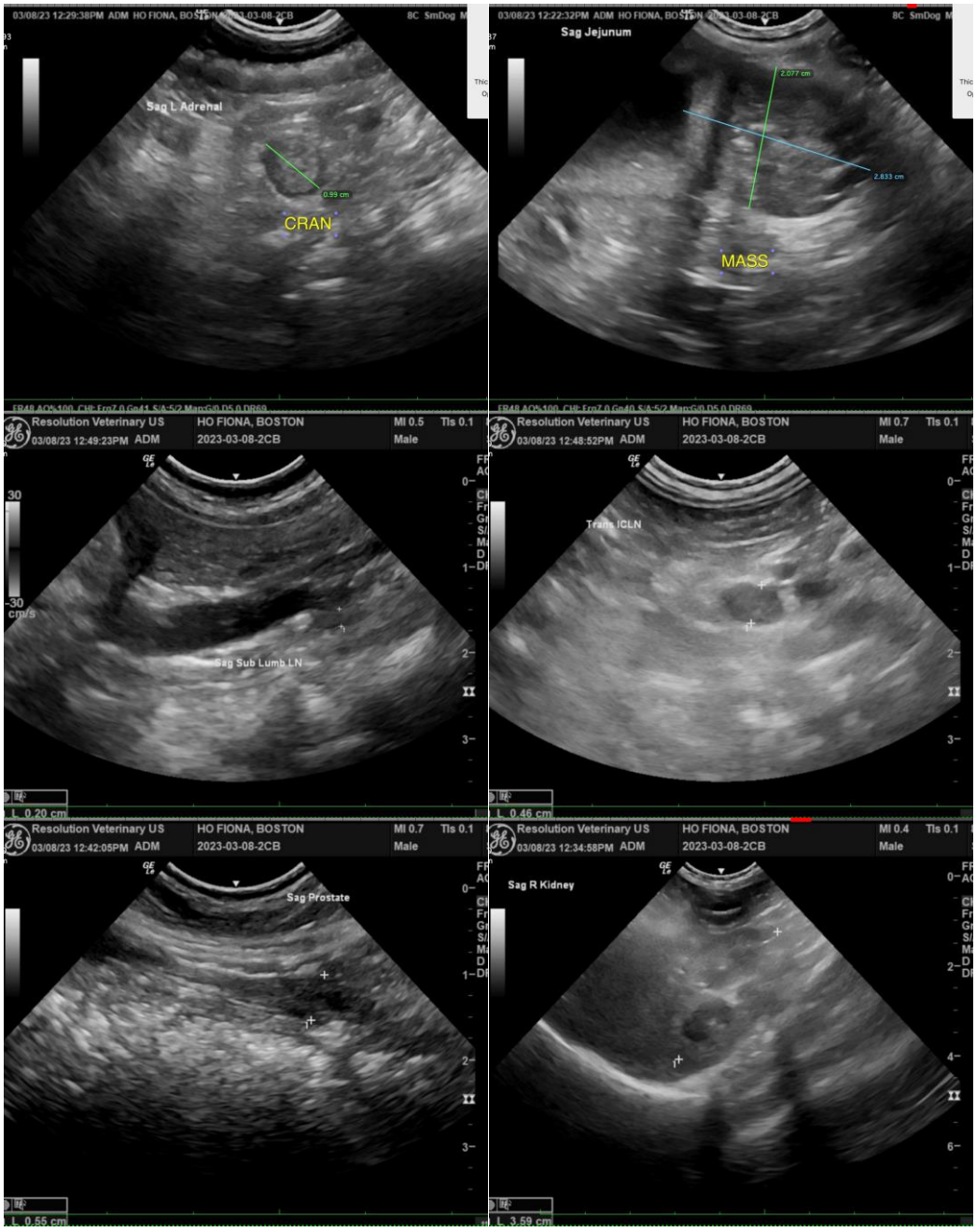
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1) 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.

2) A fine needle aspirate of the bowel mass could be considered if the patient's coagulation status is appropriate. However, given the visibly obstructive nature of the mass, exploratory laparotomy with resection anastomosis for histopath is recommended.



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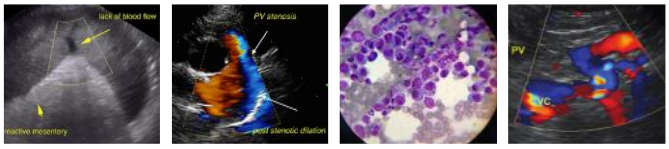

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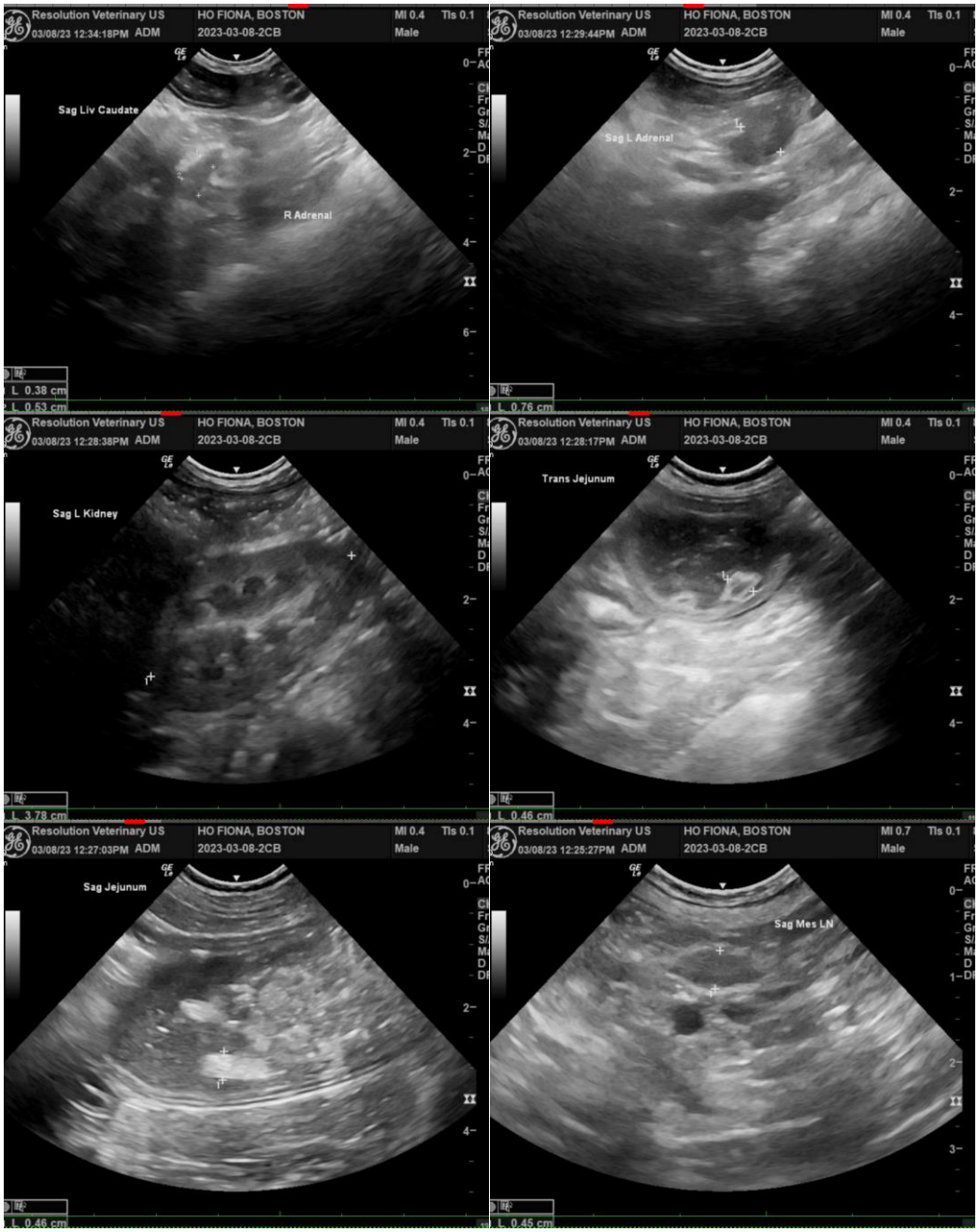

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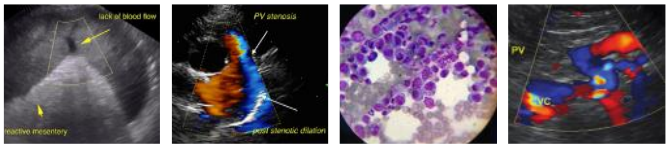

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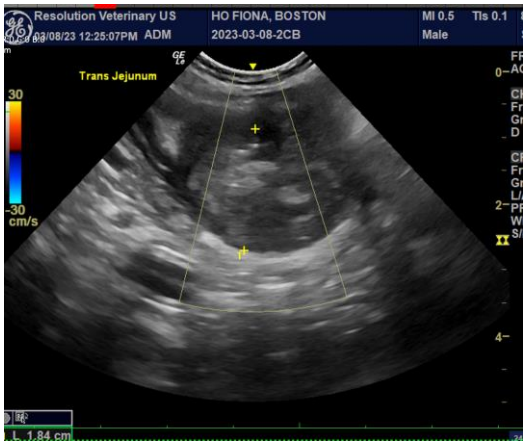

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com