



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Milo Gonzales	Anorexia, lethargy, vomiting. Suspicious mass effect, loss of detail on rads. Abnormal PE/Chem/CBC/UA Results: N/A
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	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.
JRT	Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.
<b>SEX</b>	The right kidney is normal in size (4.38 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.
Neutered Male	
<b>AGE</b>	The left kidney is normal in size (4.46 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.
12 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
10.6 kg	The adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. The left measures 2.34 cm long x 0.48 cm at the cranial pole and 0.75 cm at the caudal pole. The right measures 2.26 cm long x 1.18 cm at the cranial pole and 0.48 cm at the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Beth Johnson, DVM DACVIM	The spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Crystal Hill	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.
<b>HOSPITAL NAME</b>	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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<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Hanna	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.
<b>INVOICE</b>	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). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
39222	
<b>DATE</b>	
7/5/22	



<b>PATIENT</b>	In the mid right abdomen, there is what appears to be a small bowel mass that measures approximately 8.5 cm x 6.0 cm in diameter and is surrounded by free fluid and hyperechoic enhanced clumped fat and mesentery. The bowel mass is characterized by complete loss of normal layering and a hypoechoic, heterogeneous appearance to the bowel wall.
Milo Gonzales	
<b>SPECIES</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	
<b>BREED</b>	<b>Pancreas</b>
JRT	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.
<b>SEX</b>	<b>Free Abdomen</b>
Neutered Male	Mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail. Specifically, at the root of the mesentery, there is a 6.6 cm x 3.7 cm mass of hypo- to anechoic, irregular lymph nodes, surrounded by hyperechoic, enhanced mesentery.
<b>AGE</b>	Free abdominal fluid is also noted in these images.
12 Years	
<b>WEIGHT</b>	<b>PRIMARY FINDINGS</b>
10.6 kg	<ul style="list-style-type: none"> <li>Large, heterogeneous, infiltrative bowel mass – most consistent with infiltrative neoplasia such as adenocarcinoma versus round cell neoplasia such as lymphoma.</li> <li>Aggressive mesenteric lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.</li> </ul>
<b>INTERPRETED BY</b>	<b>SECONDARY FINDINGS</b>
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> <li>Hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.</li> <li>Age related adrenal changes</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Crystal Hill	Recommendations include:
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Fine needle aspirate of the bowel mass and the enlarged lymph nodes is recommended if patient's coagulation status is appropriate.</li> <li>Sampling of the free fluid for cytology +/- culture is also recommended to rule out a septic abdomen, in which case an exploratory laparotomy for mass removal would be warranted instead of a fine needle aspirate for cytology.</li> </ul>
The Collegeway	
<b>REFERRING VET</b>	
Dr. Hanna	
<b>INVOICE</b>	
39222	
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**PATIENT**

Milo Gonzales

**SPECIES**

Canine

**BREED**

JRT

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

10.6 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

The Collegeway

**REFERRING VET**

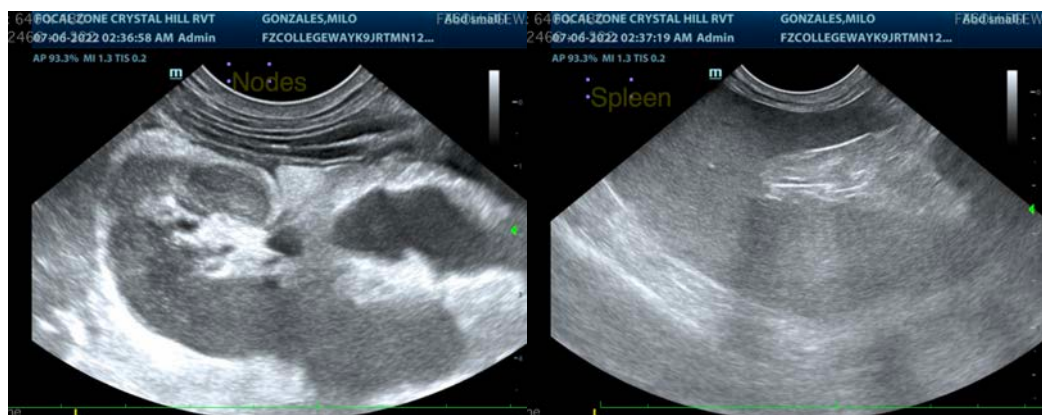
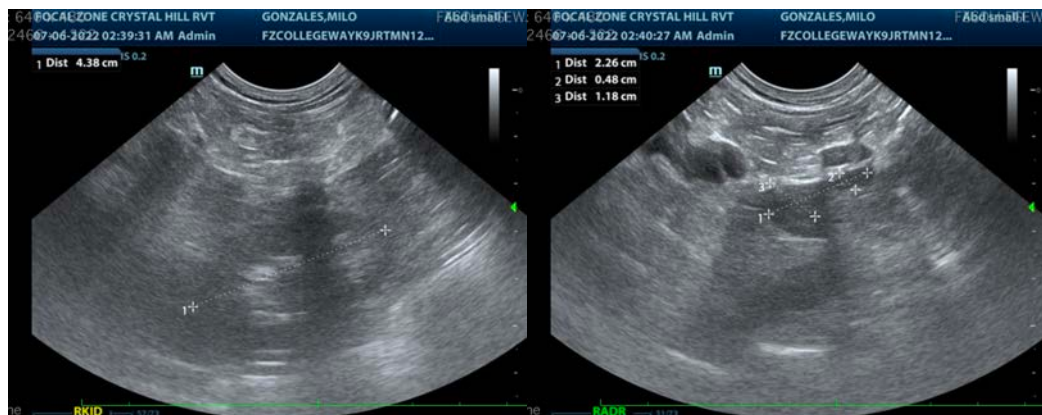
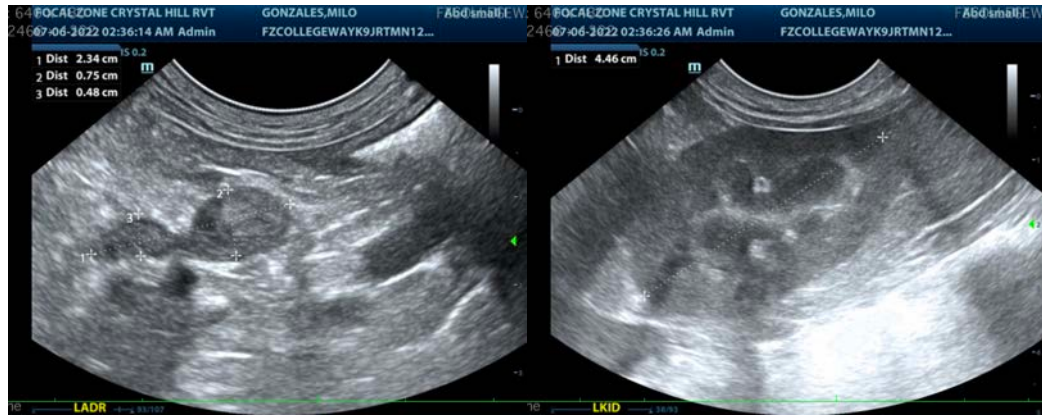
Dr. Hanna

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Neutered Male

**AGE**

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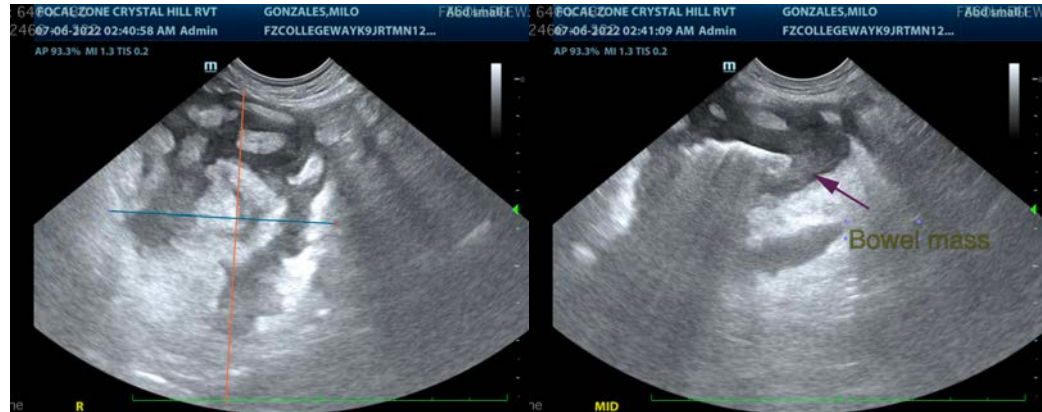
Dr. Hanna

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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**  
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