



PATIENT

Spike Palermo

PRESENTING CLINICAL SIGNS

Approx 6 week history diarrhea, now bloody. Weight loss. No vomiting. Supportive care with GI meds outpatient basis (included pred) ~ 2 weeks ago temporary relief. Decreased appetite, lethargy.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: -BCS 3/9, very dull/depressed demeanor -Labs show mild elev SDMA, mild anemia, monocytosis -T4 mildly decreased -FNA of the intestinal mass today showed medium to large lymphocytes with marked atypia consistent with lymphoma (referring hospital has slides to submit for formal cytology if owners elect)

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

AGE

9 Years

Prostate is normal in size, echotexture and echogenicity for a neutered male.

WEIGHT

61 Pounds

The right kidney is normal in size (7.46 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.

The left kidney is normal in size (6.91 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (0.57 cm at the cranial pole and 0.57 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Dr. Callihan

The left adrenal gland is normal in size (0.72 cm at the cranial pole and 0.65 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Pacific Crest Mobile

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). On the medial aspect of the spleen there is a small anechoic area consistent with potentially free fluid or potentially subcapsular fluid, potentially secondary to the reported fine needle aspirate that was performed, if that area was involved. No focal masses. Splenic vasculature appears normal.

REFERRING VET

Dr. Boekenoggen –
Nooksack AH

INVOICE

41590

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.

DATE

9/22/22



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

SPECIES

Canine

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.

BREED

Golden Retriever

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), except in the mid abdomen, where there is an approximately 7.0 cm long area of small bowel with a concentric hypoechoic loss of layering with wall that measures approximately 1.3 cm thick. The area is surrounded by enhanced hyperechoic fat and mesentery and small round hypoechoic lymph nodes. 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.

SEX

Neutered Male

AGE

9 Years

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

Pancreas

WEIGHT

61 Pounds

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

INTERPRETED BY

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DACVIM

There is hyperechoic enhanced mesentery and lymphadenopathy surrounding the bowel mass.

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

PRIMARY FINDINGS

- **Bowel mass** – Concerning for infiltrative neoplasia such as lymphoma versus adenocarcinoma versus other. The bowel mass is surrounded by changes consistent with a focal peritonitis.

IMAGING PERFORMED BY

Dr. Callihan

SECONDARY FINDINGS

- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the mass was reportedly already pending, and recommendations are to confirm diagnosis via submission for cytology. If a diagnosis is not obtained cytologically, an exploratory laparotomy for bowel mass removal and resection and anastomosis may be necessary.

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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.

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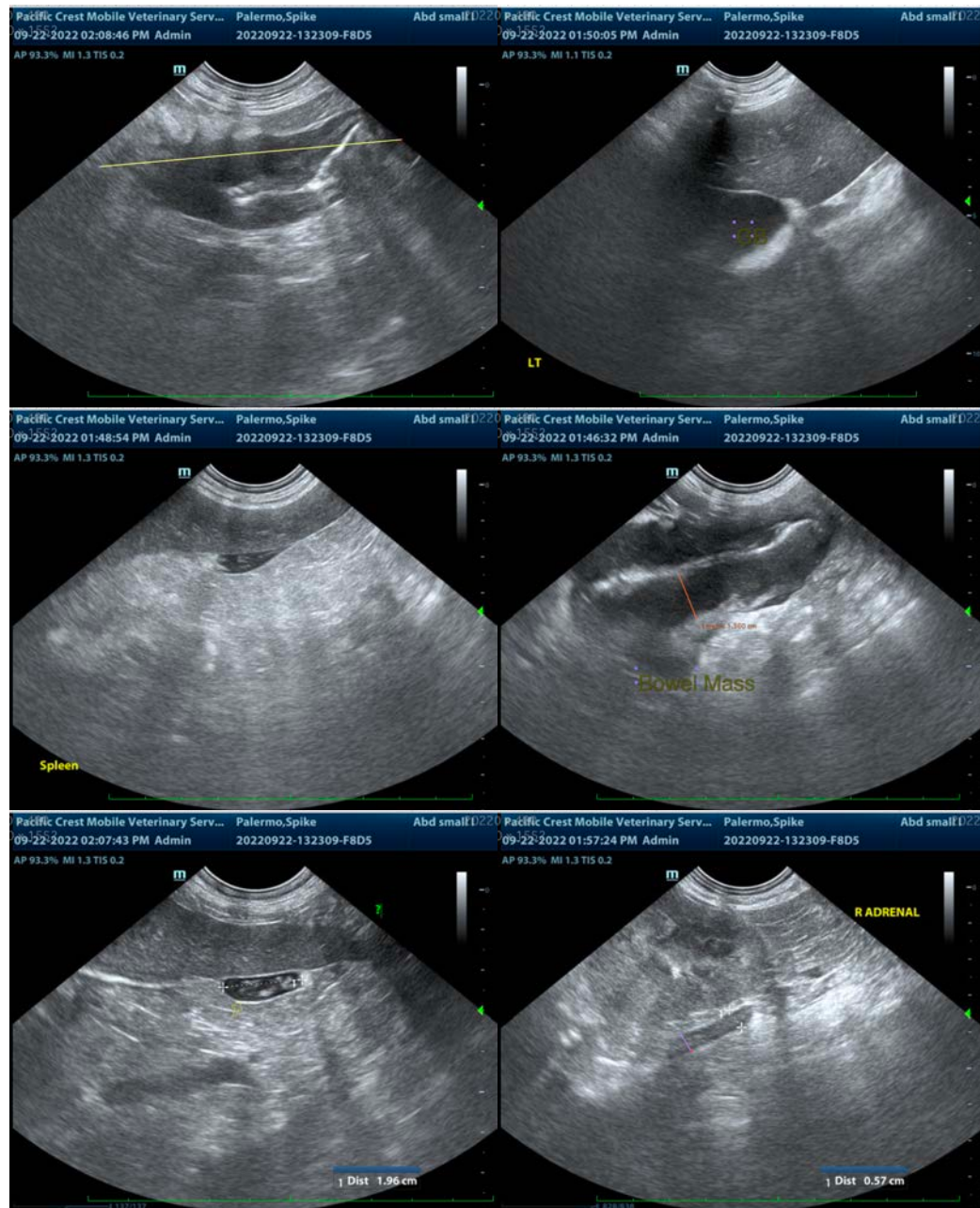
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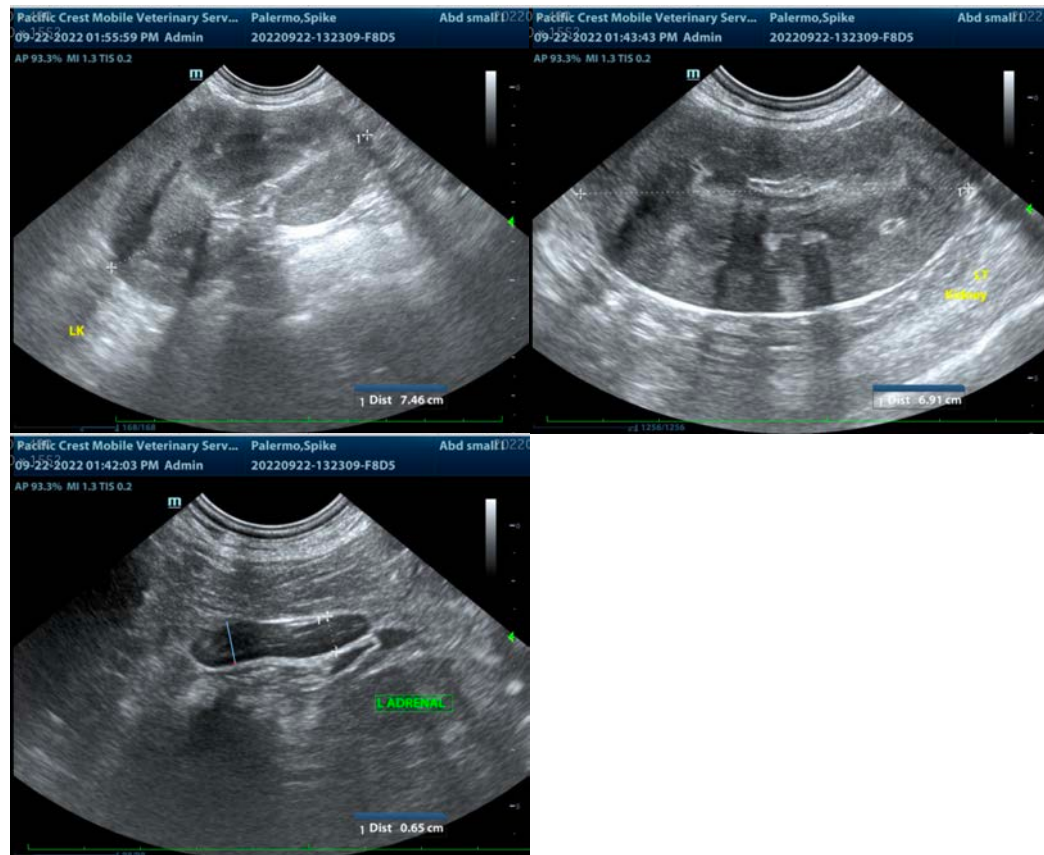
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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