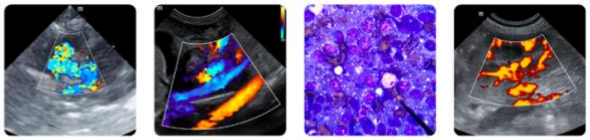


PATIENT

Vicky Carlo

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

5 Years

WEIGHT

38.2 pounds

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Edwin Serrano

INVOICE

13296

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- Presented for evaluation of chronic vomiting, weight loss and diarrhea since November 2025.
- Pt used to weight 52# and now 38#
- Pt taking Pepcid, Kaopetate, dewormer, Clavamox, Metacam, Plavix, Lixotinic

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

Visualization of the right kidney is significantly limited by overlying GI tract. The right kidney measured 5.91 cm in length.

The left kidney has a smooth capsule and with mild hazing of corticomedullary definition. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 6.35 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Visualization of the cranial pole of the right adrenal gland is impaired by overlying gas filled GI tract. The left adrenal gland measured 2.21 cm in length and 0.40 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measured 2.73 cm in length and 0.66 cm in thickness.

Spleen

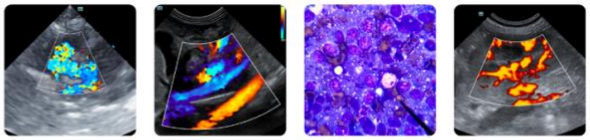
The spleen is prominent with a diffusely mottled echotexture and poorly defined hypoechoic nodules throughout. There are no specific masses seen.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.



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The majority of small intestinal loops are of subjectively normal thickness with normal wall layering.

There is one section labeled jejunum which is most consistent with a mass. The wall is severely thickened with complete loss of wall layering measuring up to 1.0 cm in thickness. There is a large amount of gas throughout GI tract.

At the level of the ICJ, there is severe thickening with complete loss of wall layering measuring 2.72 cm in thickness. The distal colon is of mildly increased thickness with normal wall layering. Contents are consistent with diarrhea. In the ascending colon, the colonic wall becomes of increased thickness with loss of wall layering to the level of the ICJ.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

Mesenteric lymph nodes are enlarged with normal echotexture and normal length to width ratio.

Free Abdomen

There is scant free fluid in every quadrant.

ULTRASONOGRAPHIC FINDINGS

- Mass at the level of the ICJ extending into the proximal colon.
- Possible second jejunal mass.
- Free fluid.
- Mesenteric lymphadenopathy.
- Aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass at the level of the ICJ most likely represents neoplasia with lymphoma and carcinoma being top differentials. There is a loop labeled jejunum that includes a mass. It is unclear whether this is a true jejunal mass or represents the same mass at the level of the ICJ and proximal colon.

If this is truly a second mass, this is likely the same pathogenesis. The presence of free fluid is concerning for leakage from the mass. Abdominal exploratory surgery should be strongly considered to further investigate.

Resection and anastomosis of the ICJ does carry ongoing likelihood of persistent diarrhea post-operatively, but surgery may be both curative and diagnostic.

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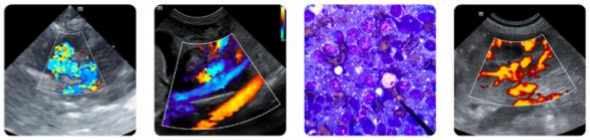

Clinical Sonography & Telecytology
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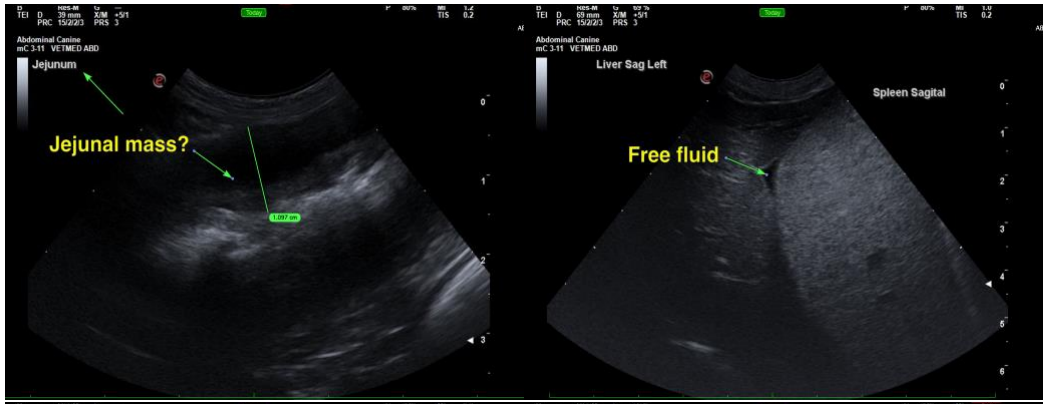

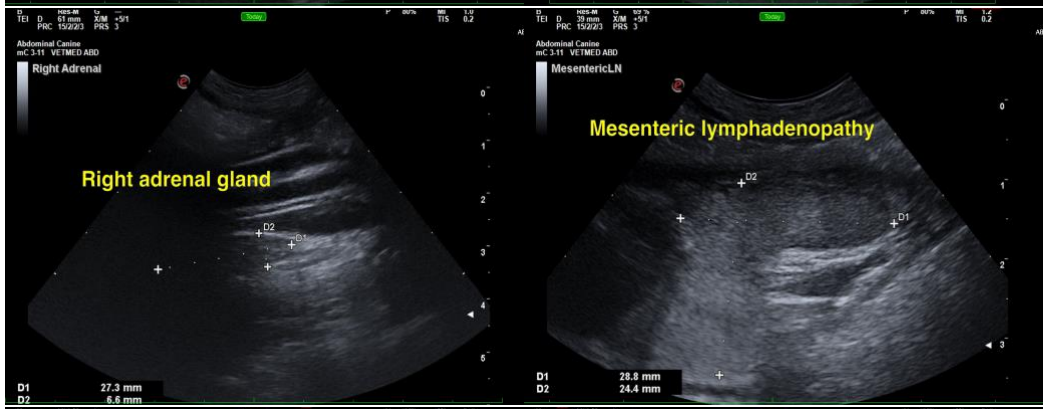

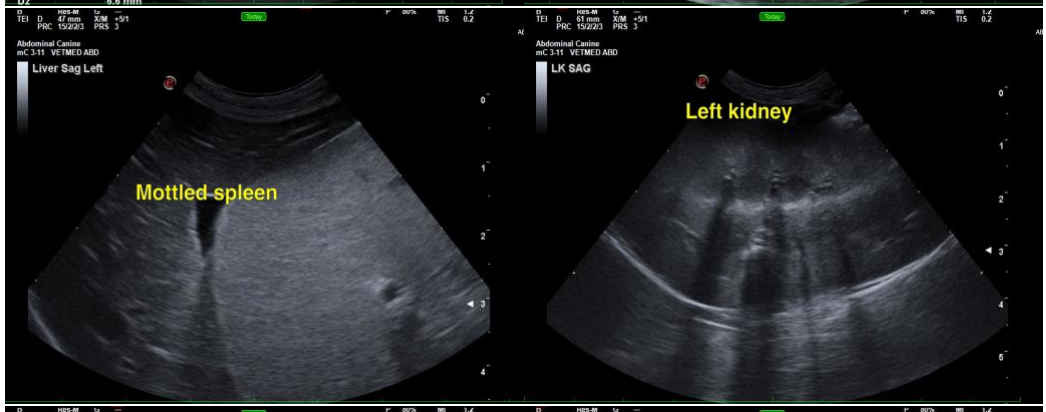

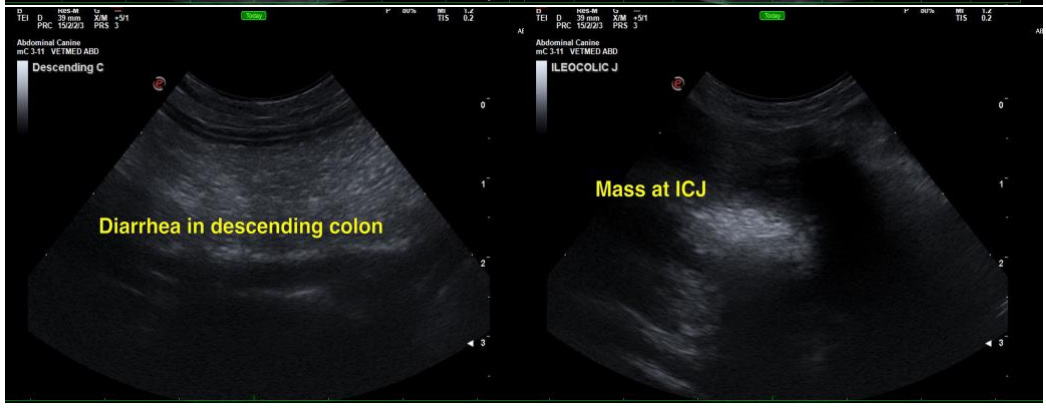

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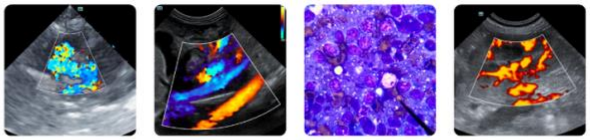

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com