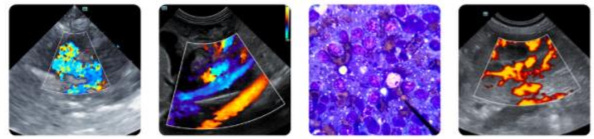


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Duffy Tate

SPECIES

Canine

BREED

Scottish Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

16.8 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. Jose Carrasquillo

INVOICE

35720

DATE

12/1/25

PRESENTING CLINICAL SIGNS

History: Pt presented as a referral for an echocardiogram to rule out mitral valve insufficiency, and an abdominal u/s suspecting an intestinal mass. Pt has increased water intake, otherwise pt is BAR at home., no other complaints from O. HM grade 3/6 auscultated by rDVM. Current diet is Royal Canin Gastrointestinal.

Abnormal PE/Chem/CBC/UA Results: Various bloodwork panel is 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 was noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Pinpoint areas of cortical mineralization. The right kidney measured 5.36 cm in length. The left kidney measured 5.38 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. The left adrenal gland measured 1.97 cm in length and 0.49 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 1.73 cm in length and 0.49 cm at the cranial pole and 0.65 cm at the caudal pole.

Spleen

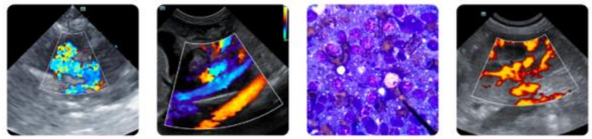
The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

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 wall is severely thickened, measuring up to 0.66 cm in thickness. Mucosal layer is somewhat irregular. Bile is anechoic with some hyperechogenic components.

Gastrointestinal



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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.

There is a loop of jejunum with severe circumferential thickening with complete loss of wall layering, most consistent with a jejunal mass. Surrounding mesentery is somewhat hyperechoic and there is surrounding lymphadenopathy. The remainder of visible small intestine is of normal thickness with normal wall layering.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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 surrounding the jejunal mass are enlarged rounded and hypoechoic.

Free Abdomen

There is scant free fluid noted between liver lobes.

ULTRASONOGRAPHIC FINDINGS

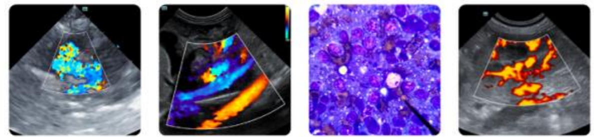
- Jejunal mass with surrounding lymphadenopathy
- Scant free abdominal fluid
- Severe gallbladder wall thickness
- Mild aging renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal changes are most concerning for a small intestinal mass with the most common tumors in dogs are lymphoma, adenocarcinoma, gastrointestinal stromal tumor (GIST), and leiomyoma or leiomyosarcoma. Other tumors both benign and metastatic and non-neoplastic lesions such as a mural granuloma or abscess are possibilities. Fine needle aspirate of the mass is recommended to further characterize. Ultimately surgical removal, depending on tumor type, may be both diagnostic and curative.

The small volume of free fluid visualized is likely due to panhypoproteinemia. Leakage from small intestinal mass perforation cannot be completely ruled out and if septic abdominal effusion is suspected or documented with abdominocentesis, emergent abdominal exploratory surgery is indicated.

The cause of severe gallbladder changes is uncertain. The severe thickening may be caused by gallbladder wall edema secondary to panhypoproteinemia. Other causes of passive congestion, such as right sided heart failure, allergic/anaphylactic reaction are also possible. Gallbladder neoplasia is not common but is another possible cause of gallbladder thickening. If abdominal explore is pursued, evaluation and possible removal of the gallbladder should be considered. In the meantime, treatment for bacterial cholangitis is reasonable.



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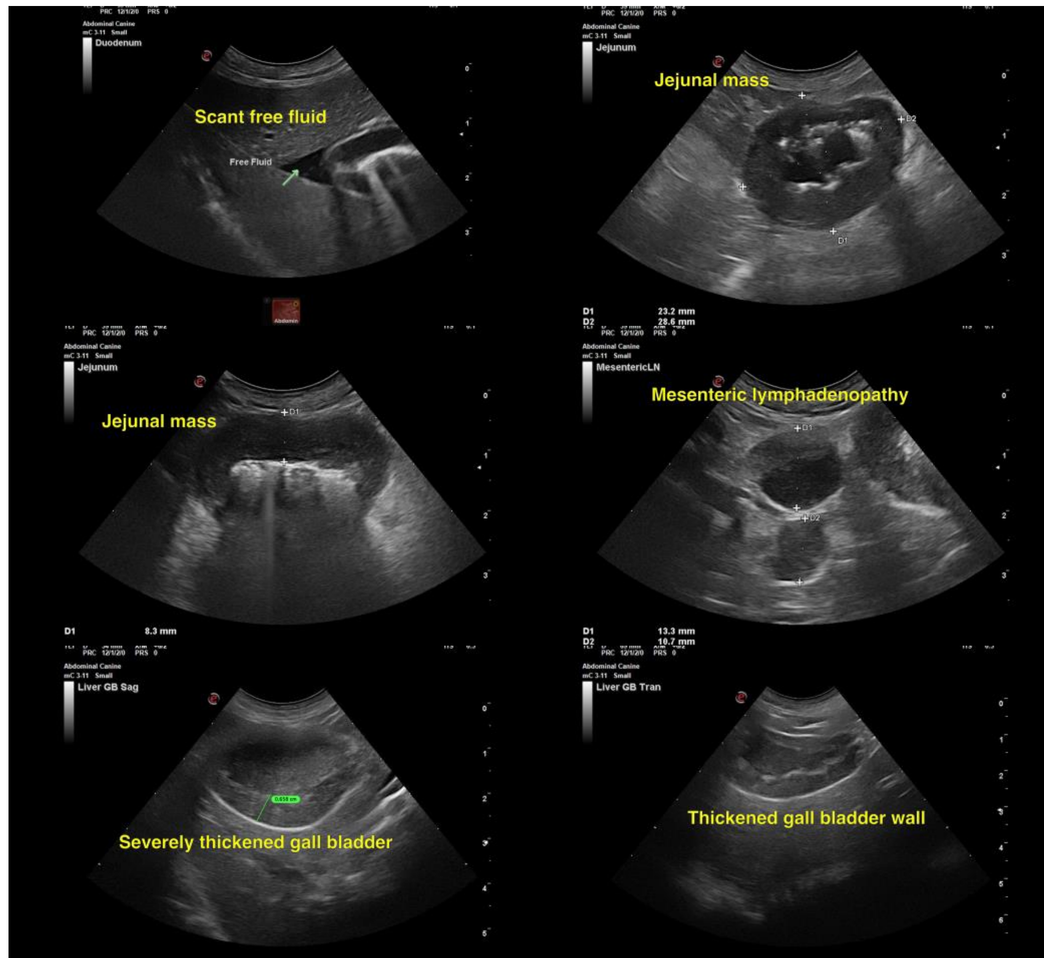

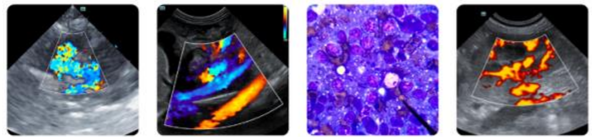

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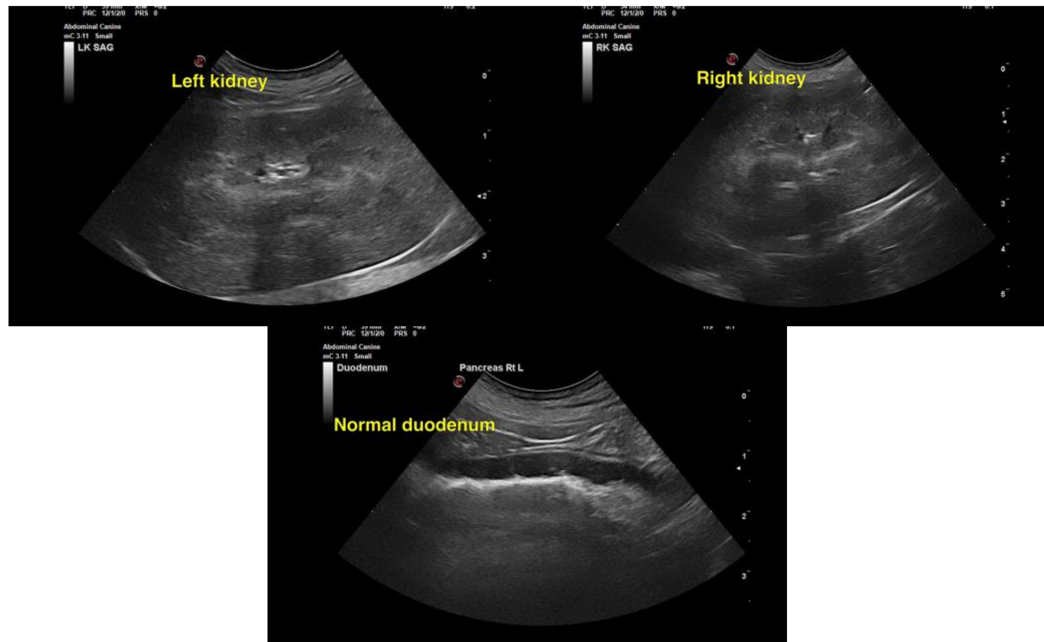

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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