



DATE	PRESENTING CLINICAL SIGNS
1/25/22	History: The patient has had ongoing stomach issues for a few months now per the owner. He started with diarrhea last Thursday and per the owner it looked like mud. He has also vomited a few times and nothing is seeming to help him. He wasn't eating anything at all, the owner offered him some boiled chicken and rice and he has been eating it, but now he is having diarrhea again.
PATIENT	Current Medications: Metro 500mg- 1 tab bid until gone (with food), Provable kit- Capsules and paste, Cerenia 60mg- 2 tabs sid for 2 days, Vitamin B12, Purina k9 HA chicken flavor- dry food.
Dozer Yu	Lab Results: Attached separately.
SPECIES	Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Canine	Sedation: Sedation was declined.
	Stat Report: Not requested.
	Imaging Performed By: Andi Parkinson, RDMS.
BREED	
Labrador Retriever Mix	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
SEX	The urinary bladder , trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.
Neutered male	
AGE	The kidneys revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.65 cm. The left kidney measured 6.45 cm.
3/9/15	
WEIGHT	
107 lbs	
INTERPRETED BY	Adrenal Glands
Eric Lindquist, DMV DABVP, Cert. IVUSS	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 right adrenal gland measured 2.34 x 0.72 cm at the caudal pole and 0.74 cm at the cranial pole. The left adrenal gland measured 2.46 x 0.56 cm at the cranial pole and 0.62 cm at the caudal pole.
HOSPITAL NAME	Spleen
Animal Medical Center of Bel Air	The spleen presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.
REFERRING VET	Liver
Dr. Chaudhry	The liver images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.
INVOICE	
95469	

Gastrointestinal

The **stomach** and duodenum appeared unremarkable. Variable intestinal thickening was noted with loss of detail. The wall thickness measured up to 1.23 cm. This created an intestinal mass extending for approximately 3.0 cm. A tapering infiltrative pattern was noted in the regional small intestine. If surgical approach is to be taken an intraoperative ultrasound would be ideal with resection of approximately 10.0 cm of affected bowel. However, only approximately 1/3-1/2 of that portion of bowel creates a true mass effect. Variable other portions of small intestine appeared thickened, yet did not meet neoplastic criteria. Slight mesenteric lymphadenopathy was present and measured up to 1.0 cm. Reactive mesentery was present.

Pancreas

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

ULTRASONOGRAPHIC FINDINGS

Jejunal mass with tapering and variable intestinal thickening. Slight regional lymphadenopathy.

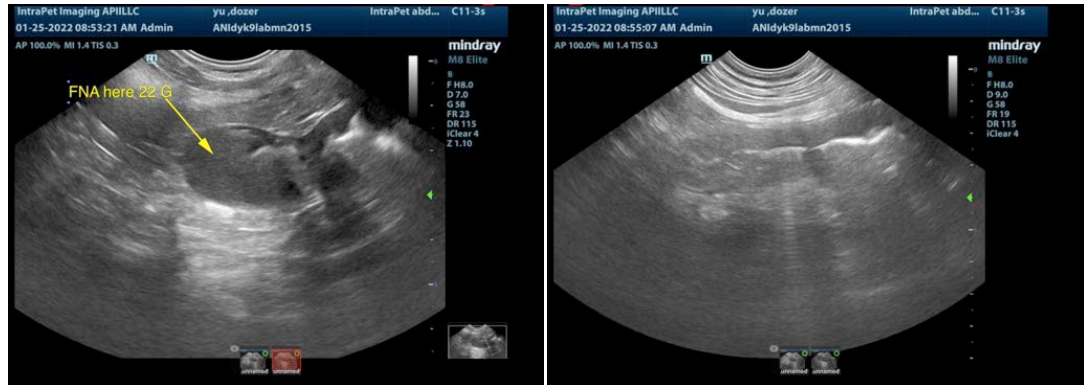
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

*****Imaging was difficult due to the patient's size. Sedation would be required for high resolution imaging.**

Either intraoperative ultrasound with delimitation and resection of the infiltrated bowel and mass would be ideal. I recommend removing approximately 10+ cm of intestine with regional lymph node biopsies or ultrasound-guided FNA of the portion of intestine with neoplastic criteria to assess for round cell neoplasia. I suspect regional lymphoma with secondary protein losing enteropathy given the patient's clinical history. Chest radiographs are warranted prior to intervention to assess for potential metastatic disease.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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