

**DATE**

10/11/21

PRESENTING CLINICAL SIGNS

History: Patient presented 9/8/21 for weight loss (>10 lbs since 06/2021), anorexia, and lethargy; sensitive on abdominal palpation during PE though patient very anxious/muzzled.

Current Medications: Entyce.

PATIENT

Scarlett Braszo

Lab Results: Attached separately within request.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Butorphanol administered prior to scan.

Stat Report: STAT report not requested by the veterinarian.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

German Shepherd

Urinary System

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.

SEX

Spayed Female

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 6.63 cm. The left kidney measured 6.53 cm.

AGE

10/13/15

WEIGHT

53.6 lbs

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 right adrenal gland measured 2.71 x 0.64 cm at the caudal pole and 0.67 cm at the cranial pole. The left adrenal gland measured 2.36 x 0.47 cm at the cranial pole and 0.59 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

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.

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Dr. Biegel

Liver

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

92311

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The jejunum revealed mixed, hypoechoic mass. The mass measured 4.8 x 2.75 cm. Regional inflammation is noted. The mass appears to be resectable. There

was no obvious metastatic disease noted. A mild to moderate amount of inflammation was noted around the mass.

Pancreas

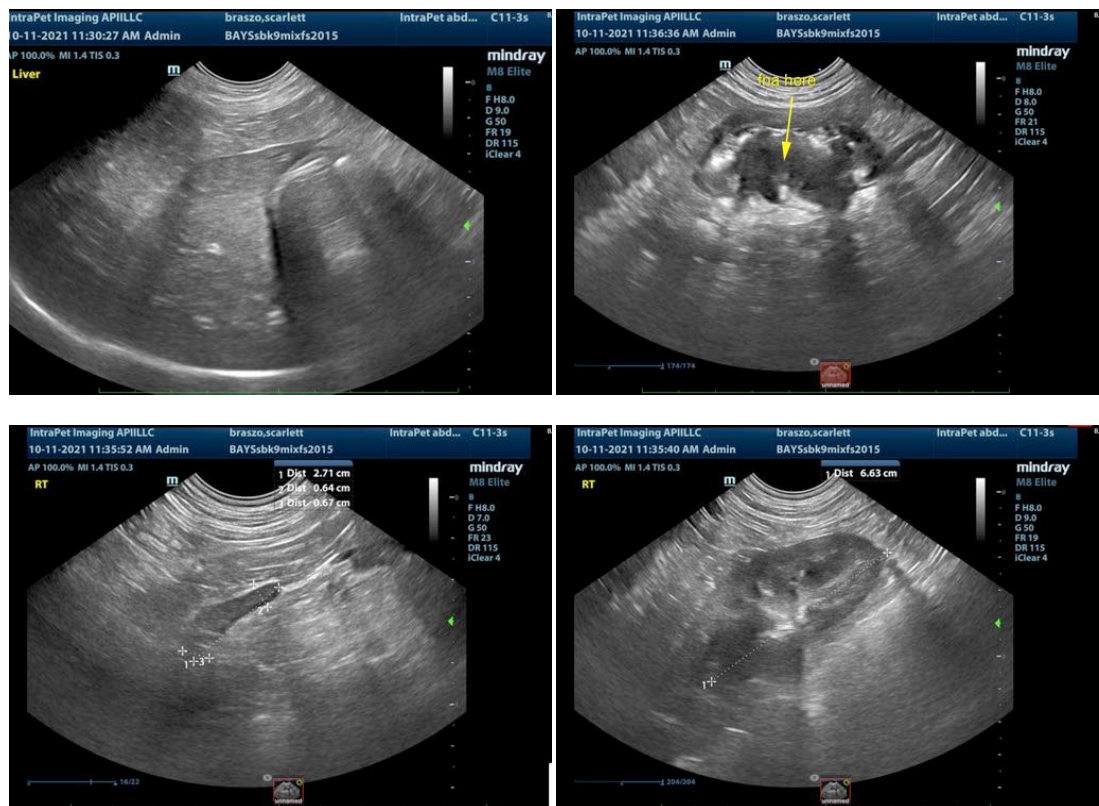
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

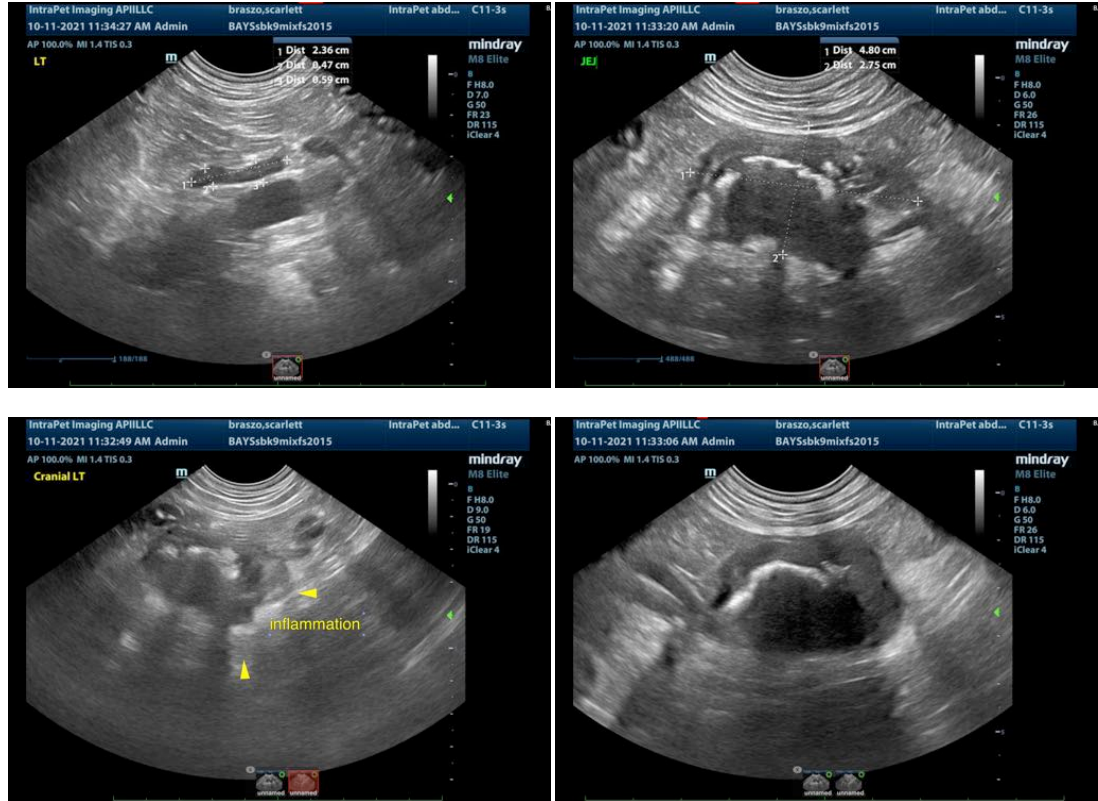
ULTRASONOGRAPHIC FINDINGS

Jejunal mass. Subjectively unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood loss may be occurring from the intestinal mass especially if melena has been a clinical issue. Focal lymphoma versus carcinoma is suspected with a slight potential for leiomyosarcoma. This appears potentially resectable assuming no micrometastasis is an issue. Screening FNA of the liver could be considered as well as the intestinal mass for staging purposes as well as three view chest radiographs followed by resection and anastomosis or chemotherapeutic intervention based on cytology. There is a mild potential for non-neoplastic complicated inflammatory disease of the intestine such as bowel infarction or intestinal necrosis that is mimicking neoplastic criteria.





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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