



PATIENT

Shogun Kao

PRESENTING CLINICAL SIGNS

Intermittent vomiting , diarrhea , decreased appetite

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: WBC 28 (5.05-16), Neutrophils 25 (2.95 - 11.6) ALP, ALT borderline elevation

BREED

American Staffie

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Neutered Male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.87 cm. The right kidney measured 6.51 cm.

AGE

13 Years

WEIGHT

28.6 Pounds

Adrenal Glands

The **left adrenal gland** was slightly heterogeneous at the cranial pole and measured 0.84 cm at the cranial pole and 0.64 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV

The **right adrenal gland** presented normal size and contour and measured 0.71 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

The **spleen** presented multifocal coalescing nodular changes with irregular contour, most consistent with hyperplasia with potential underlying neoplasia.

IMAGING PERFORMED BY

Dr. Gira

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

HOSPITAL NAME

Resolution Vet
Ultrasound

REFERRING VET

Dr. Stan Gira -
Sabadilla AC

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Gastrointestinal

The **pylorus** presented concentric thickening, primarily of the muscularis. Submucosal layer was still intact. The lumen was unremarkable. The jejunum was thickened, creating a mass effect of approximately 4.0 cm, with loss of mural detail. Regional inflammation noted. The remainder of the intestinal tract was unremarkable. Minor reactive mesenteric lymph nodes noted, example measuring 2.03 cm x 0.30 cm.

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Pancreas

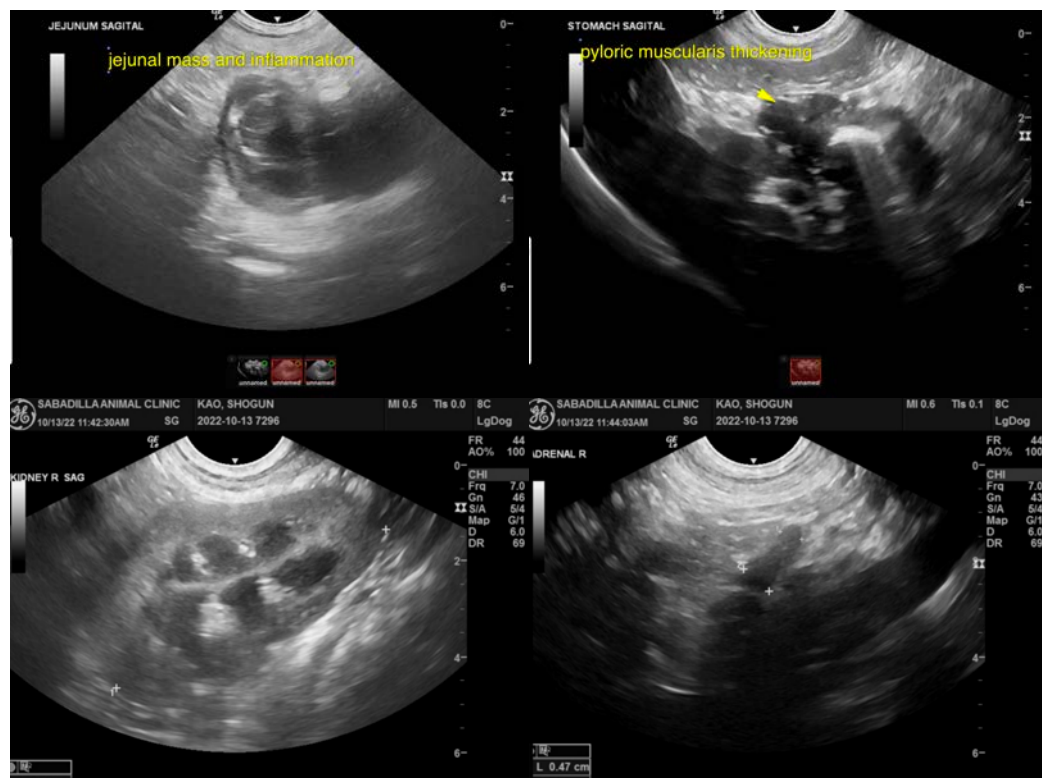
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Jejunal mass and pyloric hypertrophy
- Heterogeneous spleen
- Slightly heterogeneous left adrenal gland
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The jejunal mass appears resectable. However, I'm concerned for potential involvement of other organs such as the spleen and liver and possibly early infiltrative pattern in the pyloric outflow. Screening FNA of the spleen and liver recommended to ensure these are benign changes, followed by exploratory surgery with intestinal resection and anastomosis as well as gastric biopsies. Jejunal lymphoma or carcinoma are primary concerns. Non-neoplastic necrosis possible yet less likely.





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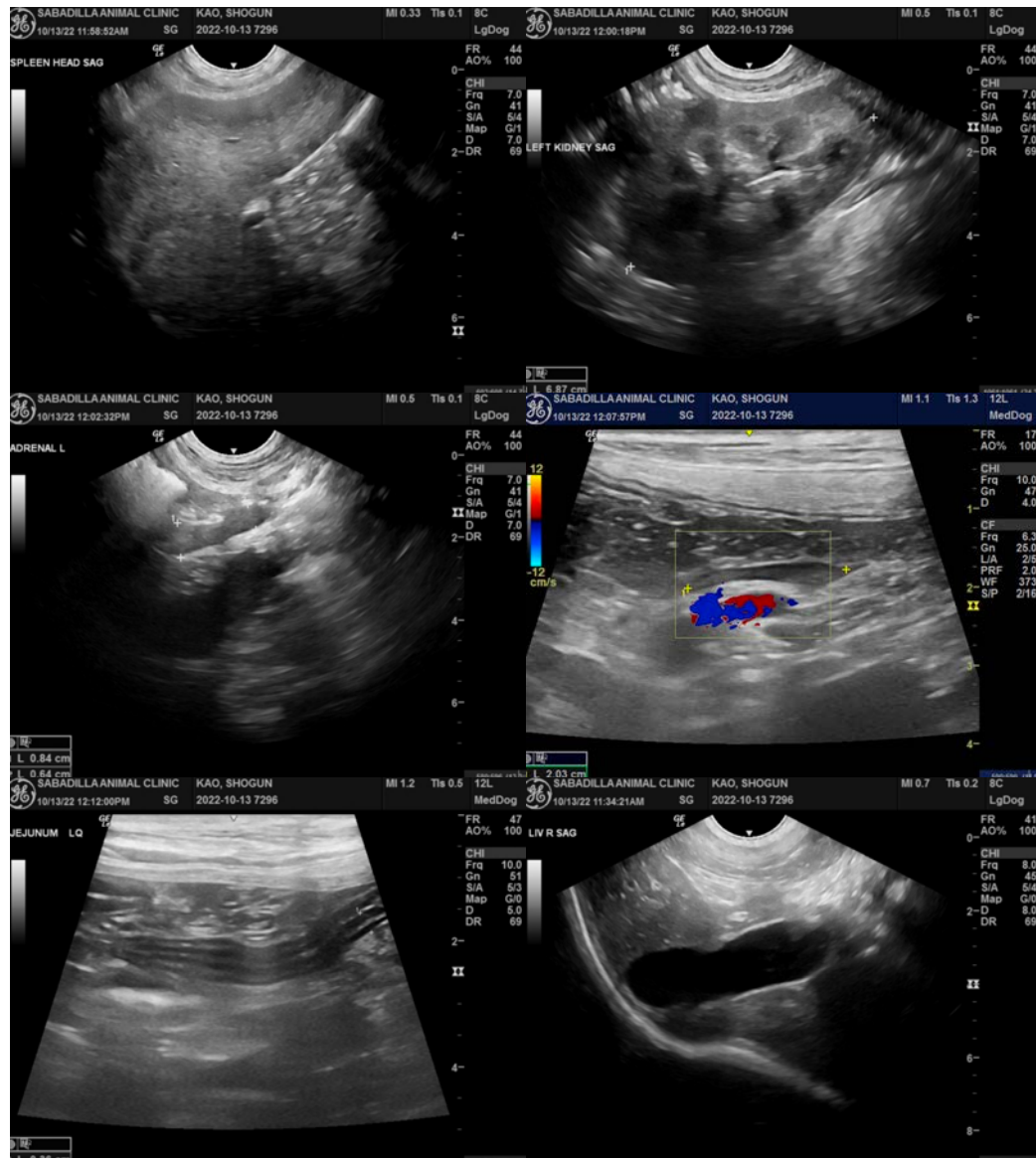
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com