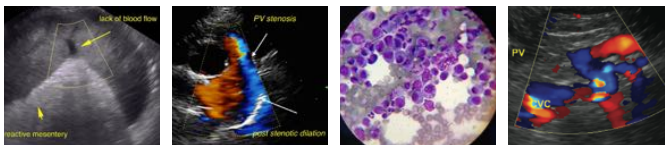
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bo Dutton

SPECIES
Canine

BREED
Blue Heeler

SEX
Neutered male

AGE
9 years

WEIGHT
22.2 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Carter

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Cohen

INVOICE
39895

DATE
10/4/22

PRESENTING CLINICAL SIGNS

History: Pt presented 10/4 to rdvm for approx. 1 week worsening lethargy. Pt began vomiting white foam ~48hr prior, vomiting all food yesterday. Anorexia 24hr, no interest in food today. Pt has history of allergies and GI issues, licking anus, scooting. Abdominal discomfort. Pt received 5 mg/kg Vitamin K1 inj at rdvm.
Abnormal PE/Chem/CBC/UA Results: 10/4 rdvm diagnostics CBC- RBC 5.62, HCT 33.7, Hgb 11.0, MCV 60.0, MCH 19.6, Retic 315.8, Retic-Hgb 17.2, WBC 17.28, Neu 15.46 with suspected bands, Lym 1.14, Mono 0.65, Eos 0.03, MPV 16.7 Chem- TP 6.2, all wnl PCV 29% TS 6 g/dL EPOC- PCO2 27.8, TCO2 16.6, BE -8.7 HCT 26% Saline agglutination- negative PT 12s (normal) CBC path review to OSU

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 was noted. Ureteral papillae were normal.

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 right kidney measured 4.87 cm and the left kidney measured 4.53 cm.

Adrenal Glands

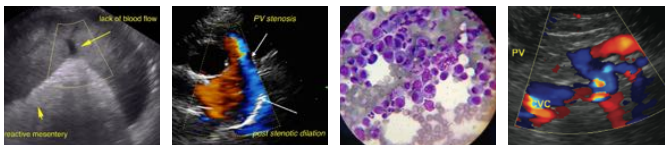
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.8 x 0.53 cm at the caudal pole and 0.58 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. A hypoechoic nodule was noted in the left cranial liver and measured approximately 1.5 cm and is not likely overtly visible from a surgical standpoint. 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



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bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The midabdomen revealed a 4.76 cm, hypoechoic mass or abscess with hyperechoic surrounding fat. The abdominal mass had a hyperechoic center, which is suggestive for intestinal origin, yet was undifferentiated. Slight areas of free fluid were noted.

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.

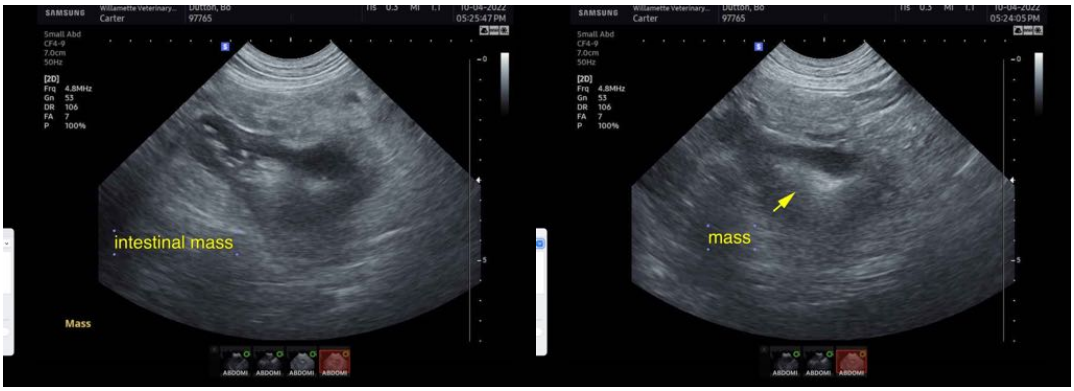
ULTRASONOGRAPHIC FINDINGS

Regional intestinal mass, presumed to be jejunum. Regional inflammation, possibly resectable.

Concerning hepatic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the liver nodule and intestinal mass is warranted or direct exploratory surgery. GI blood loss is likely the cause of anemia. Intestinal lymphoma versus carcinoma are the primary concerns. Chest radiographs are warranted as well to assess for metastatic disease and focus on the cranial mediastinum.



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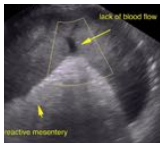

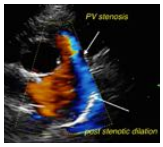

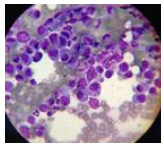
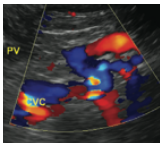

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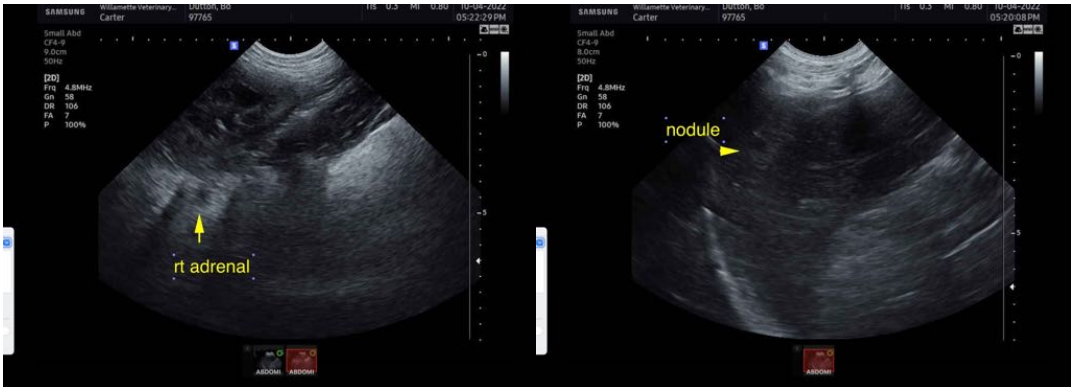

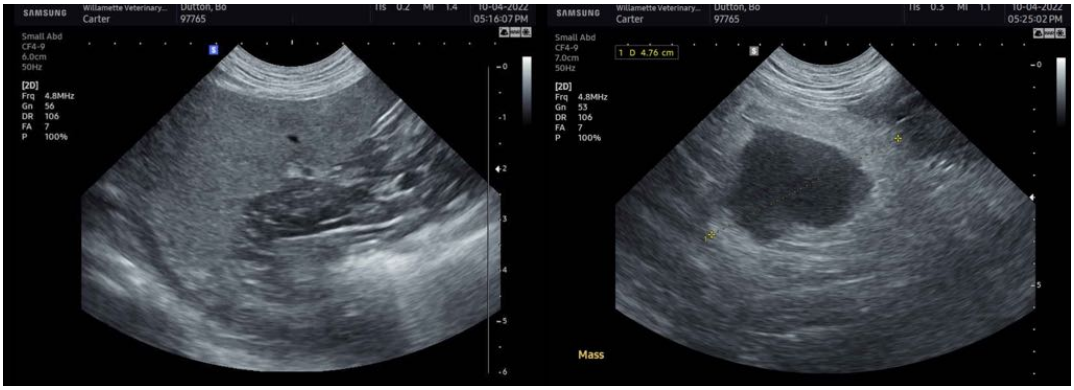

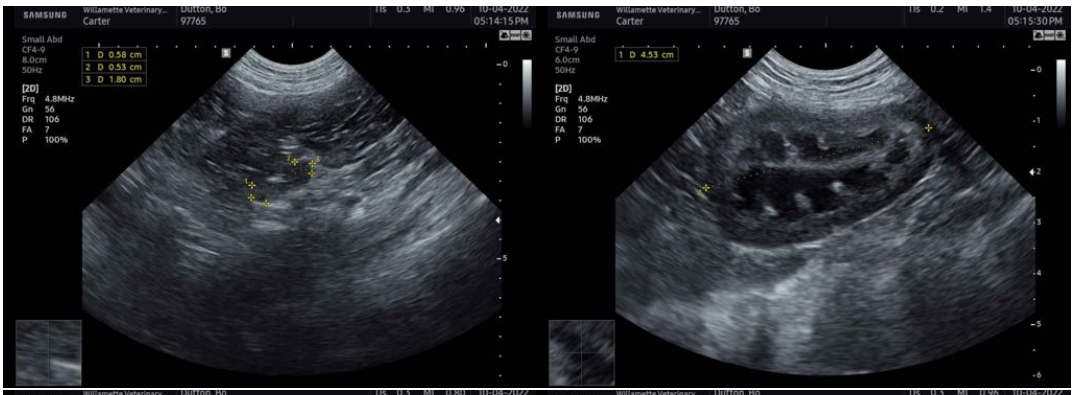

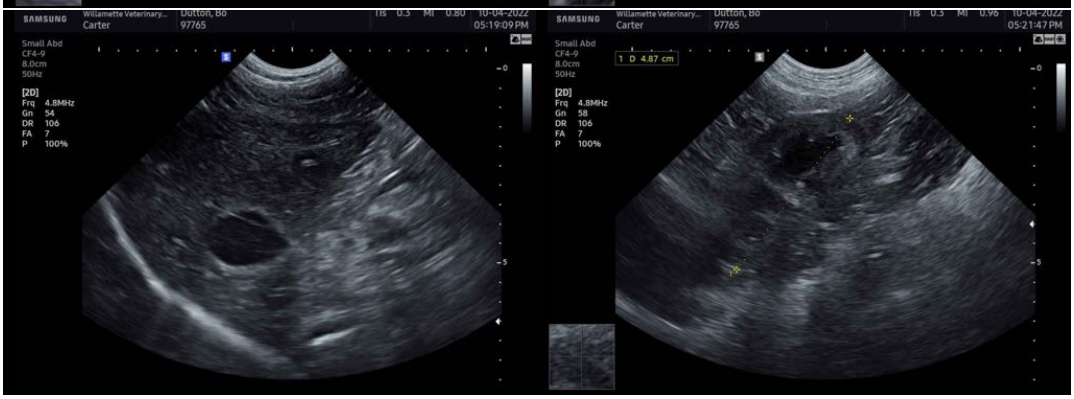

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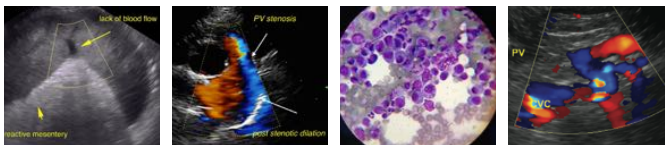

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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