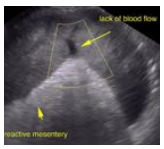
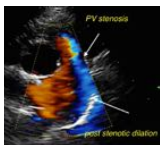
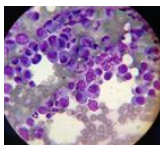
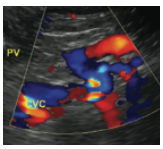
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Milo Eng

SPECIES
Canine

BREED
Jack Russell Terrier

SEX
Neutered male

AGE
10 years

WEIGHT
18.6 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Carter

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Weston

INVOICE
39896

DATE
10/4/22

PRESENTING CLINICAL SIGNS

History: O's have stated that this has been an ongoing problem with the pt since about July of this year. In July pt started to have bloody diarrhea, went to the rdvm where pt was rx'd 14 days of metronidazole. A follow up with the rdvm after the metro series resulted in running a send out GI panel where the O was told that the rdvm thinks that it may be IBS. Was then rx'd 5 weeks of prednisone. Three weeks into the prednisone the pt started to vomit. Went to the rdvm yesterday where the prednisone series was discontinued and rx'd more metronidazole, propectalin, and mirtazapine. O's noted that today the pts bm was like puddy with water. Pt has been straining to bm and seems painful as he will growl when abd touched and while straining. Pt will randomly yelp in pain. O's have a referral appt with OSU internal medicine in a few weeks. O's also noted that they think that the pts left eye had sunken in since the aggressive straining. O stated that the pt is still eating/ drinking/ ur WNL. No health problems otherwise. Hematochezia. Possible intestinal mass
Abnormal PE/Chem/CBC/UA Results: Chem17- WNL CBC- elevated reticulocyte count (191.1 K/mcL) EPOC- Elevated lactate- 5.25 mmol/L elevated PO2 (56.7 mmHg) low TCO2 (19.7 mmol/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 4.04 cm. The left kidney measured 4.27 cm.

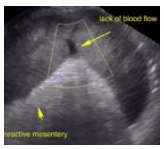
Adrenal Glands

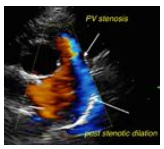
Both **adrenal glands** appear flattened and isoechoic. The right adrenal gland measured 1.46 x 0.28 cm at the caudal pole and 0.26 cm at the cranial pole. The left adrenal gland measured 2.0 x 0.5 cm.

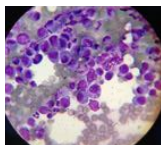
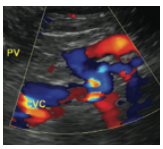
Spleen

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Milo Eng

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered male

AGE

10 years

WEIGHT

18.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Weston

INVOICE

39896

DATE

10/4/22

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.

Gastrointestinal

The **stomach** revealed echogenic luminal fluid and hyperperistalsis. Minor areas of muscularis hypertrophy and increased submucosal echogenicity was noted, yet the changes were subtle. The distal small intestine revealed an overt 3.0 cm mass. The mass appears to be isolated and resectable. There is a minor amount of retained ingesta 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

Inflammatory bowel presentation with 3.0 cm mass in the region of the jejunum.

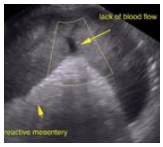
Flattened adrenal glands.

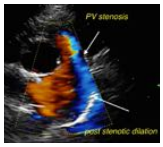
Age related changes otherwise.

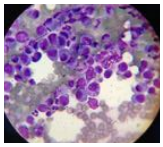
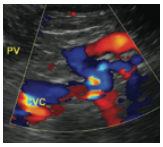
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention with resection and anastomosis is warranted. Baseline cortisol is warranted to rule out subclinical Addison's given the chronicity and GI changes. Chest radiographs are warranted to assess for metastatic disease. Differentials include intestinal lymphoma, carcinoma, granulomatous disease/necrosis.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Milo Eng

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered male

AGE

10 years

WEIGHT

18.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

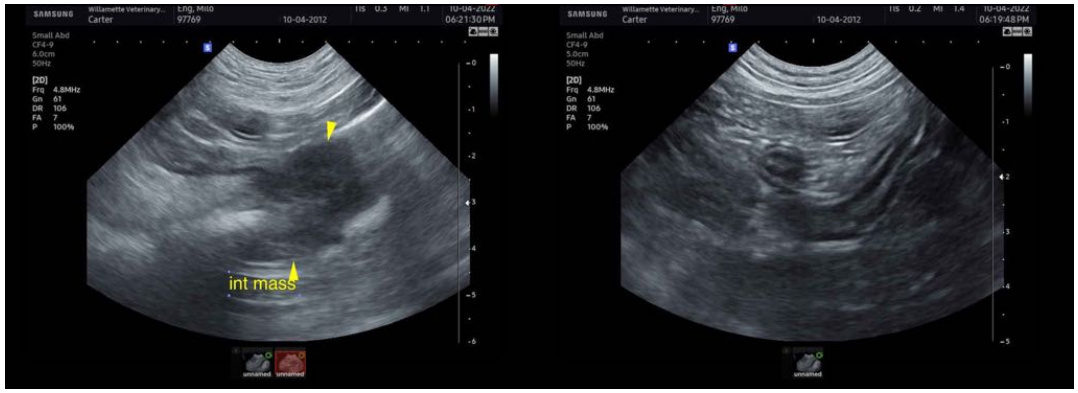
Dr. Weston

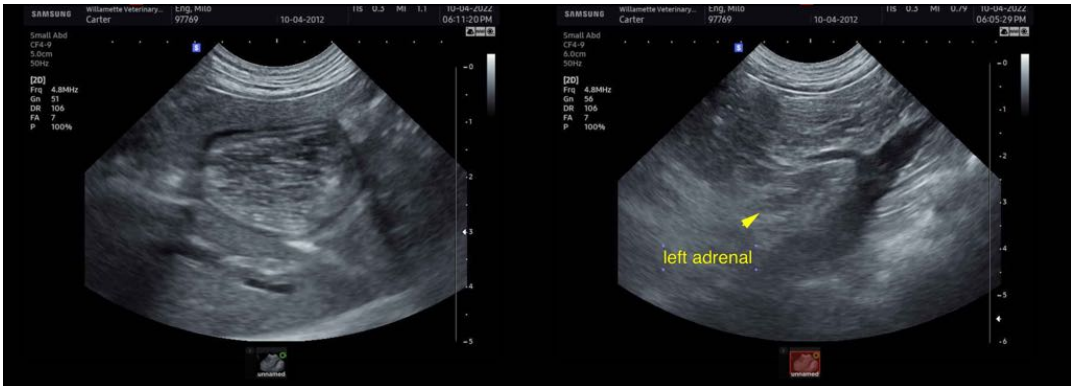
INVOICE

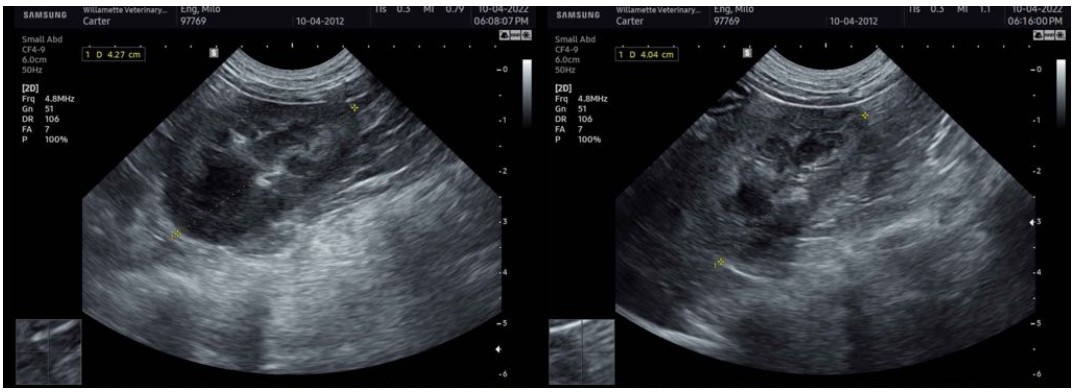
39896

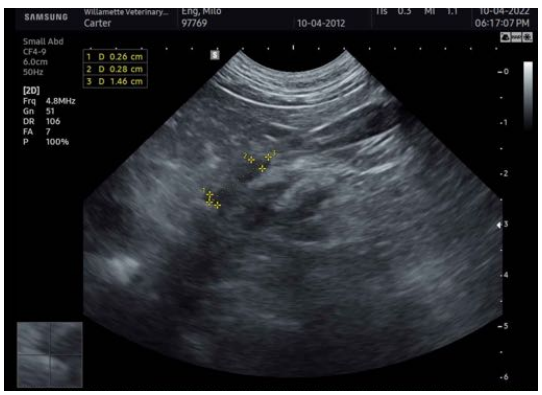
DATE

10/4/22

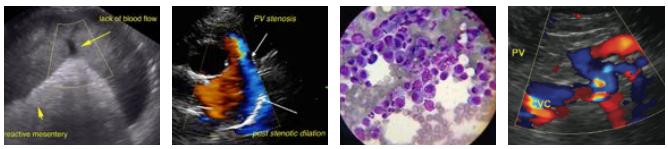








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Milo Eng

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered male

AGE

10 years

WEIGHT

18.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Weston

INVOICE

39896

DATE

10/4/22

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