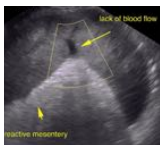

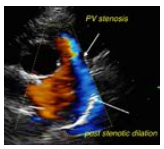

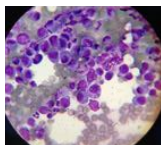
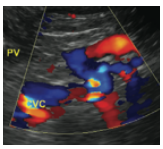

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1-800-838-4268 info@sonopath.com

PATIENT

Tala Bauer

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed female

AGE

5 years

WEIGHT

67 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Cline

INVOICE

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11/2/22

PRESENTING CLINICAL SIGNS

History: Intermittent inappetence and vomiting for past three months. Will eat some treats, but not consistently eating her food and steak/chicken offered. Ate well with Entyce in 8/2022. History of elevated ALT/ALKP incompletely responsive to Denosyl/Amoxicillin.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem 8/23/2022 - Mild non-regen anemia (HCT 36%). Elevated ALT (334), ALKP (330). Remainder of results, including cPL WNL. Liver Panel 9/7/2022 -ALT (320), AST (59), ALKP (216). GGT/TBili WRI. PCV 56%. Liver Panel 9/22/2022 - ALT (180). Remainder WRI. PCV 50%. CBC/Chem/UAS 10/5/2022 - RBC WRI. Mild Thrombocytopenia (107K/uL), PCT Low-normal. Mild elevation ALT (263). Remainder of results WRI. UAS Normal. CBC/Chem/cPL/UAS 10/31/2022 - Labwork all WRI. UAS - Sediment showed few bacterial cocci, deemed contamination (free-catch sample, with evidence perivulvar dermatitis). Three-View Thoracic Radiographs 11/2/2022 -NSF.

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 1.0 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 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 7.57 cm. The left kidney measured 6.48 cm.

Adrenal Glands

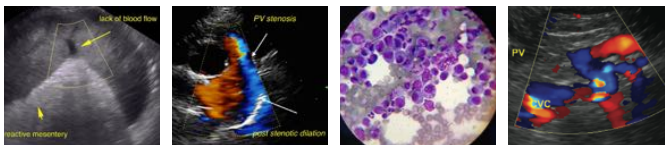
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.09 x 0.45 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measured 0.6 cm.

Spleen

The **spleen** was folded upon itself cranially.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable; however, a focal 5.0 cm jejunal mass was noted with regional inflammation. The mass was localized just cranial to the urinary bladder. Regional inflammation and localized peritonitis was present.

Pancreas

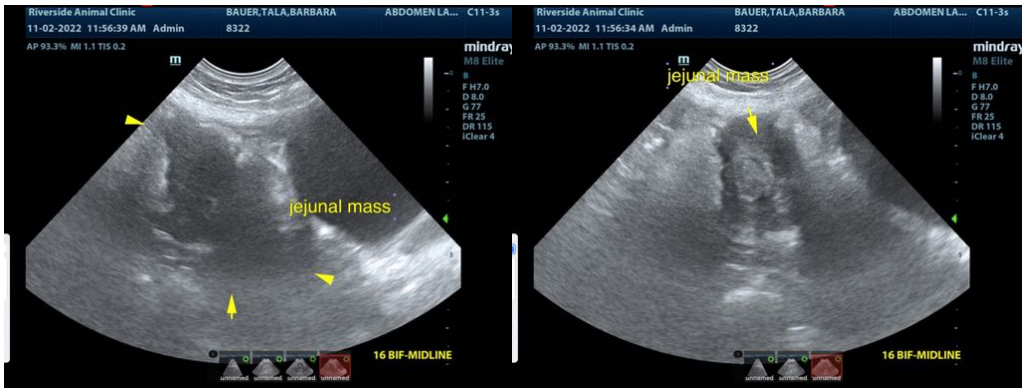
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Jejunal mass with regional inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass appears potentially resectable as the remainder of the organs appeared unremarkable. However, spread into the local omentum may be an issue. However, FNA or direct exploratory surgery is indicated. Resection of approximately 8-10 cm of intestine would be necessary. Chest radiographs are recommended.



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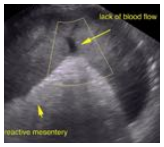
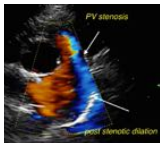
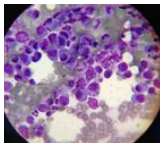
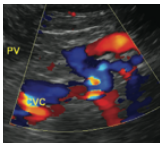

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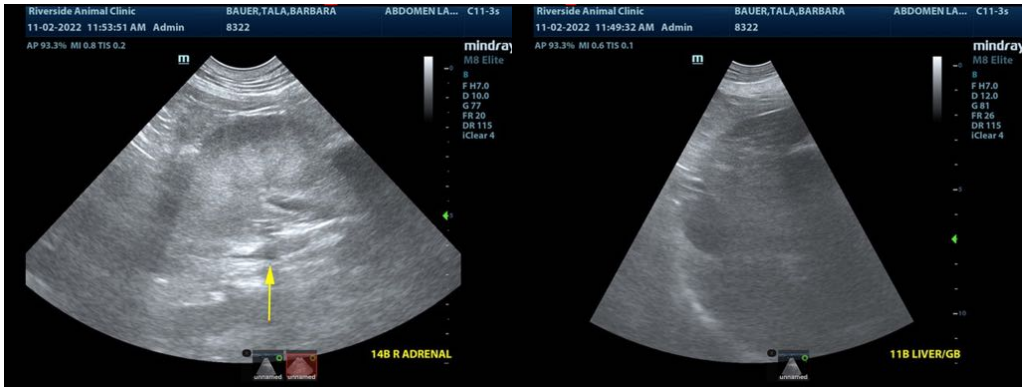

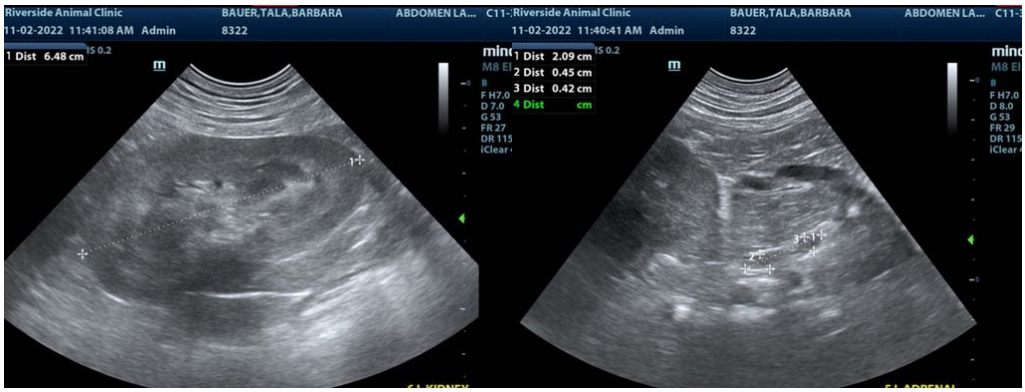

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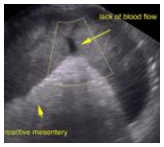

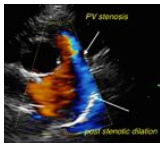

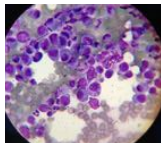
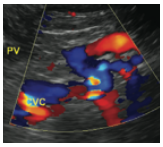

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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