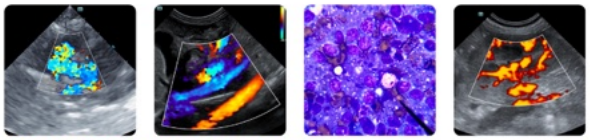


PATIENT

Tessa Scott

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

10 years

WEIGHT

4.7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great and Small Corvallis

REFERRING VET

Dr. Jessica Bailes

INVOICE

69515

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Prior hx of elevated liver values; since resolved Hx of seizures (infrequent; not on any meds) Acute onset seizure, anorexia and lethargy - presented for exam 2 days ago - pale mm noted, anemia confirmed Severe microcytic, hypochromic anemia found on BW to lab
Abnormal PE/Chem/CBC/UA Results: pale mm, underweight (chronic - stable), otherwise NSF on PE BW: CHEM: WNL CBC: Leukocytosis (15.6) w/ neutrophilia (12,012), regenerative hypochromic, microcytic anemia (HCT = 15%, decreased MCV (46), decreased MCH (13.0), decreased MCHC (28), reticulocytosis (8.1); increased NRBC's (4/100 WBC's) Moderate anisocytosis, moderate hypochromasia, marked polychromasia Thoracic rads: NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

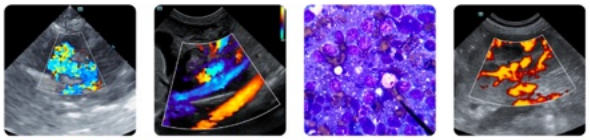
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.16 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 1.24 x 0.4 cm at the caudal pole and 0.23 cm at the cranial pole. The right adrenal gland measured 1.0 x 0.3 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.



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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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A 2.2 cm small intestinal mass was noted in this patient in the cranial abdomen. This is presumed to be jejunum and appears to be isolated.

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

Bladder debris.

Small intestinal mass.

Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for UTI is indicated. The small intestinal mass appears to be resectable. Blood transfusion is warranted with exploratory surgery. Resection and anastomosis are recommended. Differentials include leiomyosarcoma, carcinoma and less likely round cell neoplasia. There was no evidence of lymphadenopathy. GI blood loss is a strong potential. However, depending upon CBC path review I cannot rule out bone marrow involvement. Chest radiographs are recommended to assess for metastatic disease. Given the seizure activity skull CT would be warranted prior to surgical intervention.

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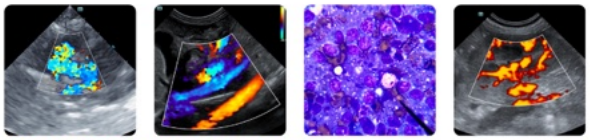

Clinical Sonography & Telecytology
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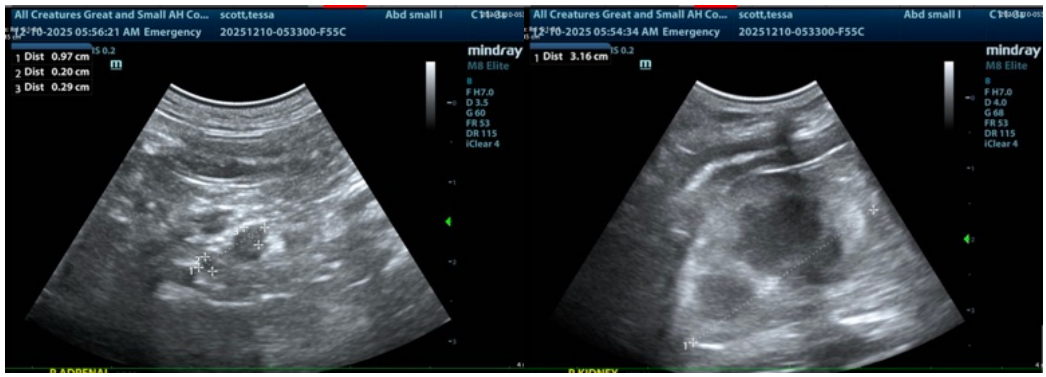

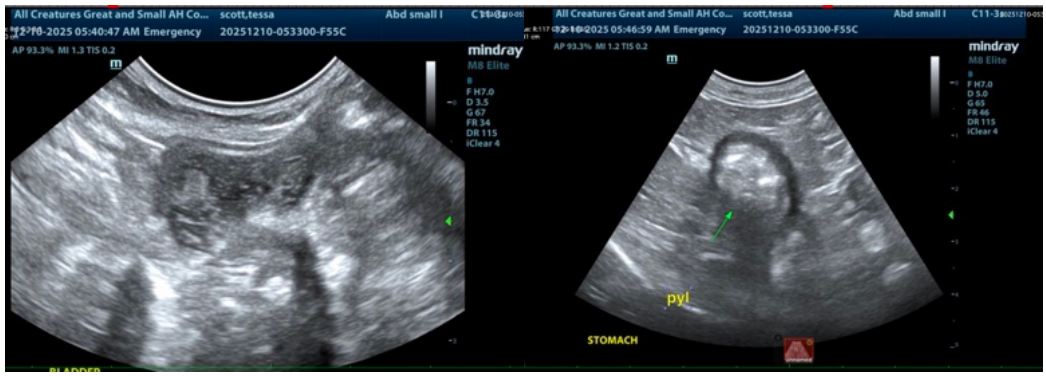

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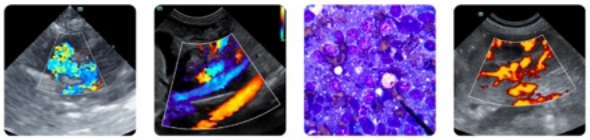

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com