

**DATE**

12/16/22

**PRESENTING CLINICAL SIGNS**

History: Intermittent vomiting for 3-4 weeks. 5-10lb weight loss.

**PATIENT**

Bullet Cassidy

Current Medications: Cerenia 60mg SID started 12/13, Flagyl 500mg BID started 12/13.

Lab Results: NR.

Radiographs: Thickened stomach wall.

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Pitbull Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**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.

**AGE**

1/1/12

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 6.56 cm. The left kidney measured 6.79 cm.

**WEIGHT**

65 Pounds

**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 2.58 cm x 0.59 cm at the caudal pole and 0.62 cm at the cranial pole. The right adrenal gland measured 2.53 cm x 0.66 cm at the caudal pole and 0.74 cm at the cranial pole.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Spleen**

The **spleen** revealed an ill-defined hypoechoic 2.5 cm mass with surrounding free fluid.

**HOSPITAL NAME**

Chadwell AH

**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.

**REFERRING VET**

Dr. Gold

**INVOICE**

20148

**Gastrointestinal**

The caudal abdomen revealed a **small intestinal** mass with wall thickness up to 2.0 cm. The mass itself extended 7.0 cm x 2.5 cm. Regional inflammation was noted associated with the mass. The upper gastrointestinal tract revealed an obstructive pattern owing to the mass, dilated bowel followed by empty small intestinal 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.

### **Free Abdomen**

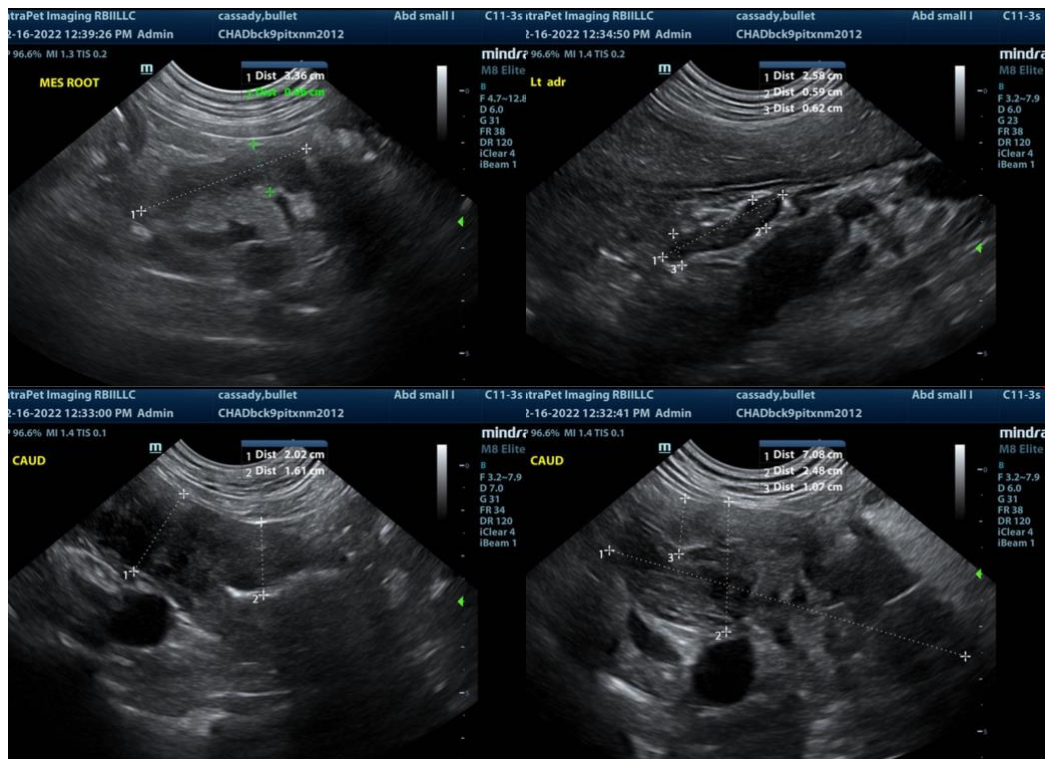
A mesenteric **lymph node** was distorted, irregular and hypoechoic, measuring 3.4 cm x 1.0 cm.

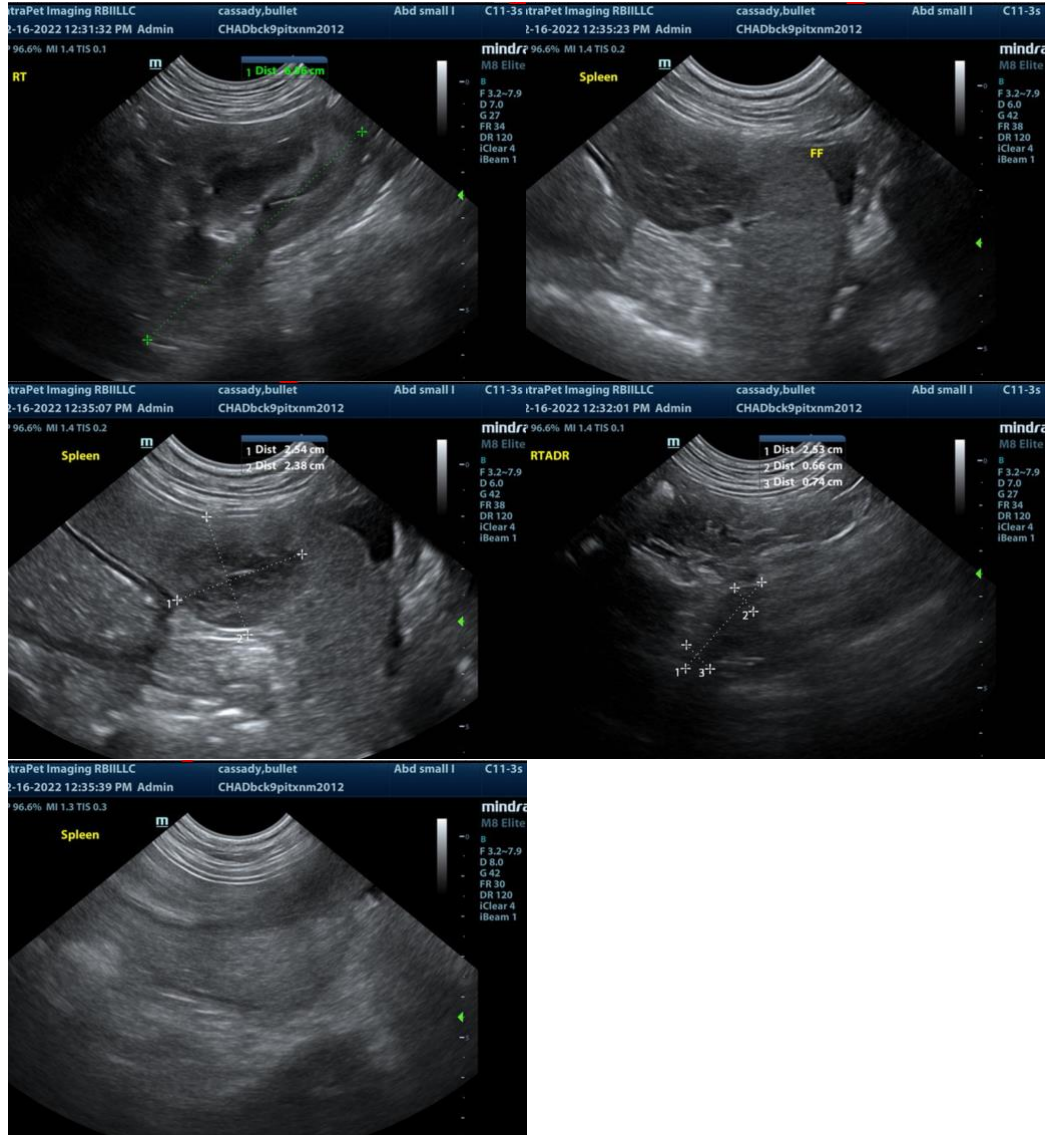
### **ULTRASONOGRAPHIC FINDINGS**

- Intestinal mass with partial obstructive pattern, secondary to stricturing pattern of the intestinal mass
- Regional distorted lymphadenopathy
- Splenic mass

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Multicentric round cell neoplasia pattern. FNA of the spleen, lymph node and intestine all indicated. Chest radiographs are warranted to assess for comorbidity.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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