



PATIENT PRESENTING CLINICAL SIGNS

Jade Moulton

Since last visit P has been V+ every day and will only consume steamed pork roast O has tried everything they can think of to get P to eat normally. V+ looks like bile most of the time and always at night. Omeprazole did seem to help O ran out 2 days ago. Has been coughing today and has always had loose stool. P seems very happy all the time that's why O waited to bring P in. P seems painful in her stomach. Groans when stomach is touched. Skin on belly looks red first noticed a week ago. O are concerned today because P v+ 3 times this morning and it was a very large quantity
Abnormal PE/Chem/CBC/UA Results: chronic vomiting and soft stool - r/o panc, IBD, addison's, other, open cough this AM - dx with pneumonia 2mo ago. r/o aspiration vs pneumonia vs esophagitis. CBC = HCT 57%, WBCs wnl 14.38k, stress leukogram neutrophilia 11.79k, monocytosis 1.14k, eosinopenia 0k, thrombocytosis 6.7k chem10 = all wnl EPOC = lactate 4.29, iCa 1.03, hypochloridemia 105, resp alkalosis pH 7.54, low PCO2 27.7 cPL snap = normal Fecal G to antech, pending Cortisol to antech, pending inhouse-cortisol (no charge) for QC =

SPECIES

Canine

BREED

Collie Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

33.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Jimmerson

INVOICE

95869

DATE

2/8/22

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 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 left kidney measured 5.14 cm. The right kidney measured 5.4 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 right adrenal gland measured 0.54 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland measured 0.5 cm in width.

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. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with



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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.

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Gastrointestinal

The upper **gastrointestinal tract** was dilated with anechoic fluid. Hyperperistalsis was noted in the upper gastrointestinal tract and followed by empty small intestine. This crated an obstructive pattern. An annular concentric mass was noted in the jejunum and measured 3.0 x 3.0 cm. This was followed by empty small intestine. There was no evidence of metastatic disease.

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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.

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ULTRASONOGRAPHIC FINDINGS

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Annular concentric mass in the jejunum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

I recommend exploratory surgery with resection and anastomosis along with inspection of other tissues. There was no overt metastatic disease was noted. Chest radiographs are warranted. I suspect jejunal carcinoma, focal lymphoma or granuloma.

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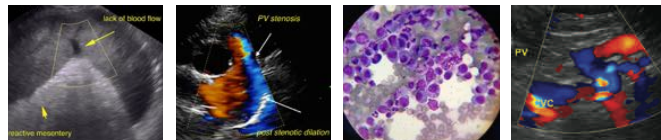


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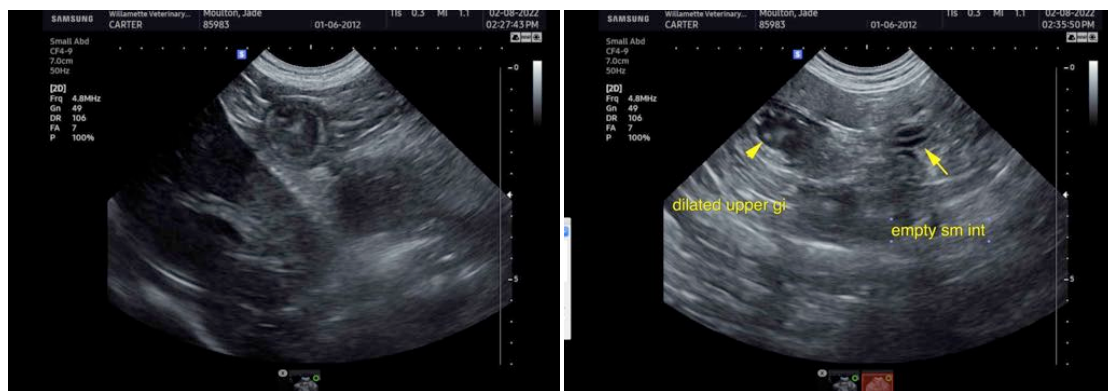
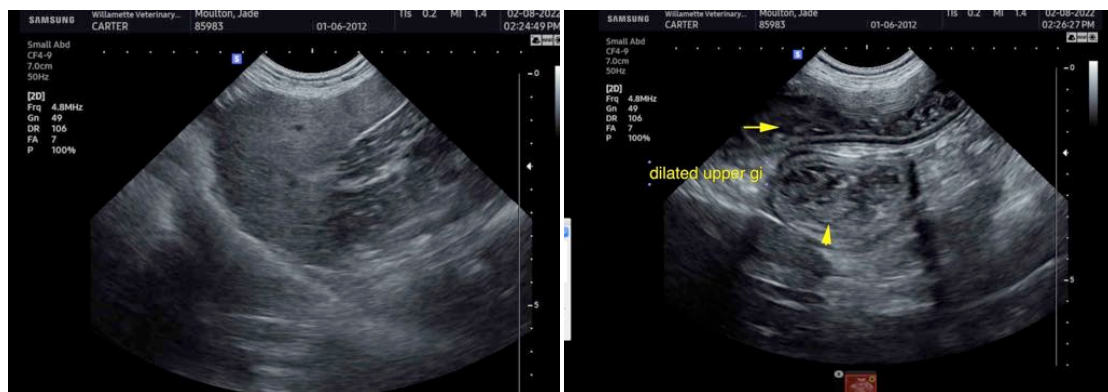
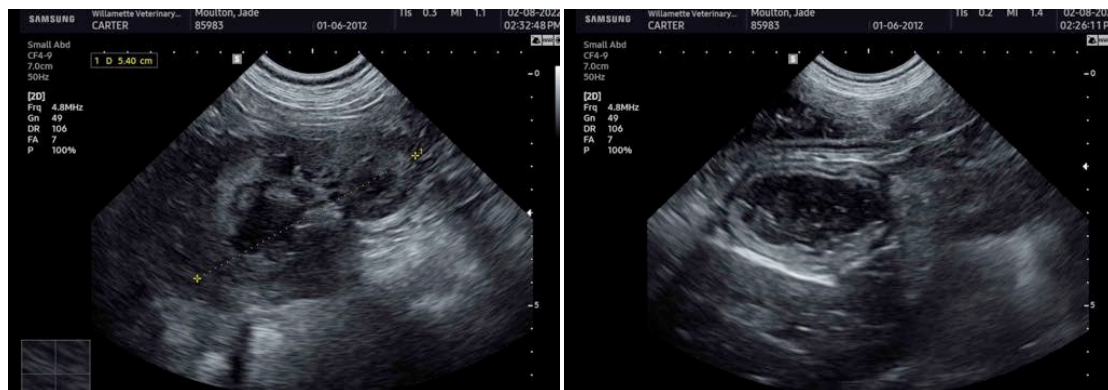
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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