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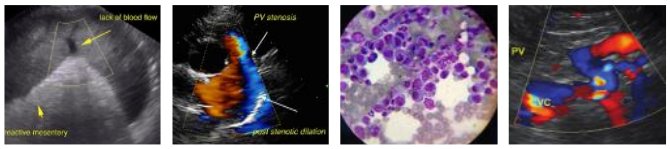


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1-800-838-4268 info@sonopath.com

**PATIENT**
Chance Taylor

**SPECIES**
Canine

**BREED**
Husky

**SEX**
MN

**AGE**
11yr

**WEIGHT**
49lb

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

**IMAGING PERFORMED BY**
Jessica Miller

**HOSPITAL NAME**
Basking Ridge AH

**REFERRING VET**
Dr. Hollo

**INVOICE**
13114ag

**DATE**
03/06/2023

## PRESENTING CLINICAL SIGNS

Intermittent vomiting. Wt loss. Hx of intestinal adenocarcinoma w/ angiolymphatic invasion. Current meds: omeprazole

## 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 were 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 mild 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 left kidney measured 6.46 cm in length. The right kidney measured 6.59 cm in length.

The residual prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.9 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 2.16 cm in length by 0.54 cm caudal pole width by 0.51 cm cranial pole width. The right adrenal gland measured 2.28 cm in length by 0.45 cm caudal pole width by 0.98 cm cranial pole width.

### *Spleen*

The spleen presented a focal hypoechoic nodule in the mid caudal body measuring 0.49 cm x 0.33 cm. The spleen was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction.

### *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*

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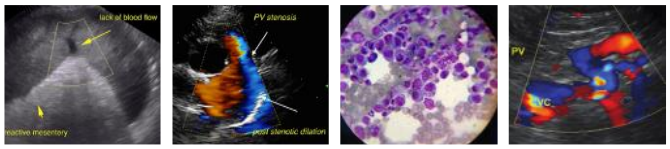


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Examination of the gastrointestinal tract revealed mildly thickened gastric walls with echogenic mucosal remodeling. A region of 8-10 cm revealed multifocal areas of reactive and nodular mesentery with secondary pancreatic involvement and regional lymphadenopathy. A portion of duodenum in the right cranial abdomen was thickened and irregular with loss of mural detail measuring ~ 5.0 cm x 3.0 cm. Neoplastic criteria is met and the pattern is most consistent with intestinal carcinoma with regional spread to the pancreas, lymph nodes and omentum.

### *Pancreas*

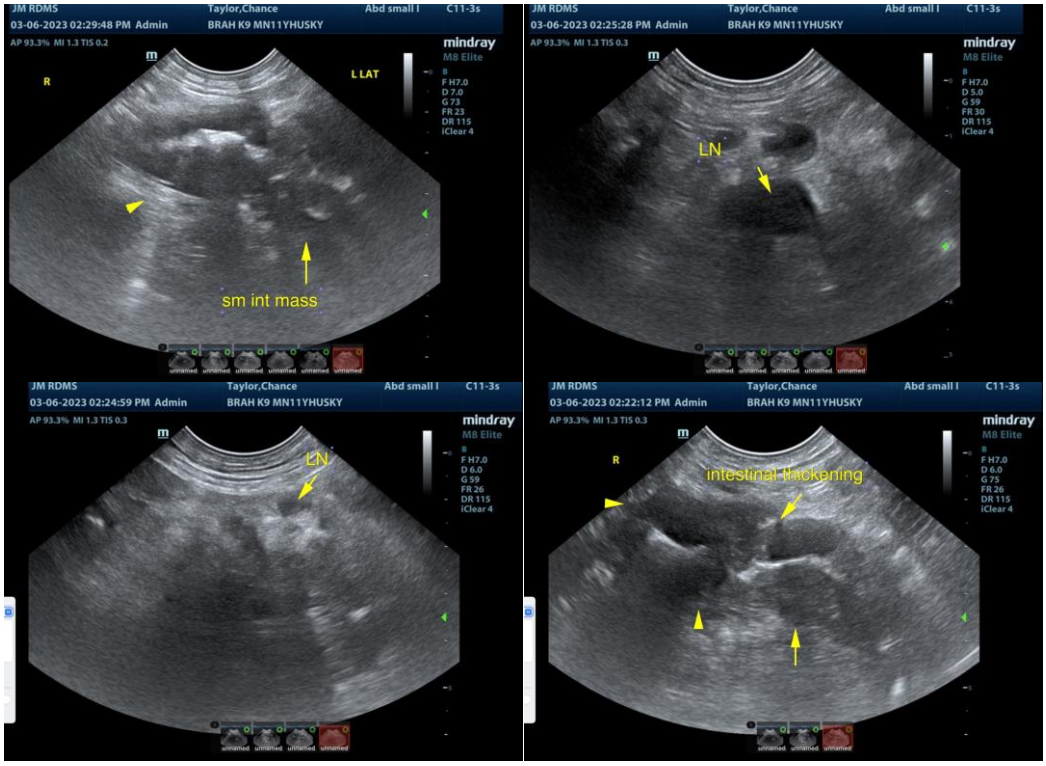
The right limb was heterogenous and hypoechoic with enhanced surrounding mesentery suggestive of regional pancreatitis.

## ULTRASONOGRAPHIC FINDINGS

- Intestinal mass with regional spread to the pancreas, omentum and lymph nodes-most consistent with intestinal carcinoma
- Splenic nodule-hyperplasia, possible metastatic disease given the intestinal presentation
- Age related abdominal changes
- BPH prostate

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status an intestinal mass FNA for screening cytology could be considered for further assessment and possible oncology consult.



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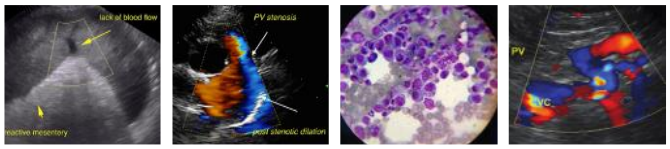

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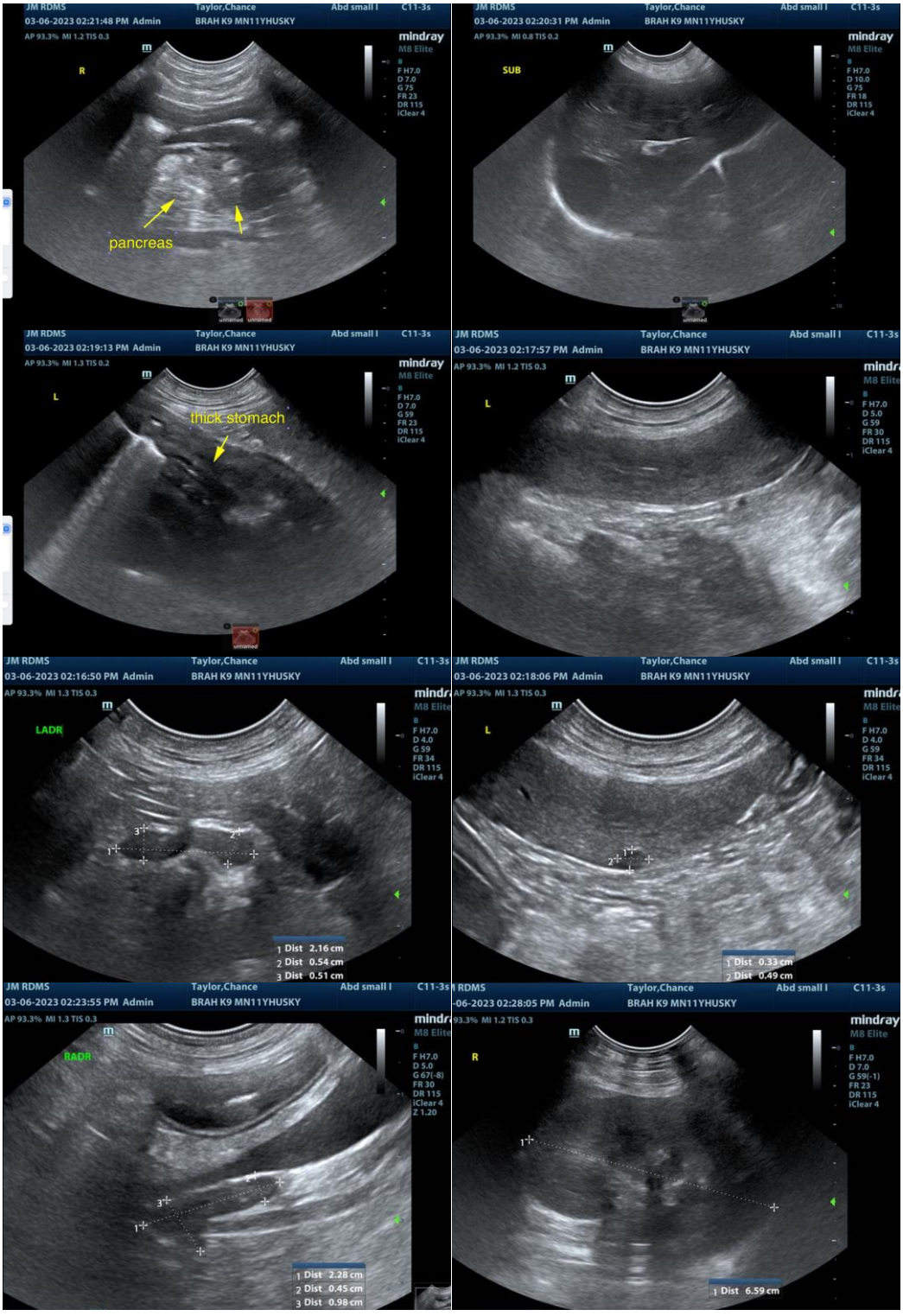

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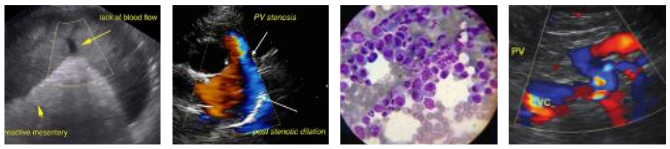

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
Eric.Lindquist@SonoPath.com