

**DATE**

4/29/22

PRESENTING CLINICAL SIGNS

Noticed firm swelling over the last month- went to RDVM yesterday- abdominal mass noted schedule for ultrasound on Monday started to vomit and not eat today history of pancreatitis- on hills I/D labwork done in 2/2022- ALP -258 history of allergies

PATIENT

Maxie Hosia

Current Medications: None.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

SPECIES

Canine

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Yorkie Poo

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

13.5 years

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 4.21 cm. The right kidney measured 4.32 cm.

WEIGHT

4/29/13

Adrenal Glands

The **right adrenal gland** was 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 1.83 cm x 0.62 cm at the caudal pole and 0.52 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The region of the **left adrenal gland** revealed no evident pathology.

HOSPITAL NAMEAnimal Emergency
Hospital**Spleen**

The visible **spleen** was unremarkable, uniform. No evident pathology.

REFERRING VET

Dr. Willer

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.

INVOICE

14971

Gastrointestinal

The **stomach** was overdistended. A minor amount of fluid and gas noted. The pylorus was free of evident pathology. **See free abdomen section.

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

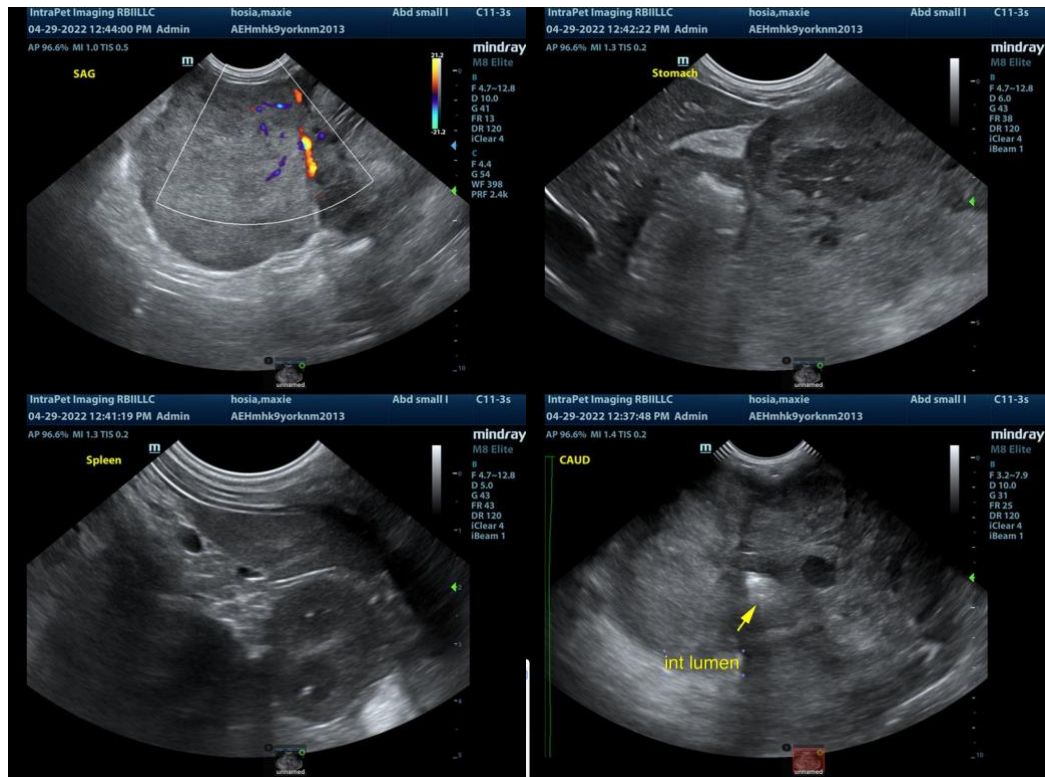
An undifferentiated mixed hypoechoic expansive necrotic mass noted occupying the majority of the cranial **abdomen**. The mass appeared to be deriving from the intestine, as hyperechoic lumen was noted in the middle of the mass. However, the visible small intestine was unremarkable. The mass impinges upon the stomach cranially, however, it appears to be separate from it. Regional inflammation and localized free fluid were present.

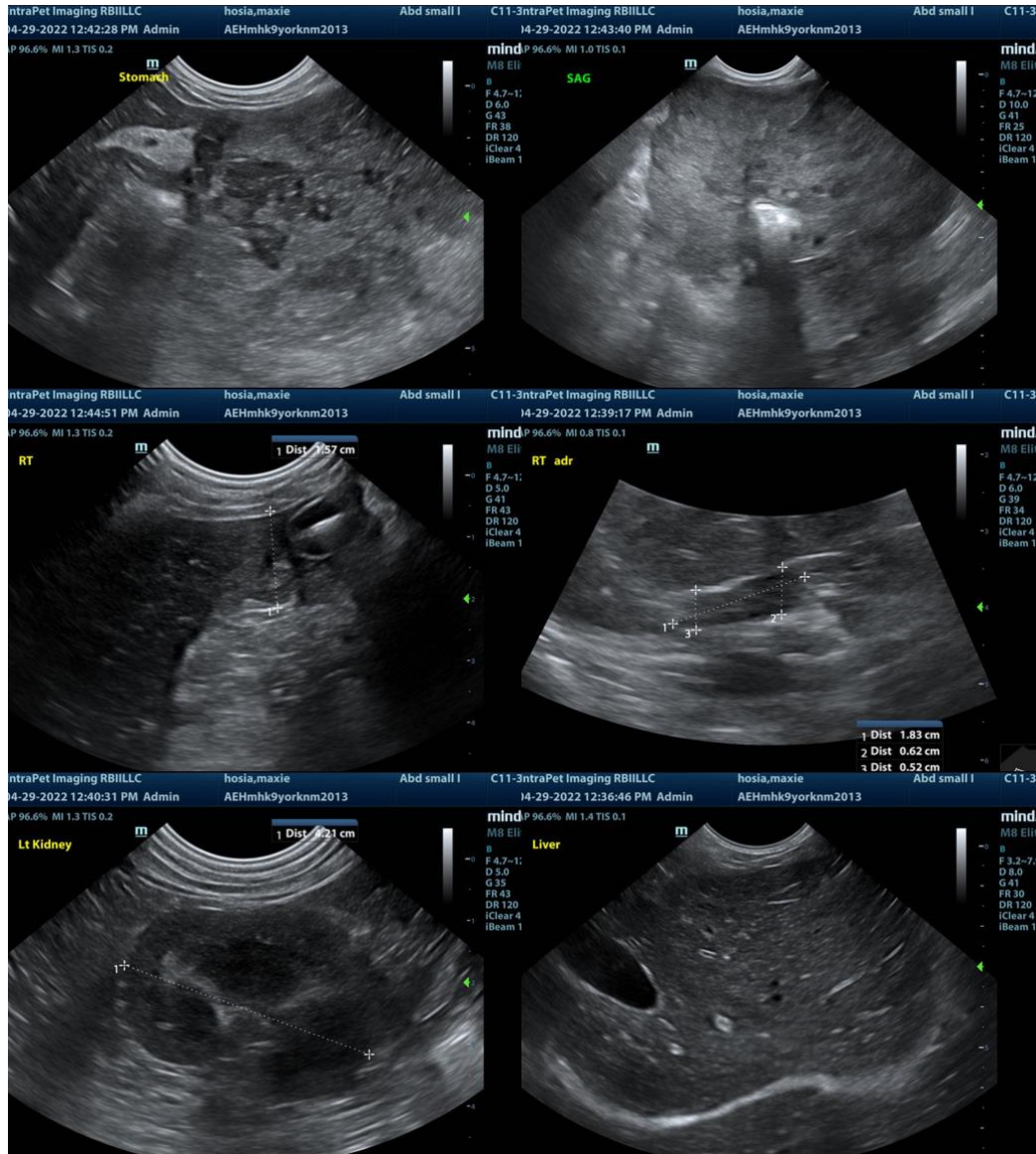
ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass, appears isolated, peripherally inflamed. Intestinal lymphoma, leiomyosarcoma possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the intestinal mass indicated. CT evaluation would be ideal for potential surgical planning or direct surgical exploratory. However, portions of the pancreas and possibly portions of the stomach may be involved. Guarded prognosis.





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.

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