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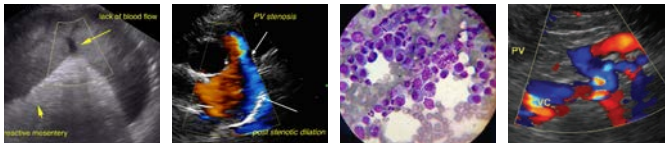
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Coco Paderna

SPECIES
Canine

BREED
Japanese Chin

SEX
Neutered Male

AGE
10 Years

WEIGHT
13.7 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
The Gentle Vet

REFERRING VET
Dr. Linda Dulude

INVOICE
46502

DATE
4/7/23

PRESENTING CLINICAL SIGNS

Patient presents for vomiting, a palpable mass in the mid-abdomen and on radiographs. No current meds.

Abnormal PE/Chem/CBC/UA Results: Albumin 2.5, neuts. 11771. PLT count 441, HCT 51%.

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 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. Mineralization noted in both kidneys. The right kidney measured 4.02 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 1.54 cm x 0.83 cm at the cranial pole and 0.60 cm at the caudal pole. The left adrenal gland measured 1.0 cm x 0.39 cm at the cranial pole and 0.28 cm at the caudal pole.

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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed fluid filled lumen and edematous wall. A complex 5.0 cm x 7.0 cm peripherally inflamed undifferentiated intestinal mass noted in this patient. It appeared to be jejunal. The colon revealed soft stool.

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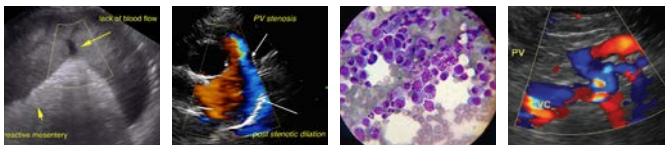

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Pancreas

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.

Free Abdomen

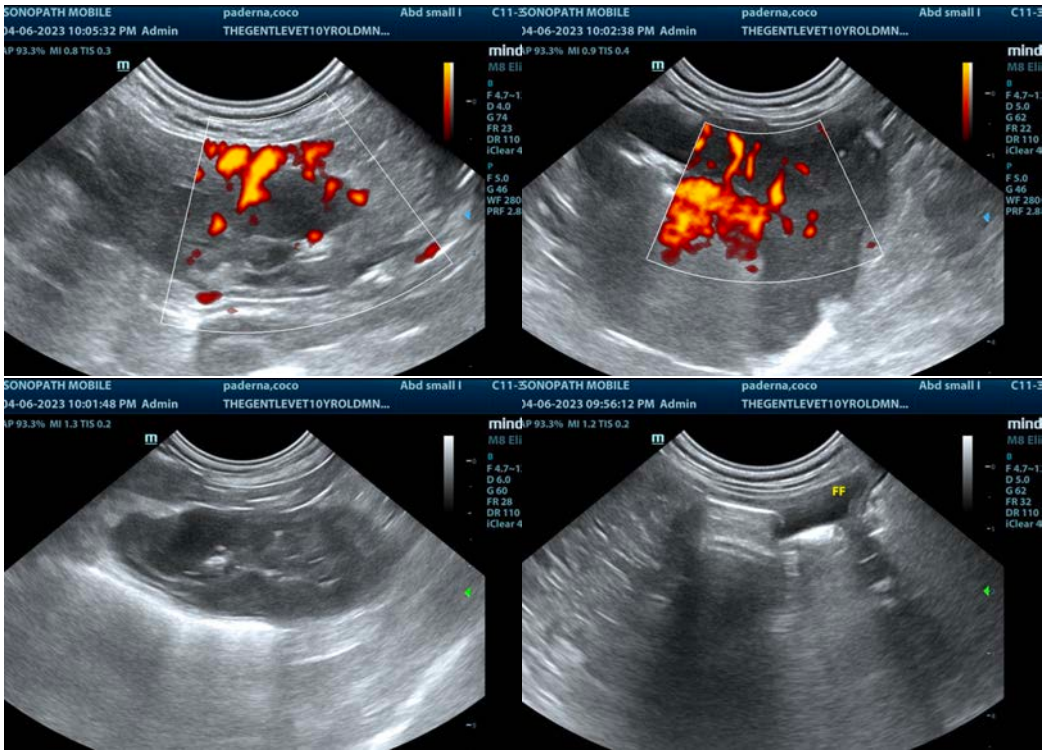
Free fluid noted in the caudal abdomen. Regional peritonitis.

ULTRASONOGRAPHIC FINDINGS

- Complex vascular jejunal mass with regional inflammation and possible abdominal spread
- Age related renal changes with mineralization
- Age related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clean resection of the mass is unlikely, given the tapering intestinal pattern prior to and after the mass and regional inflammation and free fluid. High concern for emerging lymphomatosis/carcinomatosis. The mass is significantly vascular. Chest radiographs warranted to assess for comorbidities. Treatment should be based on FNA results. Prognosis is extremely guarded to poor long-term depending upon responsiveness to chemotherapy.



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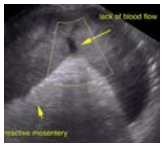
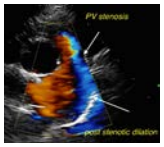
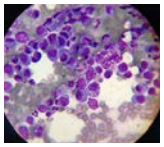
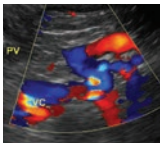

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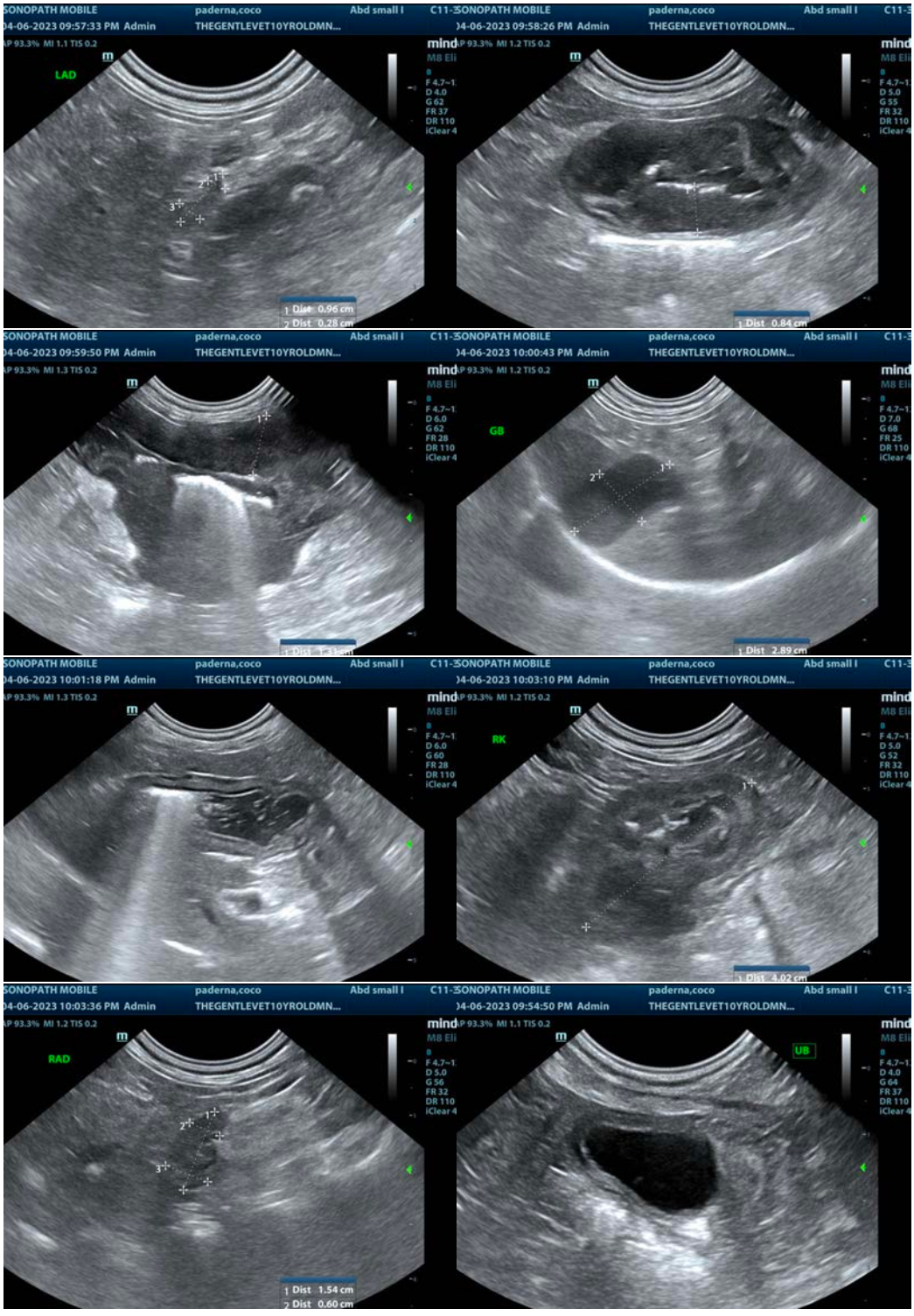

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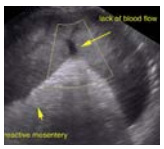
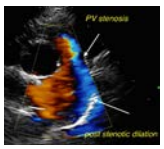
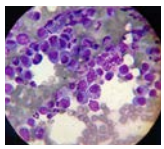
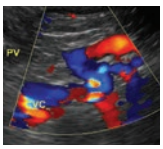

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com