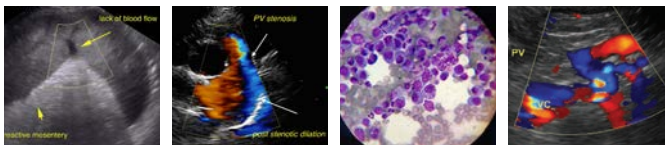
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Mush Gerhardt

SPECIES
Canine

BREED
Boston Terrier

SEX
Neutered Male

AGE
11 Years

WEIGHT
22.5 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
47276

DATE
5/10/23

PRESENTING CLINICAL SIGNS

Suspected abdominal mass, anorexic.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The residual prostate measured 0.50 cm.

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. The right kidney measured 4.14 cm. The left kidney measured 4.21 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.01 cm x 0.63 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 1.7 cm x 0.72 cm at the cranial pole and 0.63 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive hypoechoic parenchymal mass measuring 6.0 cm, moderately vascular. The splenic mass appeared to derive from the caudal pole of the spleen. Remainder of the spleen appeared unremarkable with uniform parenchyma.

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

The **stomach** was unremarkable. The right cranial abdomen revealed an infiltrative 3.0 cm jejunal mass x 1.03 cm wall thickness. Reactive mesentery noted around the intestinal mass. Mesenteric lymph nodes were enlarged, rounded, and hypoechoic, and may represent metastatic lesions.

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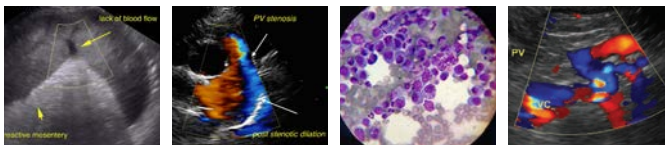

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Pancreas

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.

Other

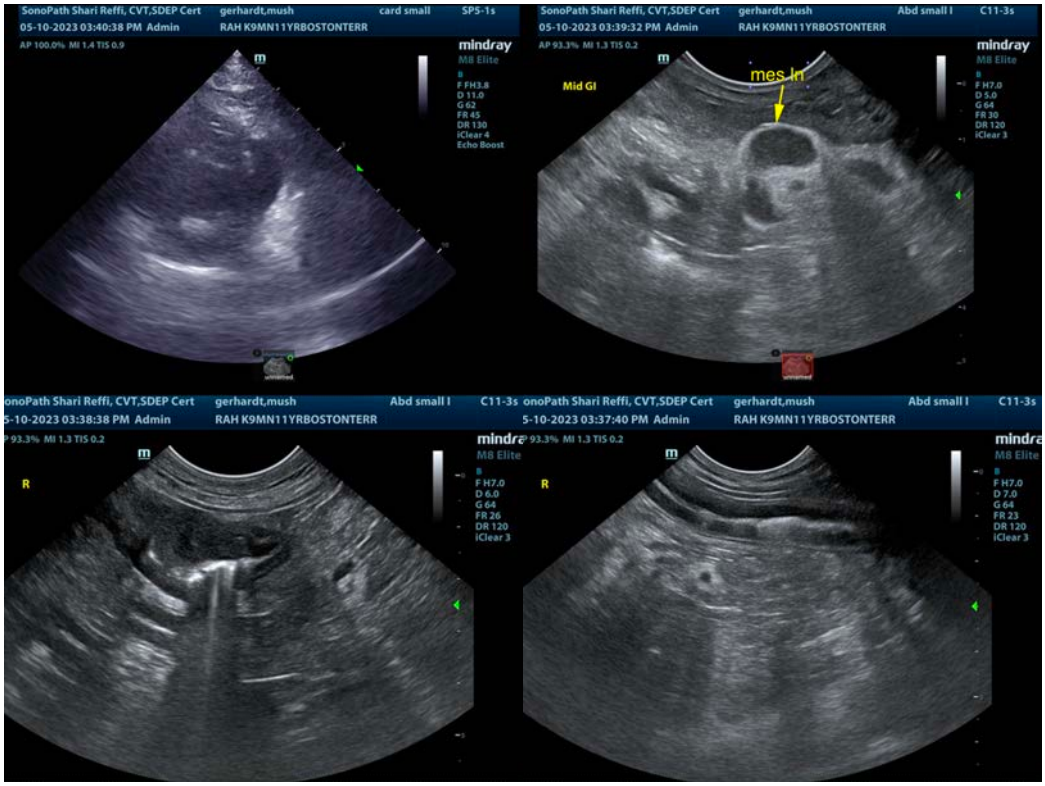
Rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Jejunal mass – appears resectable, differentials include carcinoma versus round cell neoplasia.
- Concurrent splenic mass – possibly unrelated to the jejunal mass, differentials include round cell neoplasia, hemangiosarcoma, benign hematoma, and stromal tumor.
- Age related renal and adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass and intestinal lesion may be completely unrelated. Ultrasound guided FNA of the intestinal mass, lymph nodes, and spleen could all be considered from a screening standpoint, or direct surgical intervention with intestinal resection and anastomosis, splenectomy, and mesenteric lymph node biopsies. Chest radiographs warranted prior to surgery.



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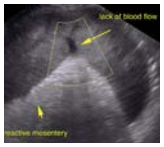
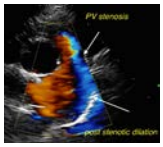
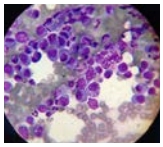
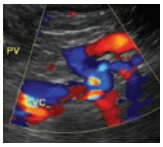

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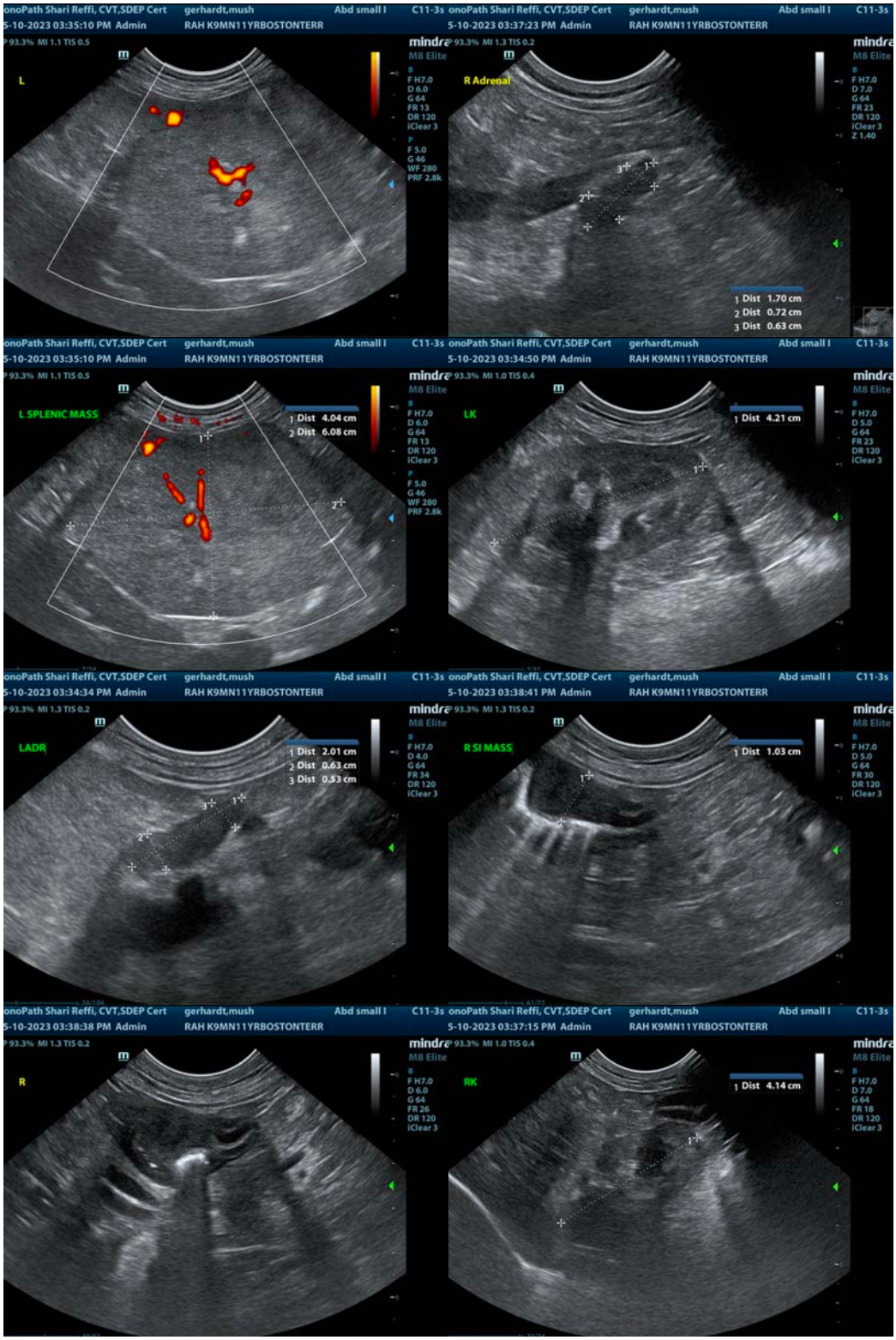

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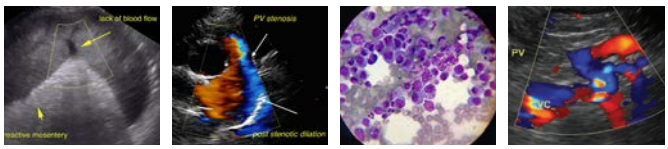

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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