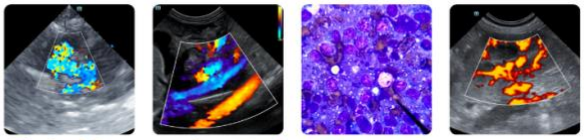


PATIENT

Dakota Flanagan

SPECIES

Canine

BREED

Catahoula Leopard Hound Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

46 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Wasserman DVM

HOSPITAL NAME

Highlands Animal Hospital

REFERRING VET

Tuckett DVM

INVOICE

16180

DATE

05/13/26

PRESENTING CLINICAL SIGNS

Patient has had progressive lethargy for the past 3 weeks. 4 weeks ago had an exam in which there were not many abnormalities other than otitis and no gastrointestinal upset. Since then Melena developed 3 weeks ago, tarry stools in copious amounts, retching without producing digesta, just bile and foam. Inappetant, worsening as times goes on. White gums on exam today.

Abnormal PE/Chem/CBC/UA Results: The initial BW/Radiographs/and workup were deferred pending findings of US to evaluate for intestinal mass. Fecal negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **prostate** was enlarged measuring 1.76 cm with uniform parenchyma. No overt evidence of mineralization.

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 5.1 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

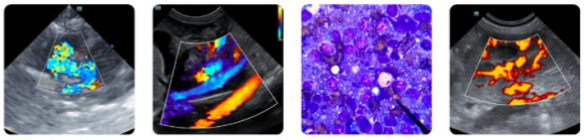
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.86 cm width at the caudal pole and 0.64 cm width at the cranial pole. The right adrenal gland measured 1.02 cm width at the cranial pole and 0.7 cm width 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 mild 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,



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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** was over distended with echogenic fluid creating a partially obstructive pattern. Areas of intestinal thickening were visualized.

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

The mid abdomen revealed a mixed hypoechoic complex and mineralizing intestinal mass with regional inflammation measuring 5.6 cm. Regional inflammation and peritonitis as well as tumor escape into the regional omentum was noted. The mineralization would suggest carcinoma. Slight area pockets of free fluid as well as significant spiderweb-type infiltrative pattern into the regional omentum. Regional lymph nodes were also enlarged, hypoechoic and mildly irregular (reactive versus metastatic disease).

ULTRASONOGRAPHIC FINDINGS

- Partial obstructive pattern of the upper GI tract.
- Intestinal mass with omental spread/variable intestinal thickening- carcinoma versus round cell neoplasia, leiomyosarcoma less likely. The mass appears obstructive.
- Age-related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clean resection is unlikely in this patient given the omental involvement. Exploratory surgery would be necessary with aggressive resection/anastomosis and adjunctive chemotherapeutic protocol. Given the mineralization, carcinoma is likely. FNA of the tumor could be considered for further definition. The prognosis long term is poor. However, some minor palliative response may be possible depending upon cytology results. Chest radiographs are warranted to assess for metastatic disease.

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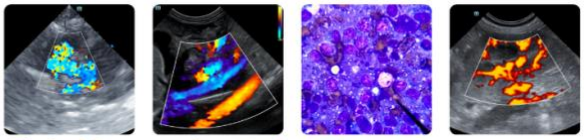

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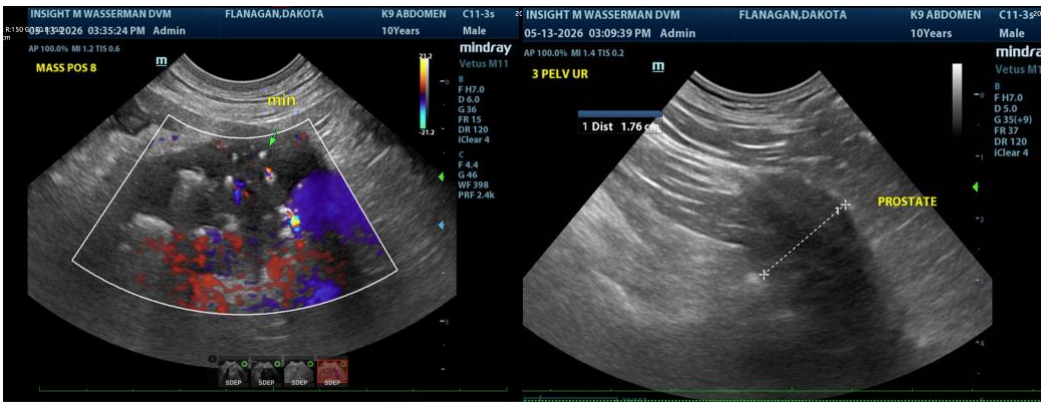

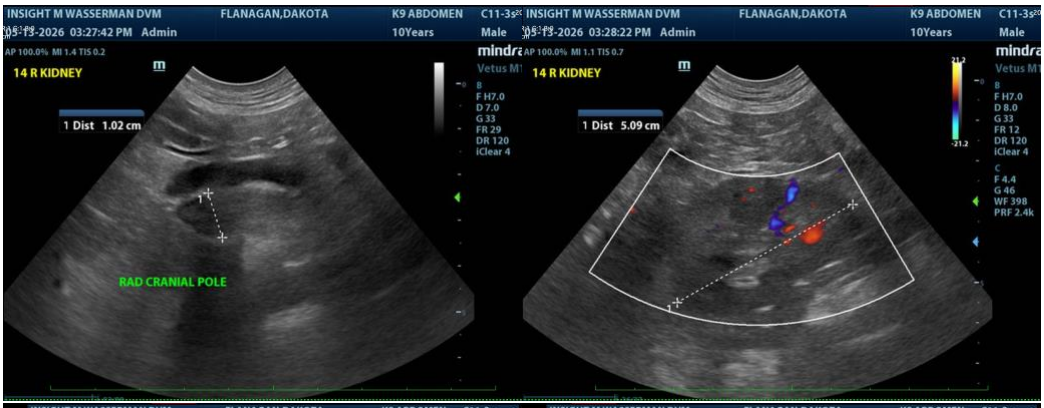

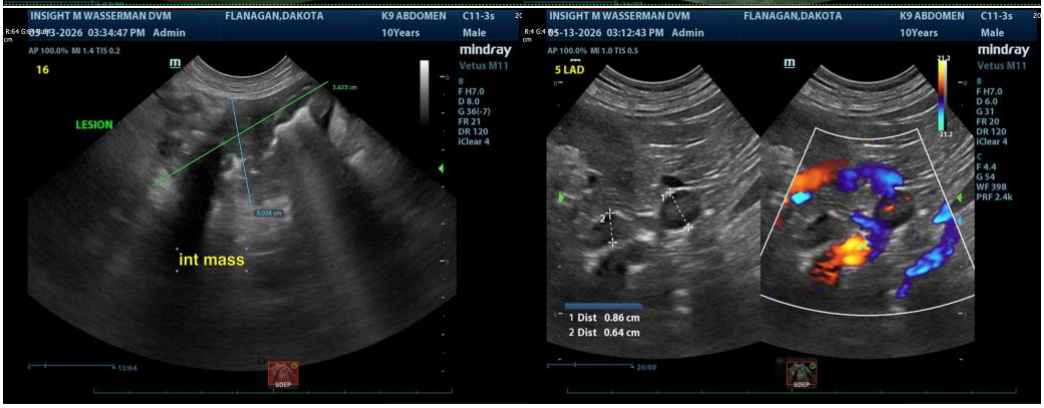

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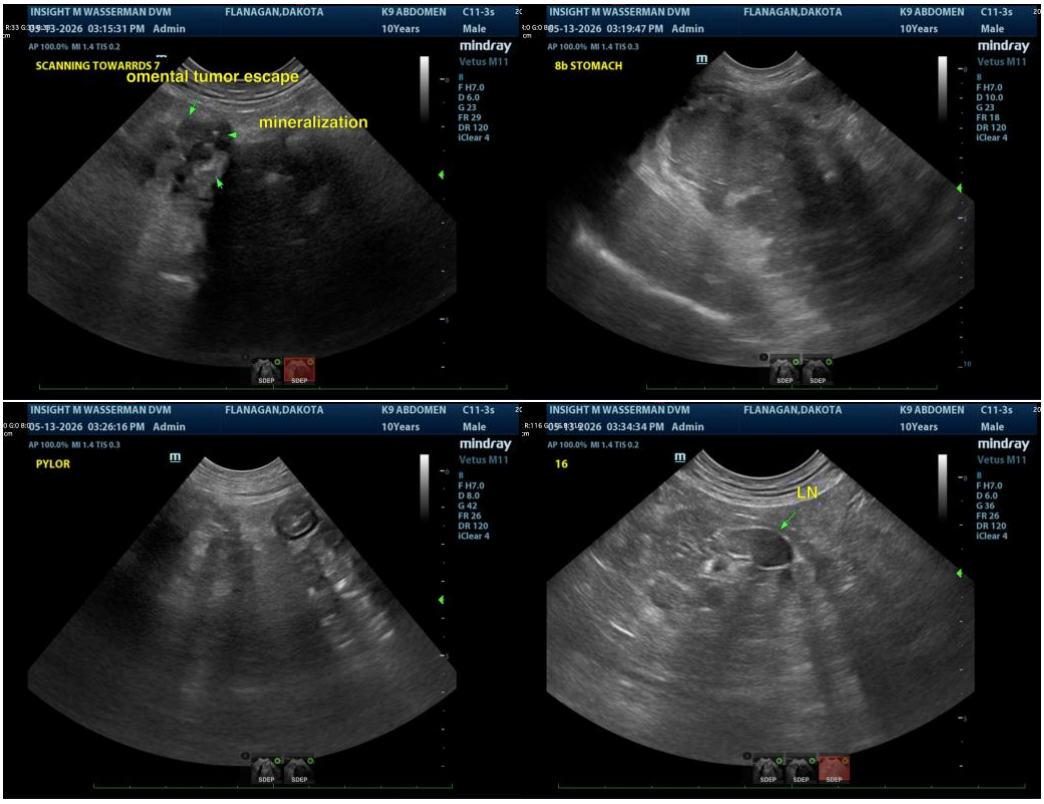

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com