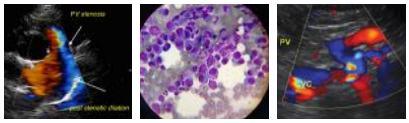
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
5/15/22

PATIENT
Abe Matthai

SPECIES
Canine

BREED
Golden Retriever

SEX
Neutered Male

AGE
2013

WEIGHT
70 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
N/A

INVOICE
15200

PRESENTING CLINICAL SIGNS

History: Lethargic. Blood in stool. Not Eating.

History: Date: 05-14-2022 Notes: In November was very ill, had BW and US (which was unremarkable). Was positive for Lyme or Anaplasmosis, owner not sure. Treat for IBD and started on Doxycycline. Seemed to improve.

Current Medications: Pantoprazole (Protonix), Doxycycline, Maropitant Citrate (Cerenia), and Sucralfate.

Lab Results: Attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

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 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 right kidney measured 6.35 cm. The left kidney measured 6.92 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 3.05 cm x 0.8 cm at the caudal pole and 1.02 cm at the cranial pole. The left adrenal gland measured 2.92 cm x 0.88 cm at the caudal pole and 0.68 cm at the cranial pole.

Spleen

The **spleen** revealed scalloping contour and hypoechoic parenchyma. Multifocal hypoechoic nodular changes noted, measuring up to 1.17 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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 a 2.3 cm x 3.0 cm mass. The colon was fluid filled yet structurally unremarkable otherwise. Gastric mass/thickening appeared to be stricturing at the level of the gastroesophageal sphincter/inlet. Should be accessible by endoscopy.

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

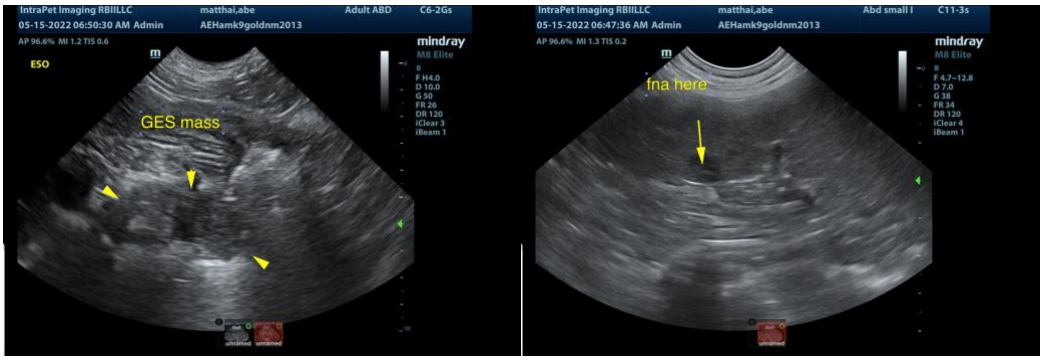
A rapid view of the **heart** revealed no evident pathology.

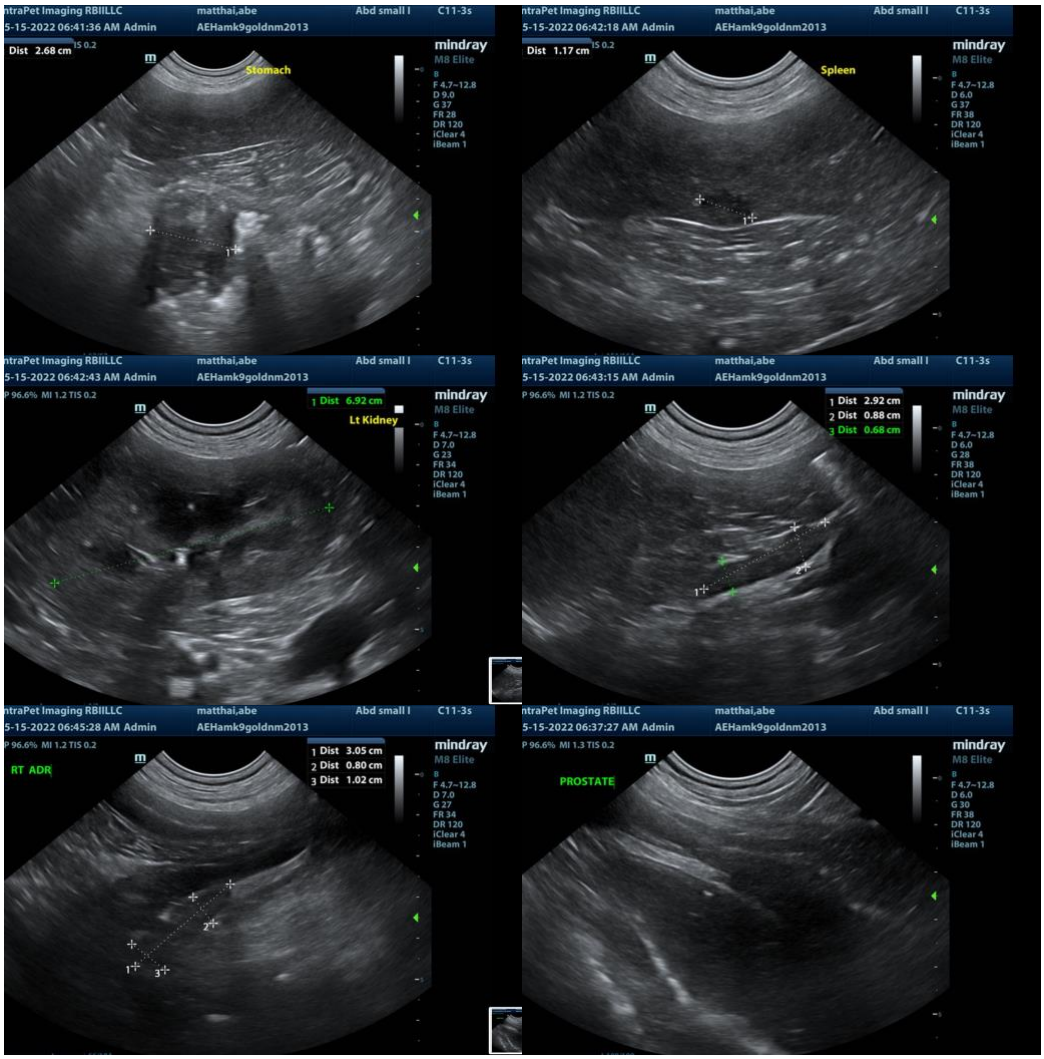
ULTRASONOGRAPHIC FINDINGS

- Swollen, irregular spleen with undefined nodules
- Gastroesophageal mass and fluid filled colon
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend screening FNA of the spleen and splenic nodules, as well as endoscopy to obtain biopsies and visualize the stricturing lesion in the upper gastroesophageal sphincter. Concern for carcinoma in this region. Nonneoplastic granulomatous disease possible.





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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