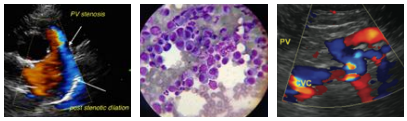
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

6/13/23

PATIENT

Jax Langgartner

SPECIES

Canine

BREED

Old English Bulldog

SEX

Neutered male

AGE

3/16/18

WEIGHT

57.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Goessling

INVOICE

44713

PRESENTING CLINICAL SIGNS

Past hx-- Has been here twice prior for eating tampons-- successful in making him vomit up. 6/10 -- seen for ingestion of tampons, first round apomorphine -- no vomit, after IVF, able to vomit 5, then unsuccessful again, proceeded to scope and removed one more. Questionable ingesta in SI-- He ate and went home with just omeprazole and sucralfate, ALP -- minor elevation. Progress at home before returning on 6/12
Ate beef and rice 3 times, no vomiting, had normal stool at first, then straining and refused food
He has had multiple rounds of bloody diarrhea this year--- RDVM has done fecal, GI panel , Addisons tested and/or screened for negative . He has been on metronidazole multiple times. Our recheck rads this time-- stomach-- consistent with beef and rice, SI - no obvious obstruction, potential fine renal mineralizations, lytes wnl and having multiple rounds of very explosive watery diarrhea.
Current Medications: Proviable, Cerenia, Metronidazole, Protonix, Buprenorphine.
Lab Results: See attached.
Radiographs: Small amount of material/ingesta in stomach, SI- thin gas, no dilation, possible fine renal mineralizations.
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 was noted. Ureteral papillae were normal.

The residual prostate was uniform and measured 1.2 cm.

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 6.5 cm. The right kidney measured 6.7 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 left adrenal gland measured 3.25 x 0.71 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland measured 3.16 x 0.83 cm at the caudal pole and 0.72 cm at the cranial 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 was noted.

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 upper **gastrointestinal tract** was unremarkable. There was some retained ingesta noted. Variable upper intestinal thickening as well as colonic thickening was noted. There was early loss of mural detail on the colonic wall. The colon was mildly thickened with some loss of mural detail and measured 0.58 cm. The mesenteric root revealed an undifferentiated, hypoechoic, centrally mineralizing mass that measured 4.6 x 4.1 cm. Exact source of the mass is unclear. Mineralization would suggest carcinoma; however, the position would suggest lymph node origin. It appears potentially resectable.

Pancreas

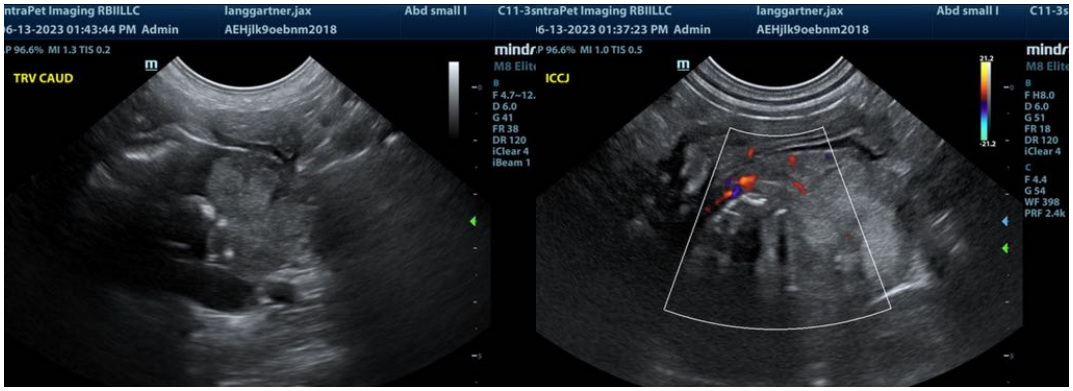
The **pancreas** revealed minor, heterogenous changes without overt evidence of inflammation.

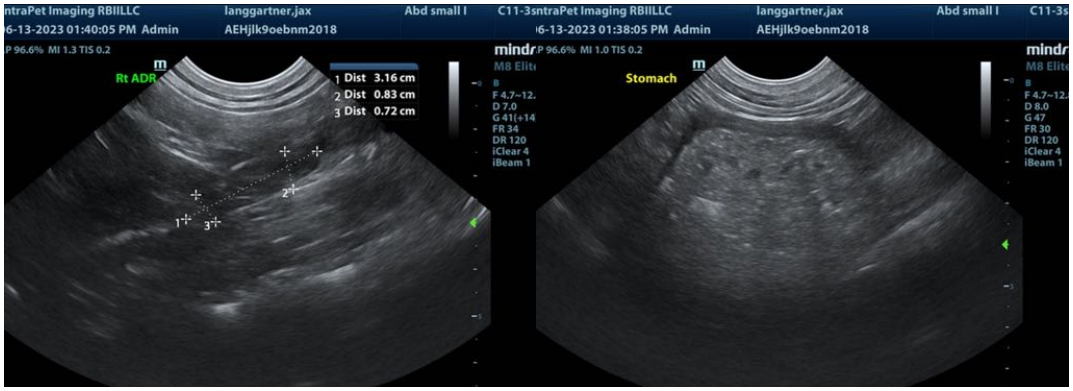
ULTRASONOGRAPHIC FINDINGS

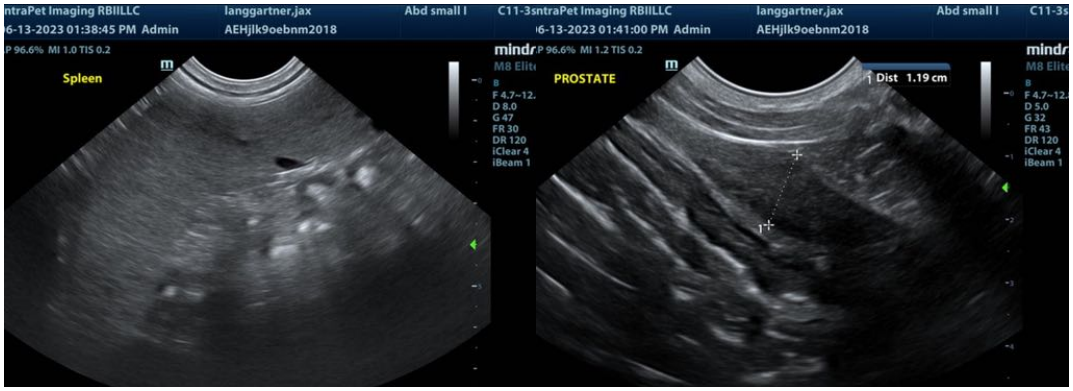
Mineralizing mesenteric mass, suspect lymph node origin with potential invasion into the local mesentery appeared to be present.
Regional lymph nodes were slightly enlarged and rounded. There appears to be two parts of the mass, one of which appears to be invading the mesenteric vein.
Intestinal colonic thickening, likely inflammatory bowel pattern with a minor potential for mural neoplasia.
Minor heterogenous pancreatic changes.

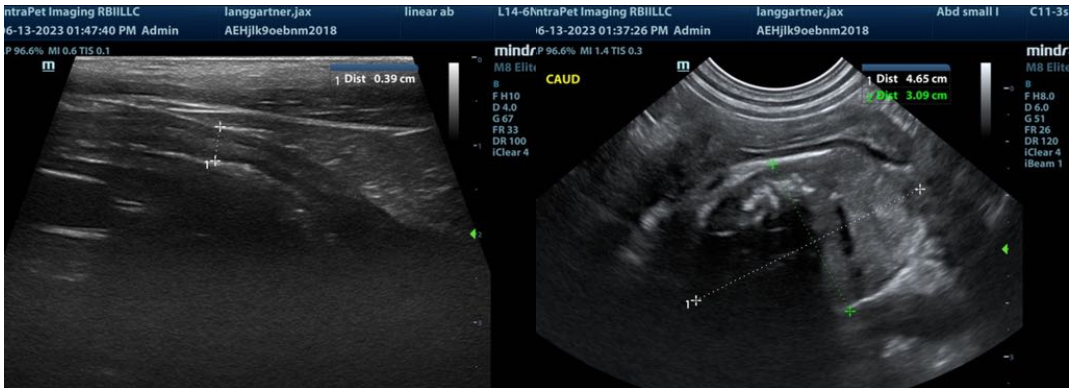
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

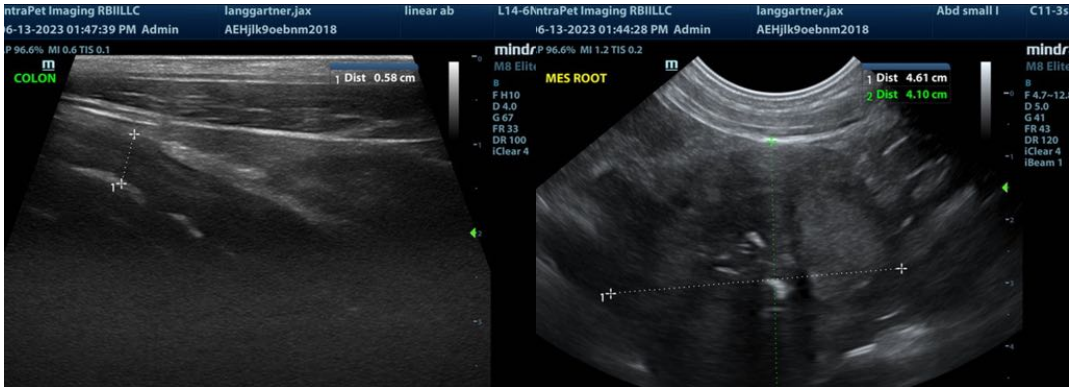
Either exploratory surgery or CT evaluation for surgical planning is indicated. There was no evidence of obstructive disease. Ultrasound-guided FNA can be considered for further definition. CT evaluation would be ideal for surgical planning.

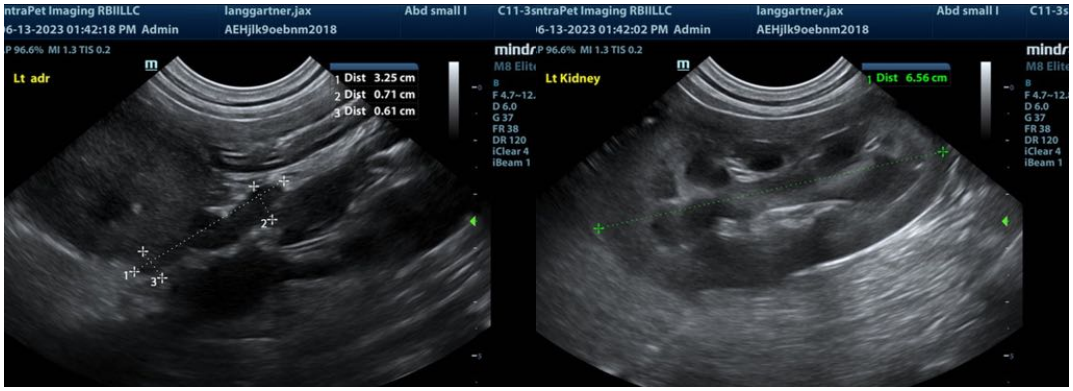



Rt ADR
1 Dist 3.16 cm
2 Dist 0.83 cm
3 Dist 0.72 cm
Stomach


Spleen
PROSTATE
1 Dist 1.19 cm


1 Dist 0.39 cm
CAUD
1 Dist 4.65 cm
2 Dist 3.09 cm





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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