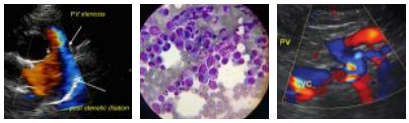
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
7/25/22

PATIENT
Hendrix Peterson

SPECIES
Canine

BREED
Pitbull

SEX
Neutered Male

AGE
6/21/15

WEIGHT
58.8 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Bayside AMC

REFERRING VET
Dr. Beigel

INVOICE
16509

PRESENTING CLINICAL SIGNS

History: ~11lb weight loss over 2 months duration, mildly elevated ALP 6/1/22, Rx'd denamarin (finished tx, not currently receiving); recently presented for anorexia and lethargy; pale MM on exam w/ dull mentation; concern for IMHA v neoplasia v other.

Current Medications: Prednisone, Entyce, Cerenia, Metronidazole, Denamarin.
Lab Results: See attached.
Radiographs: no overt mass effect observed in the abdominal cavity; radiodense material in stomach, SI, and colon (likely cow hoof)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Approved/requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 prostate was uniform, measuring 0.96 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 right kidney measured 7.97 cm. The left kidney measured 7.2 cm. Slight hyperechoic idiopathic medullary rim sign was noted.

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 2.93 cm x 0.46 cm at the caudal pole and 0.78 cm at the cranial pole. The left adrenal gland measured 2.67 cm x 0.61 cm at the caudal pole and 0.6 cm at the cranial pole.

Spleen

The **spleen** was slightly heterogeneous and folded upon itself.

Liver

The **liver** revealed coarse architecture and minor increased portal markings. The gallbladder was mildly thickened and edematous.

Gastrointestinal

The **stomach** was filled with ingesta. The jejunum revealed a mixed echogenic hypoechoic partially obstructive mass, which was moderately vascular. The mass measured 3.5 cm x 3.38 cm. Soft stool was noted in the colon.

Pancreas

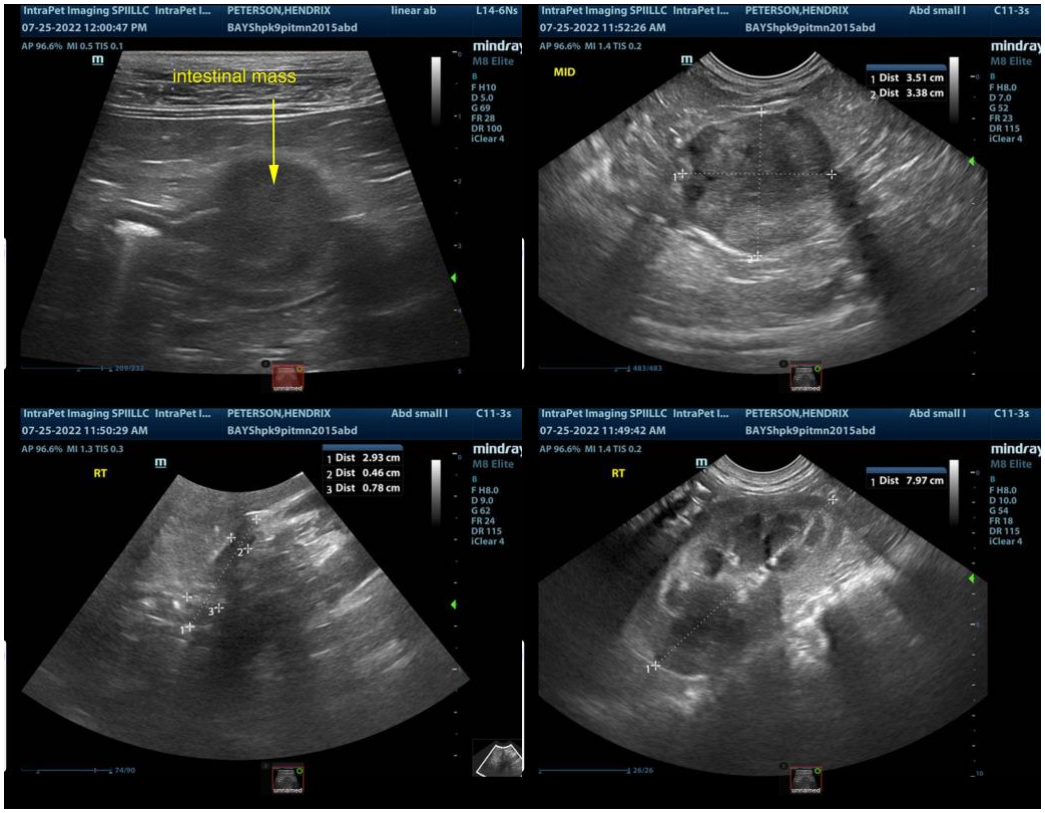
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

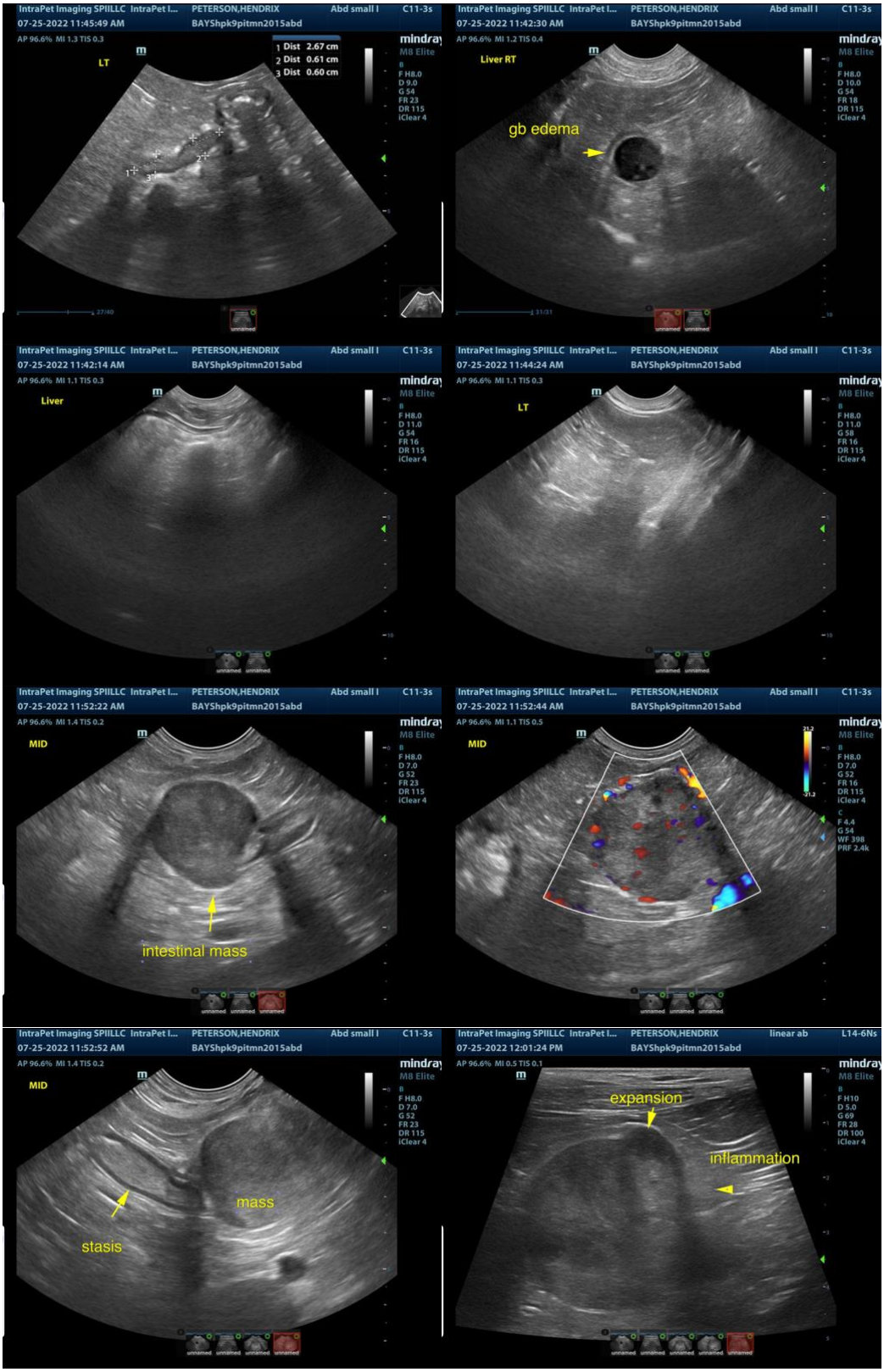
ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling and edema
- Medullary rim kidney
- Jejunal mass, appears resectable
- Stomach ingesta
- Heterogeneous spleen with splenic fold

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of metastatic disease, however, given the global presentation, I'm concerned for bone marrow disease in this patient. CBC path review, bone marrow aspirate and aspirate of the intestinal mass is warranted for staging. Screening FNA of the spleen and liver could also be considered. The intestinal mass is significantly vascular and intestinal blood loss is a potential cause of anemia in this patient. However, I'm concerned for more significant systemic disease.




IntraPet Imaging SPIILLC IntraPet I... PETERSON,HENDRIX Abd small I C11-3s
07-25-2022 11:45:49 AM BAYShpk9pitmn2015abd
LT
1 Dist 2.67 cm
2 Dist 0.61 cm
3 Dist 0.60 cm
IntraPet Imaging SPIILLC IntraPet I... PETERSON,HENDRIX Abd small I C11-3s
07-25-2022 11:42:30 AM BAYShpk9pitmn2015abd
Liver RT
gb edema
IntraPet Imaging SPIILLC IntraPet I... PETERSON,HENDRIX Abd small I C11-3s
07-25-2022 11:42:14 AM BAYShpk9pitmn2015abd
Liver
IntraPet Imaging SPIILLC IntraPet I... PETERSON,HENDRIX Abd small I C11-3s
07-25-2022 11:44:24 AM BAYShpk9pitmn2015abd
LT
IntraPet Imaging SPIILLC IntraPet I... PETERSON,HENDRIX Abd small I C11-3s
07-25-2022 11:52:22 AM BAYShpk9pitmn2015abd
MID
intestinal mass
IntraPet Imaging SPIILLC IntraPet I... PETERSON,HENDRIX Abd small I C11-3s
07-25-2022 11:52:44 AM BAYShpk9pitmn2015abd
MID
IntraPet Imaging SPIILLC IntraPet I... PETERSON,HENDRIX Abd small I C11-3s
07-25-2022 11:52:52 AM BAYShpk9pitmn2015abd
MID
mass
stasis
IntraPet Imaging SPIILLC IntraPet I... PETERSON,HENDRIX linear ab L14-6Ns
07-25-2022 12:01:24 PM BAYShpk9pitmn2015abd
expansion
inflammation

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
Eric.Lindquist@SonoPath.com