



PATIENT

Sam Adams Toliver

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

8 Years

WEIGHT

31 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care Vet Center

REFERRING VET

Dr. Ashley Custer

INVOICE

39266

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Acute vomiting with blood. Hasn't eaten well since last Friday, seems interested but doesn't eat. Does "dogward dog pose" 5-6xs per day, seems to hold it longer each time. Wt loss.

Abnormal PE/Chem/CBC/UA Results: Chemistry unremarkable. Hematocrit mild anemia and neutrophilic leukocytosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed small calculi with minimal shadowing.

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. Slight pinpoint mineralizations noted. The patient is likely passing calculi periodically, yet changes were minor and non-obstructive. The left kidney measured 5.0 cm. The right kidney measured 5.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.40 cm.

The **right adrenal gland** was visualized obliquely, measuring 0.50 cm.

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 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** itself was unremarkable. The distal small intestine revealed a focal infiltrative pattern/mass measuring approximately 2.0 cm in width x 3.0 cm in length. The colon was unremarkable.

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.



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PRIMARY FINDINGS

- 2.0 cm x 3.0 cm focal jejunal lesion with regional inflammation

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SECONDARY FINDINGS

- Bladder calculi
- Age related renal changes

BREED

Boston Terrier

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesion appears resectable. Surgical exploratory warranted. The small concretions in the bladder have minimal shadowing and therefore should dissolve. However, recheck sonogram just prior to surgery recommended to assess for a more definitive calculus presentation. Leiomyosarcoma, carcinoma, focal lymphoma/round cell neoplasia and non-neoplastic granulomatous lesion all possible. Intestinal resection and anastomosis recommended. Gastric biopsy warranted to rule out concurrent disease.

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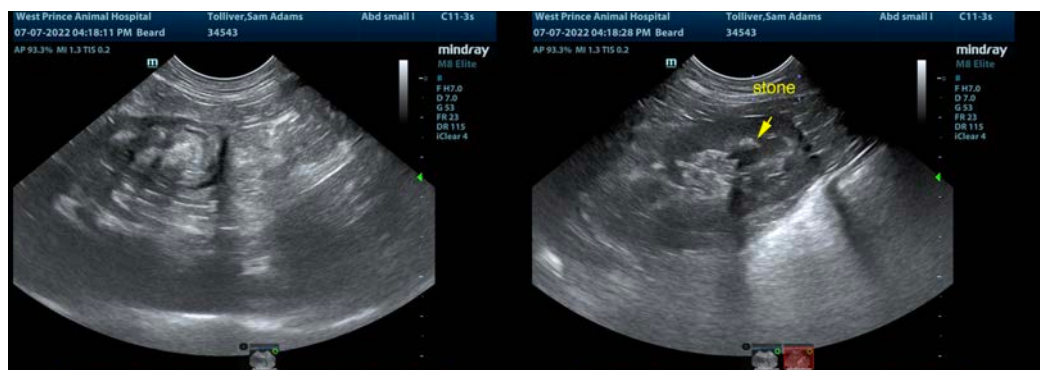
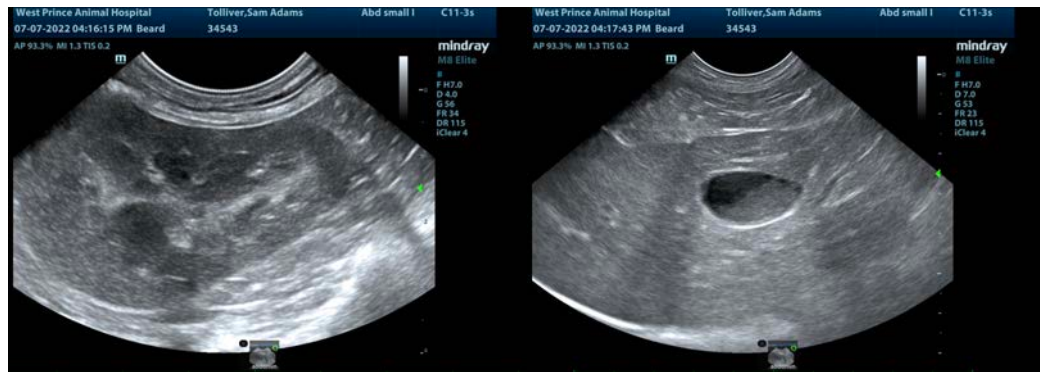
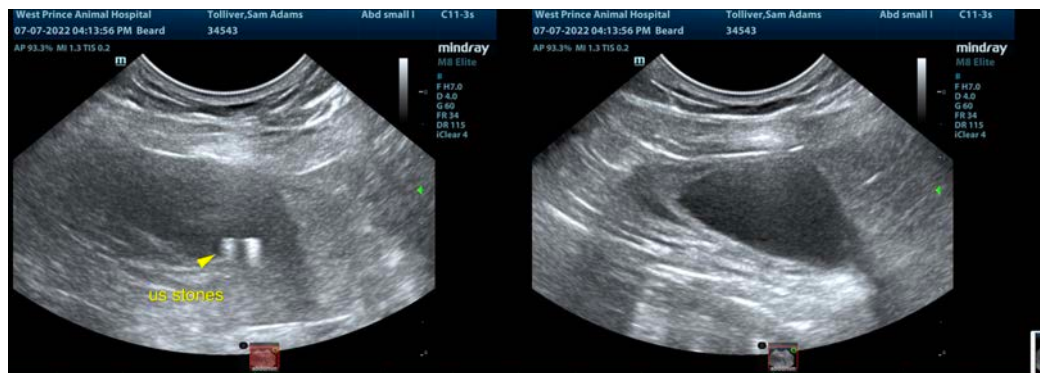
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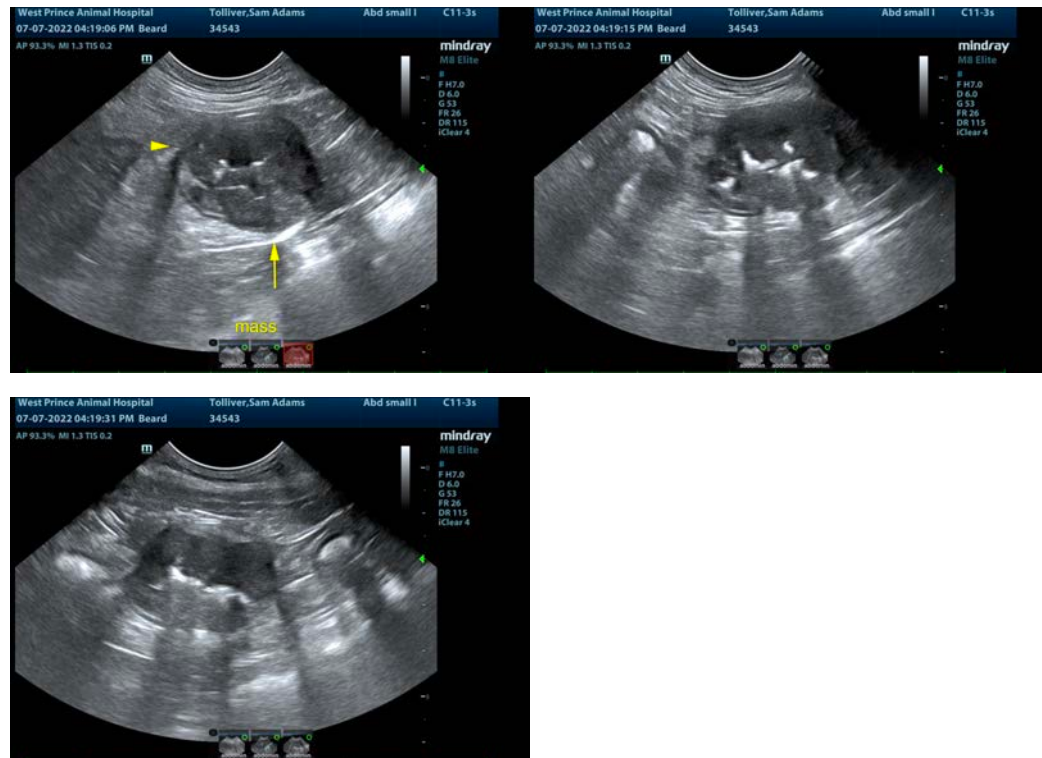
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com