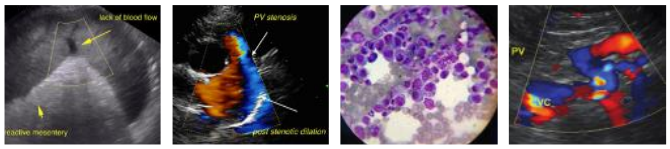
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Titus Andrews

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

7 Years

WEIGHT

74 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Mt. Olive VH

REFERRING VET

Dr. Jones

INVOICE

16669

DATE

8/2/22

PRESENTING CLINICAL SIGNS

History: Chronic intermittent vomiting. Hx of eating objects. No diarrhea. No current meds

Abnormal PE/Chem/CBC/UA Results: Pending bw from today (cbc/chem was normal 5/3/2022).

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 residual prostate was uniform, measuring 1.36 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 6.73 cm. The left kidney measured 6.6 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 2.85 cm x 0.67 cm at the cranial pole and 0.52 cm 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.

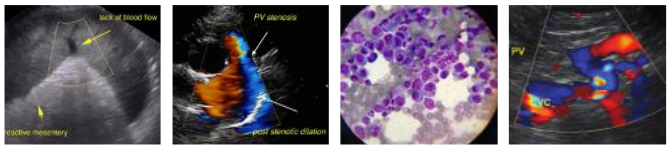
Liver

The **liver** images 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. A 4.0+ cm irregular portion of intestine was noted with corrugation, creating a mass effect with variable areas of mineralization. Reactive mesentery was noted around the mass. No evident foreign body noted. However, loss of mural detail was noted.

Pancreas



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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

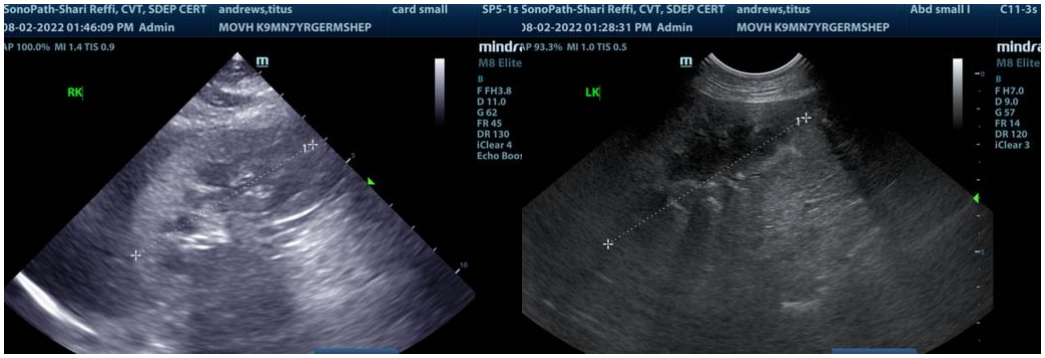
Free fluid was noted in the abdomen. Heterogeneous omentum noted.

ULTRASONOGRAPHIC FINDINGS

- Jejunal mass with reginal inflammation and free fluid
- Free fluid and heterogeneous omentum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect intestinal carcinoma, however, granulomatous disease with peritonitis is possible. Exploratory surgery would be necessary; however, the nodular omental change could represent a carcinomatosis type presentation. Chest radiographs indicated. NO overt foreign body, however, penetrating foreign body cannot be completely ruled out,



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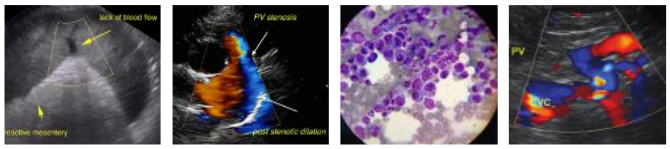

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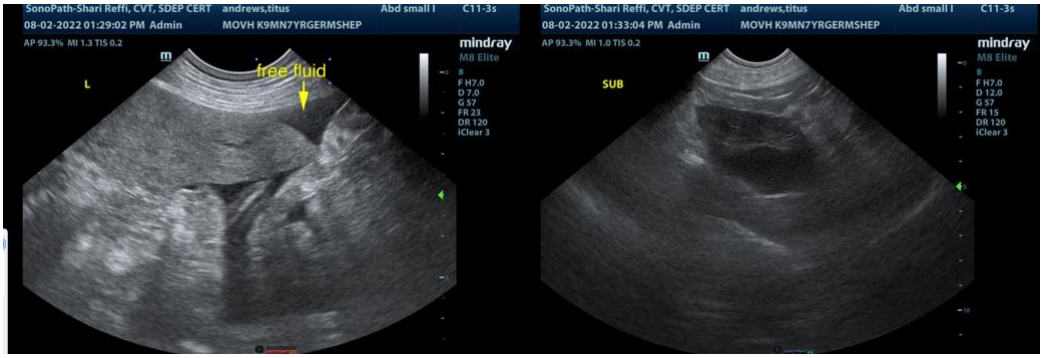

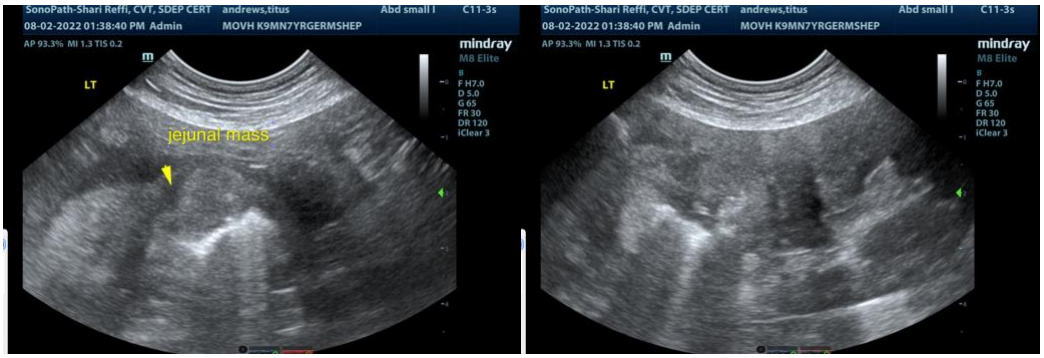

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com