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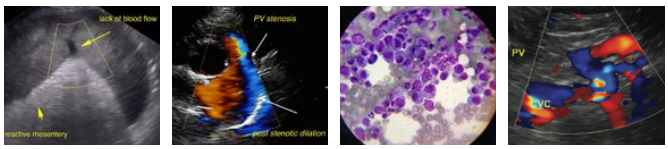

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chanel Bullock

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

12 years

WEIGHT

58.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Brenner

INVOICE

32484

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: July 29, 2022 3 month history of intermittently not eat AM meal and new baby at the house with a4 lb weight loss over 4 months. August 22, 2022 7 lb weight loss and not eat well for 4 days and vomiting. Started IV fluids and IV cerenia, and ate readily canned food in hospital.
Abnormal PE/Chem/CBC/UA Results: Exam unremarkable, afebrile. August 22, 2022 Urinalysis UGS 1.006, 1+ protein, pH 6.0, inactive sediment. CBC microcytic normochromic anemia HCT 35.8 % (37.3-61.7), elevated Retic 357.3 (12-110). CHEM Azotemic BUN 42 (7-27), SDMA 19 (0-14), Hyperglobulinemia 5 (2.5-4.5), hyponatremia Na 143 (144-160), hypokalemia K 3.2 (3.5-5.8), hypochloremia Cl 100 (109-122). CPL Abnormal. Radiographs thorax heart normal size, lungs moderate-severe broncho-interstitial diffuse pattern. Radiographs abdomen no abnormalities identified.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 **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 7.33 cm. The left kidney measured 6.51 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 2.39 x 0.62 cm at the cranial pole and 0.63 cm caudal pole. The right adrenal gland measured 2.65 x 0.72 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was mildly swollen with subtle micronodular changes with mildly increased portal markings. The gallbladder and common bile duct were unremarkable.

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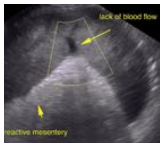
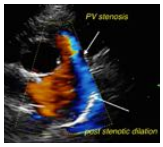
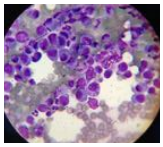
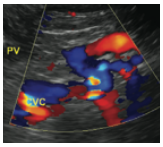

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Gastrointestinal

A 3.7 cm hypoechoic jejunal mass was noted in this patient with peripheral inflammatory pattern. The stomach and pylorus were empty. The stomach was followed to the gastroesophageal inlet with no evidence of pathology.

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

Small intestinal mass, presumed jejunum.

Micronodular hepatic changes.

Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the intestinal mass and liver is warranted to assess for metastatic disease. The hepatic changes are fairly mild and non-disruptive. This is likely age related; however, given the intestinal pathology FNA is indicated prior to any surgical intervention. Intestinal resection, anastomosis and liver biopsy would be indicated assuming that cytology in the liver is benign. The anemia is likely owing to intestinal bleeding in this patient. However, CBC path review +/- bone marrow aspirate may be appropriate. The mass appears isolated and mildly vascular. Chest radiographs are warranted to assess for metastatic disease. Round cell neoplasia, carcinoma and leiomyosarcoma are all strong potentials in this patient.

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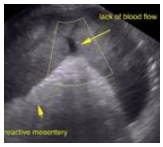
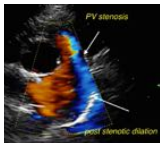
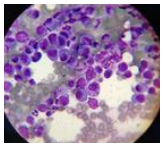
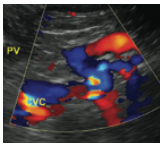

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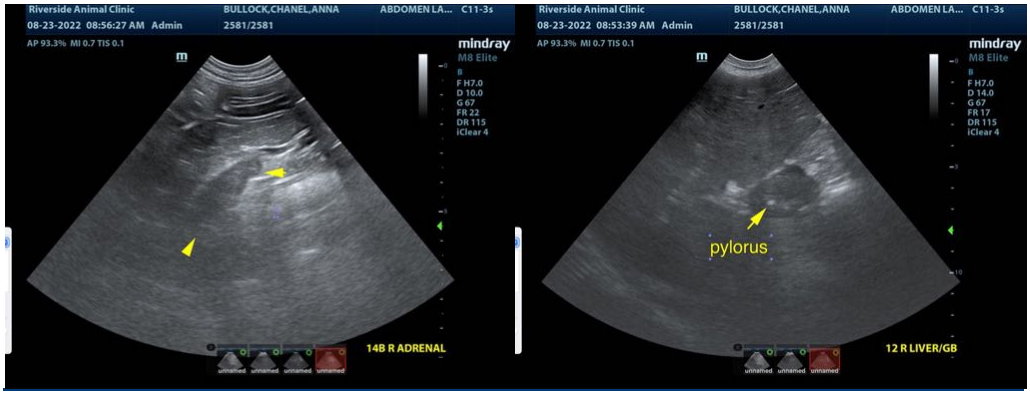

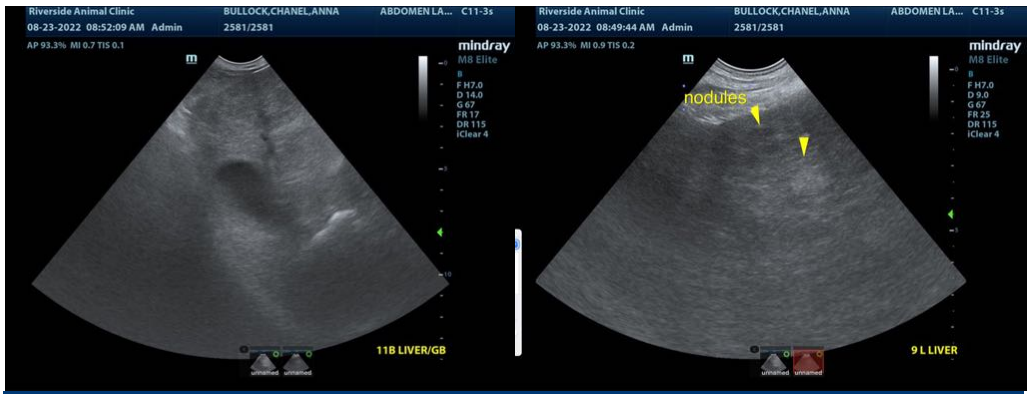

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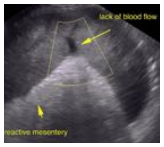
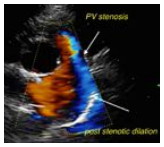
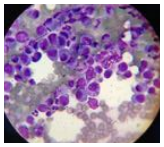
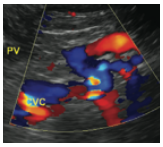

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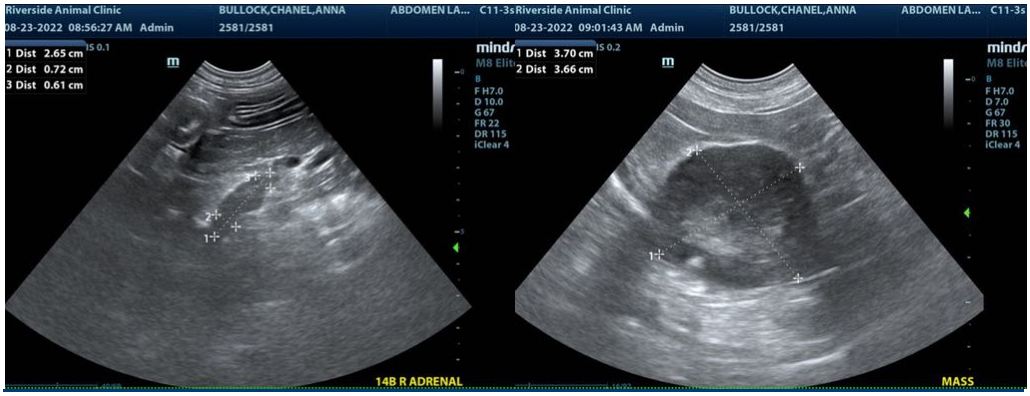

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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