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Clinical Sonography & Telecytology
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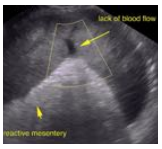
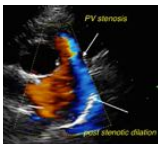
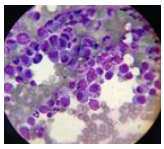
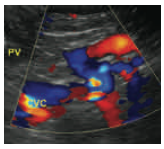

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Layla Dunn

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

7 years

WEIGHT

35 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

91870

DATE

9/16/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for vomiting and not eating. Began Sunday- found a lot of vomit and not eating and hiding majority of day-same for Monday. Took to pets yesterday and had blood work and radiographs performed- no significant findings. Has offered bland diet but no interest. Per o, weak and suspects weight loss. Hasn't seen urinate or defecate but has various pets in the home. Previous Health Concerns: gastritis
Abdominal: tender in mid/cranial abdomen; dense stool in colon Epoc: na, k and cl all very low, bun 38 creat 1.58 glocuse 249 Liver panel: nr

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 iliac trifurcation was unremarkable.

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 7.03 cm. The left kidney measured 7.09 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 2.81 x 0.74 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measured 0.7 cm.

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** 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.

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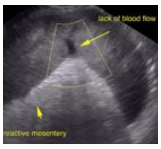
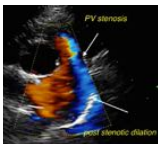
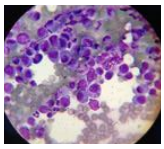
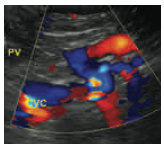

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Gastrointestinal

The **stomach** revealed retention of chyme. The midabdomen revealed an intestinal mass with significant inflammation. The mass measured approximately 8.0 cm in width. The remainder of the gastrointestinal tract was unremarkable. The epigastric lymph nodes were mildly enlarged and measured 0.5 cm. The mesenteric lymph nodes were enlarged, irregular, undifferentiated and hypoechoic measuring up to 2.5 cm.

Pancreas

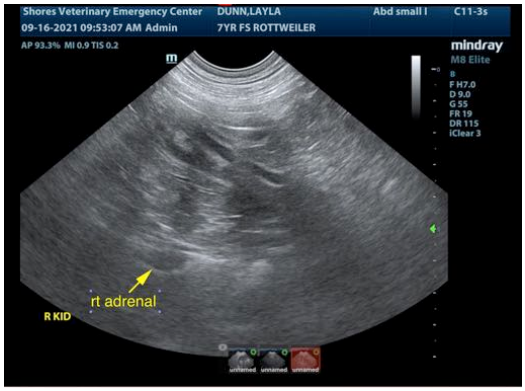
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Intetinal mass with regional lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the intestinal mass and lymph nodes would be recommended. Immediate chemotherapeutic intervention and three view chest radiographs are warranted. Round cell neoplasia/lymphoma is likely. Carcinoma or leiomyosarcoma is possible.



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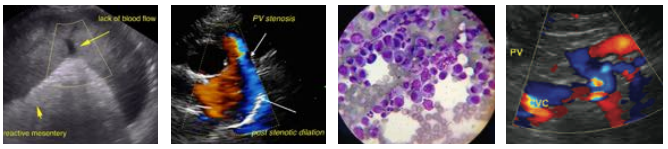

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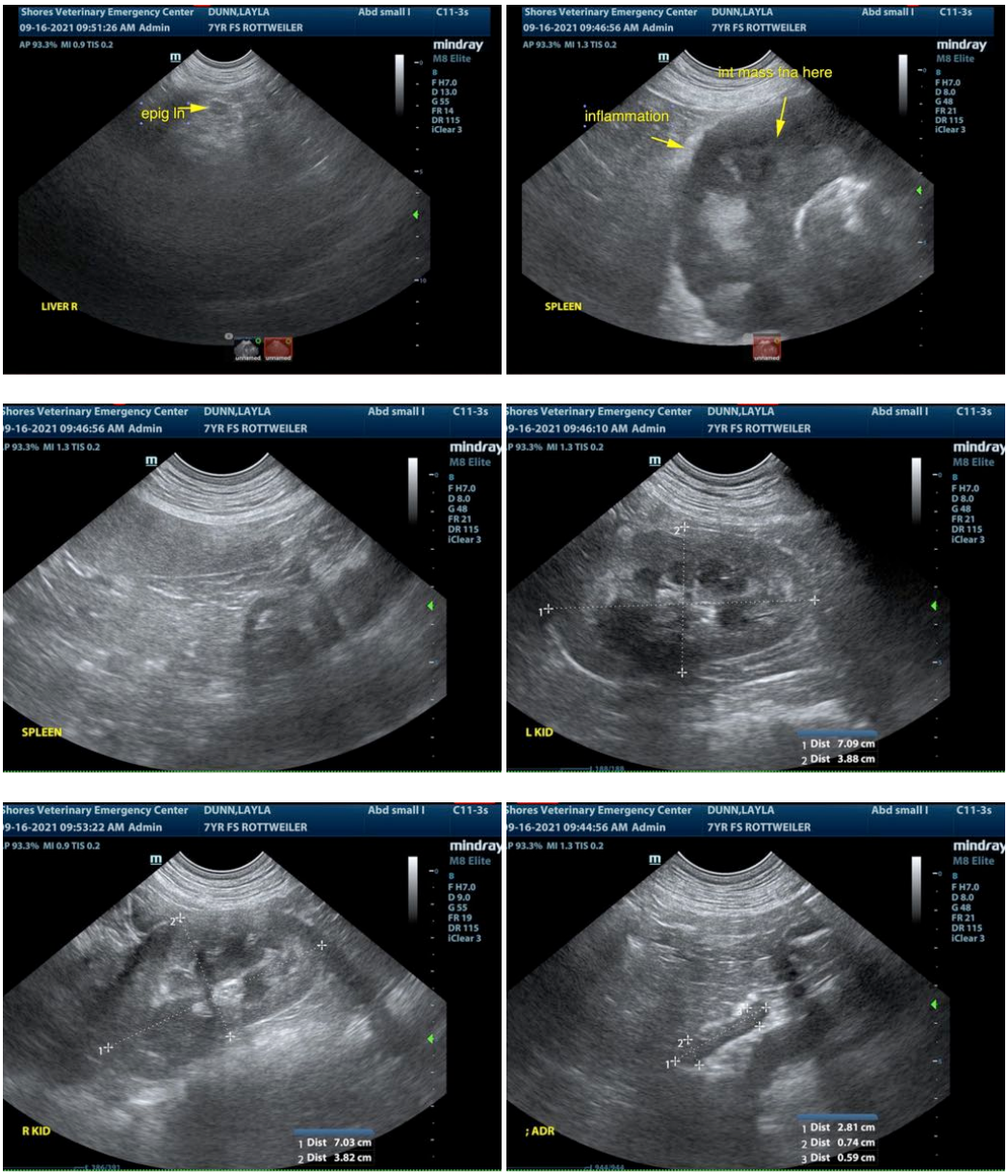

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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