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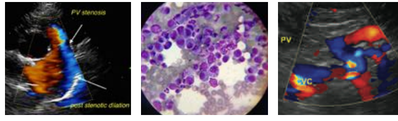

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
9/21/21

PATIENT
Kasper Fowler

SPECIES
Canine

BREED
Keeshound

SEX
Neutered male

AGE
2009

WEIGHT
45.9 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Abbey AH

REFERRING VET
Dr. Kluttz

INVOICE
91898

PRESENTING CLINICAL SIGNS

History: Recheck ultrasound. Previous ultrasound found a thickened ileocecal junction - uncertain if inflammation or NPL. Treated with Metronidazole and Enrofloxacin per Doctor Lindquist's recommendation.
Current Medications: Metronidazole 500mg twice daily, Enrofloxacin 136 mg once daily.
Date of Previous IntraPet Ultrasound: 08/20/2021 revealed wall thickness of the intestinal lesion of 0.54 cm and extended for approximately 5.0 cm. Loss of mural detail was present and regional inflammation. Undifferentiated portions of intestine. Positioning was presumed to be ileocecal; however, the undifferentiated nature of the intestinal wall and regional colonic artifact and inflammation did not allow for precise localization of the lesion. The lesion appeared stricturing at the time of the sonogram with some retention of chyme, some of which was shadowing.
Sedation: Not needed.
Stat Report: Not requested.

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 **kidneys** were normal in size and contour with similar changes to the prior sonogram.

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.

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 was noted.

Liver

The **liver** was uniform with minor swelling and minor heterogenous changes. This is similar to the prior sonogram. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

The images performed today revealed that the lesion is **jejunal** and progressively obstructive with loss of mural detail and stricturing. The lesion in short axis is approximately 2.0 cm, yet progressive infiltrative pattern extends for approximately 5-7 cm within the intestinal wall. The colon was visible and without visible pathology. The colon revealed soft stool, yet was structurally unremarkable. The ileocecal junction was free of evident pathology. Regional inflammation was persistent. The stasis continues up into the upper small intestine, indicative of further stricturing.

Pancreas

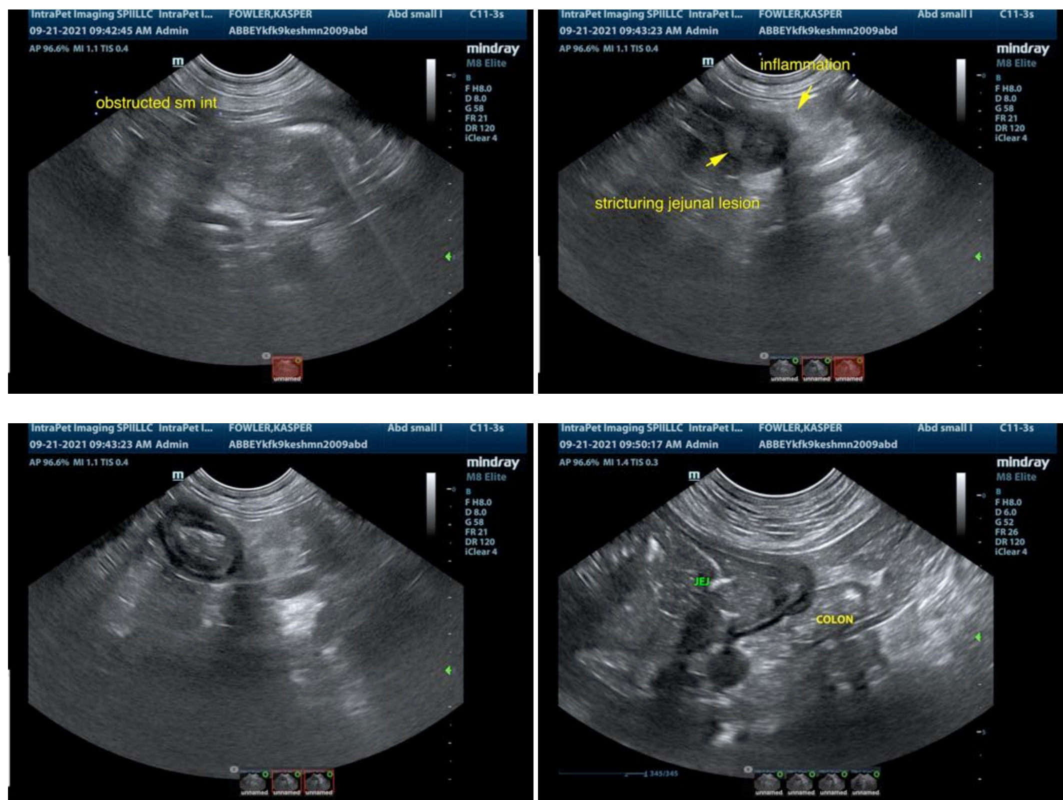
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

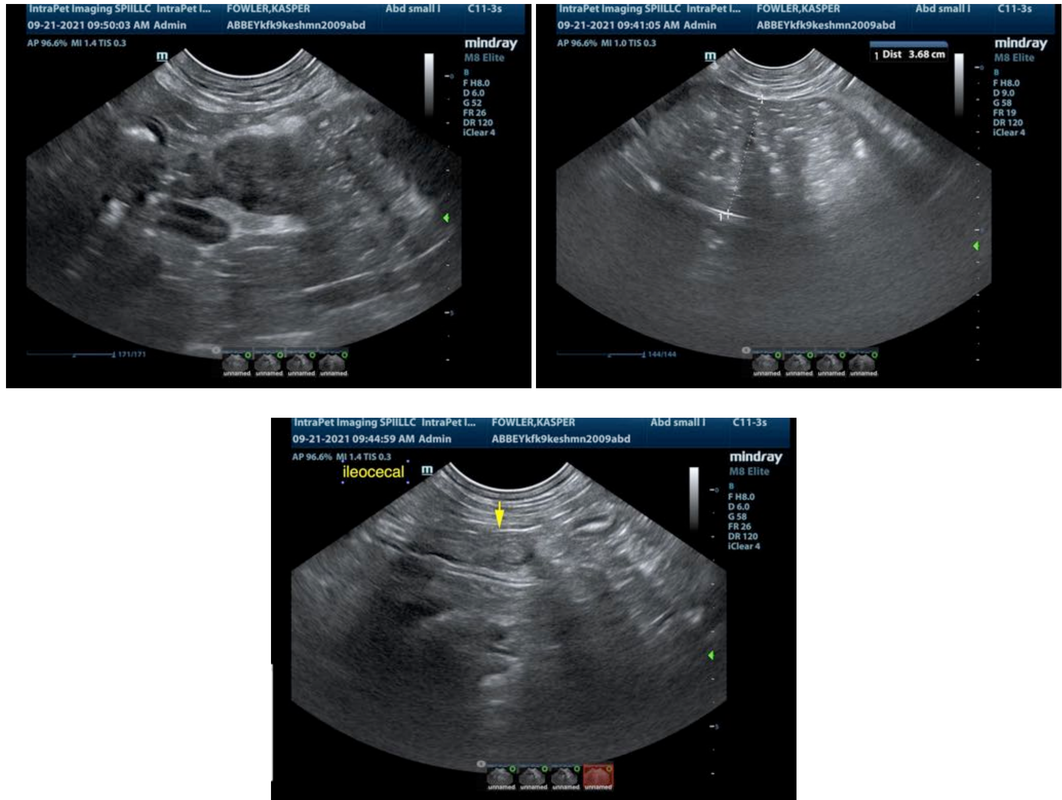
ULTRASONOGRAPHIC FINDINGS

Persistently stricturing jejunal lesion, suspect carcinoma or possible granulomatous lesion. Regional, localized inflammation and progressive obstructive pattern.
Minor heterogenous hepatic changes. No obvious metastatic disease, yet micrometastasis cannot be completely ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is likely on the prior sonogram that the ileocecal junction, which is now empty was likely superimposed upon the jejunal lesion. The mass appears resectable. I recommend exploratory surgery in this patient with intraoperative ultrasound to delineate the full infiltrative pattern in the jejunum. Otherwise, resection of approximately 12-15 cm of intestine would be appropriate. Liver inspection and biopsy is also warranted to further define the parenchymal changes. This lesion may not be neoplastic. Granulomatous stricturing and inflammatory lesion is possible. Carcinoma is suspected. Focal lymphoma is possible. Chest radiographs are warranted prior to surgery.





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
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