PATIENT

Dakota Taylor

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

6 years

WEIGHT

91.8 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Magnolia Veterinary Practice

REFERRING VET

Dr. Goldstein

INVOICE

71564

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Chronic vomiting and diarrhea
- Patient has had multiple radiographs at previous hospitals all WNL.
- Vomiting chicken/rice/cottage cheese. Slightly lethargic
- Cortisol level normal All WNL

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** 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 left kidney measured 7.7 cm. the right kidney measured 7.4 cm.

The residual prostate was uniform and measured 1.13 cm. The pre and post prostatic urethra were unremarkable.

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 3.48 cm x 0.66 cm at the cranial pole and 0.75 cm at the caudal pole. The right adrenal gland measured 3.16 cm x 1.22 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 caudally. 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

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was filled with ingesta with some level of shadowing material. The midabdomen revealed an intestinal mass measuring 4.7 cm with loss of structural detail creating a partial obstructive pattern. A separate infiltrative pattern was noted in the upper intestinal tract with embedded foreign matter. The foreign matter measured 6.25 cm. Reactive surrounding mesentery was noted. There appears to be two separate masses in this patient. The exact portion of the intestine appears to be likely jejunum. However, this cannot be completely ascertained given the undifferentiated aspects of the intestinal pathology. Regional lymph nodes were enlarged and measured up to 2.0 cm. Normal stool was noted in the colon.

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

Intestinal mass with infiltrative pattern with concurrent foreign matter. Chronic granulomatous disease owing to embedded foreign body is possible, yet round cell neoplasia or lymphoma are primary concerns.

Regional peritonitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is indicated. Resection and anastomosis may be challenging in this patient. There is no overt evidence of organ metastasis. However, local lymph node involvement may be occurring. Surgical exploratory is essential. Aggressive resection and anastomosis or potential multiple resections may be necessary in this patient. Chest radiographs are warranted in this patient if not already performed.

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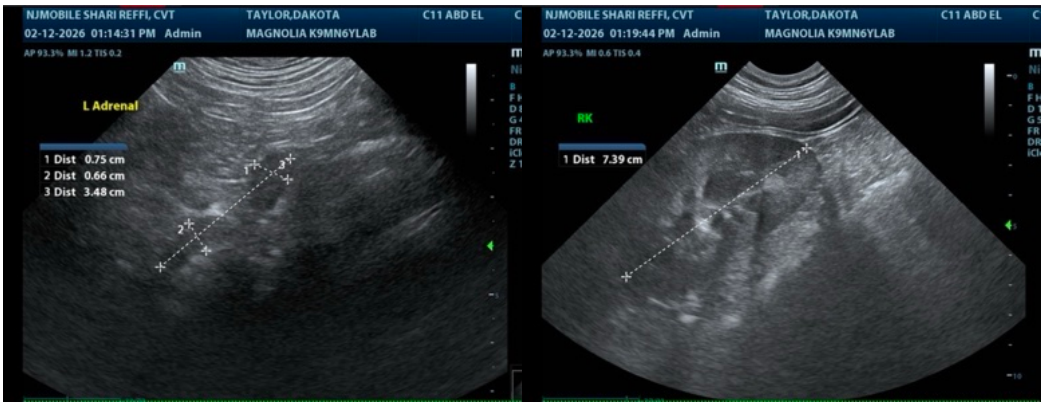

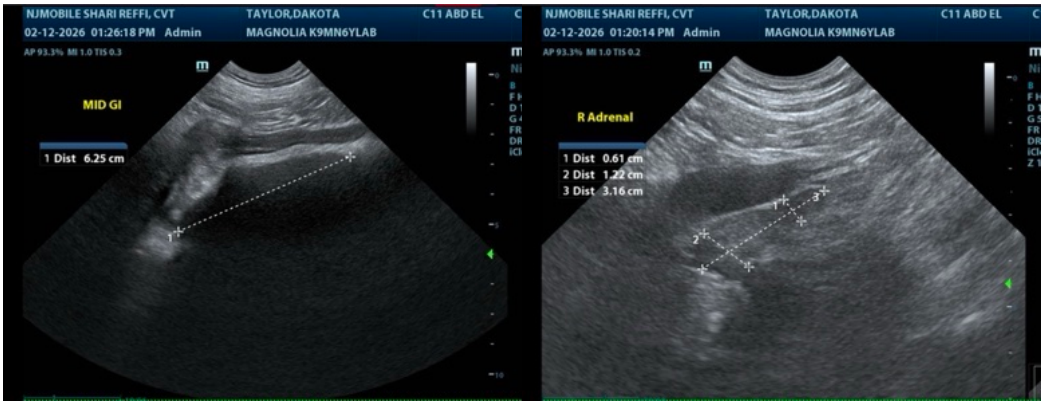

New Jersey Mobile
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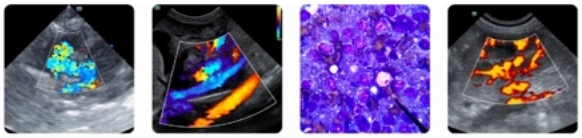

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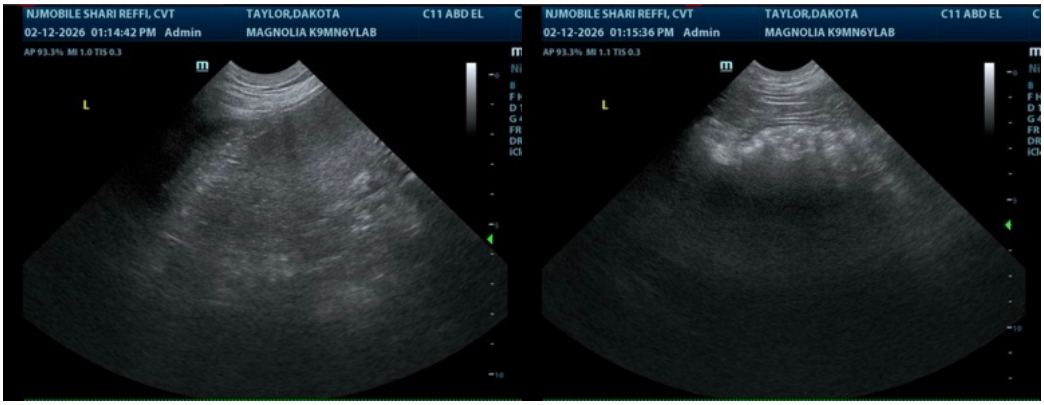

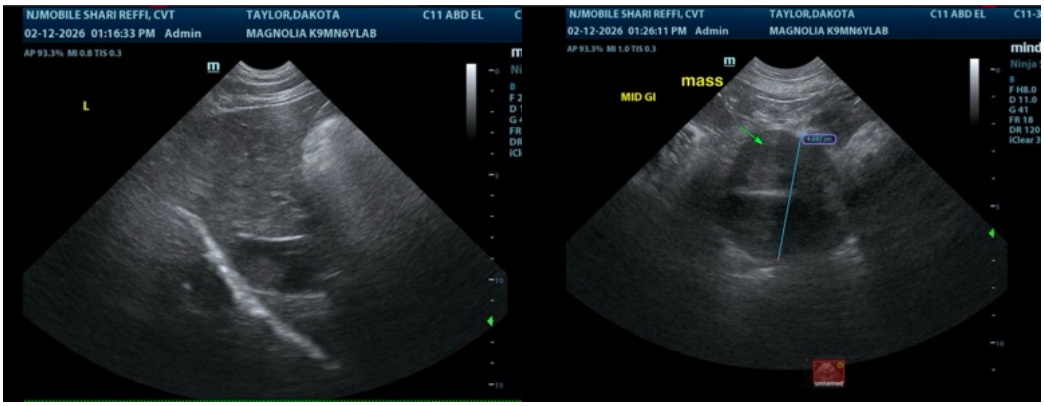

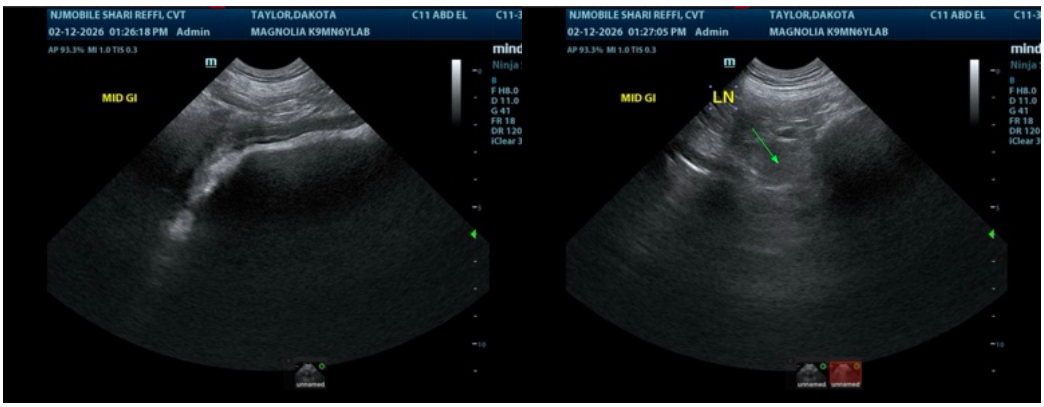

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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