



## PATIENT

Oddie Finger

## SPECIES

Canine

## BREED

Australian Shepherd

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

42.4 lbs

## INTERPRETED BY

Kim Radway, DVM,  
DABVP (Canine/  
Feline)

## IMAGING PERFORMED BY

Dr. Sorbo

## HOSPITAL NAME

JM Pet Resort &  
Veterinary Clinic

## REFERRING VET

Dr. Sorbo

## INVOICE

16231

## DATE

06/01/26

## PRESENTING CLINICAL SIGNS

4 weeks of change in appetite: vomiting and diarrhea (incl melena) for 2-3 weeks.

Abnormal PE/Chem/CBC/UA Results: Abd discomfort, wt loss, tacky MM. Labs attached: anemia.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **prostate** was homogeneous in echogenicity with a width of 1.38 cm.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney measured 6.29 cm in length. The right kidney measured 6.5 cm in length.

### Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland measured 2.43 cm x 0.55 cm x 0.49 cm.

The **right adrenal gland** region did not show discrete evidence of pathology. However, the right adrenal gland was not identified in the images provided.

### Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

### Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

### Gastrointestinal

The **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a moderate amount of anechoic fluid within the lumen of the stomach. The majority of the intestinal tract remained normal in appearance with normal wall layering and no evidence of dramatic increased fluid or intestinal contents within the lumen.

There was a very large soft tissue intestinal mass with complete loss of normal wall layering. This mass measured at least 9.74 cm in length and 5.51 cm in width. The intestinal contents within the central



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aspect of the mass were hyperechoic and distal shadowing. There was hyperechoic reactive omentum noted surrounding the mass and the abdomen was found to contain a small volume of free anechoic effusion. Based on the images provided, the mass appeared to be mid-to-jejunal, but that could not be definitively determined. No dramatically enlarged lymph nodes were noted within the images provided.

**Pancreas**

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

**ULTRASONOGRAPHIC FINDINGS**

- Large intestinal mass with hyperechoic distal shadowing contents within the lumen of that region.
- Small volume of free abdominal effusion.
- Hyperechoic reactive omentum.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This patient was found to have a large discrete mass within the intestinal tract. The mass appeared to be within the jejunum, however, that could not be definitively determined in the images provided. An abdominal CT scan would give additional imaging information if desired pre-surgically. Options would include performing a pre-surgical fine needle aspirate for cytologic information as to the underlying tissue type. If additional imaging such as a CT scan or an aspirate are declined, then exploratory surgery is recommended with resection and anastomosis of the large mass.

A definitive diagnosis would be obtained with histopathology on the mass after surgery. If surgery is declined, this patient's long-term prognosis is considered poor.





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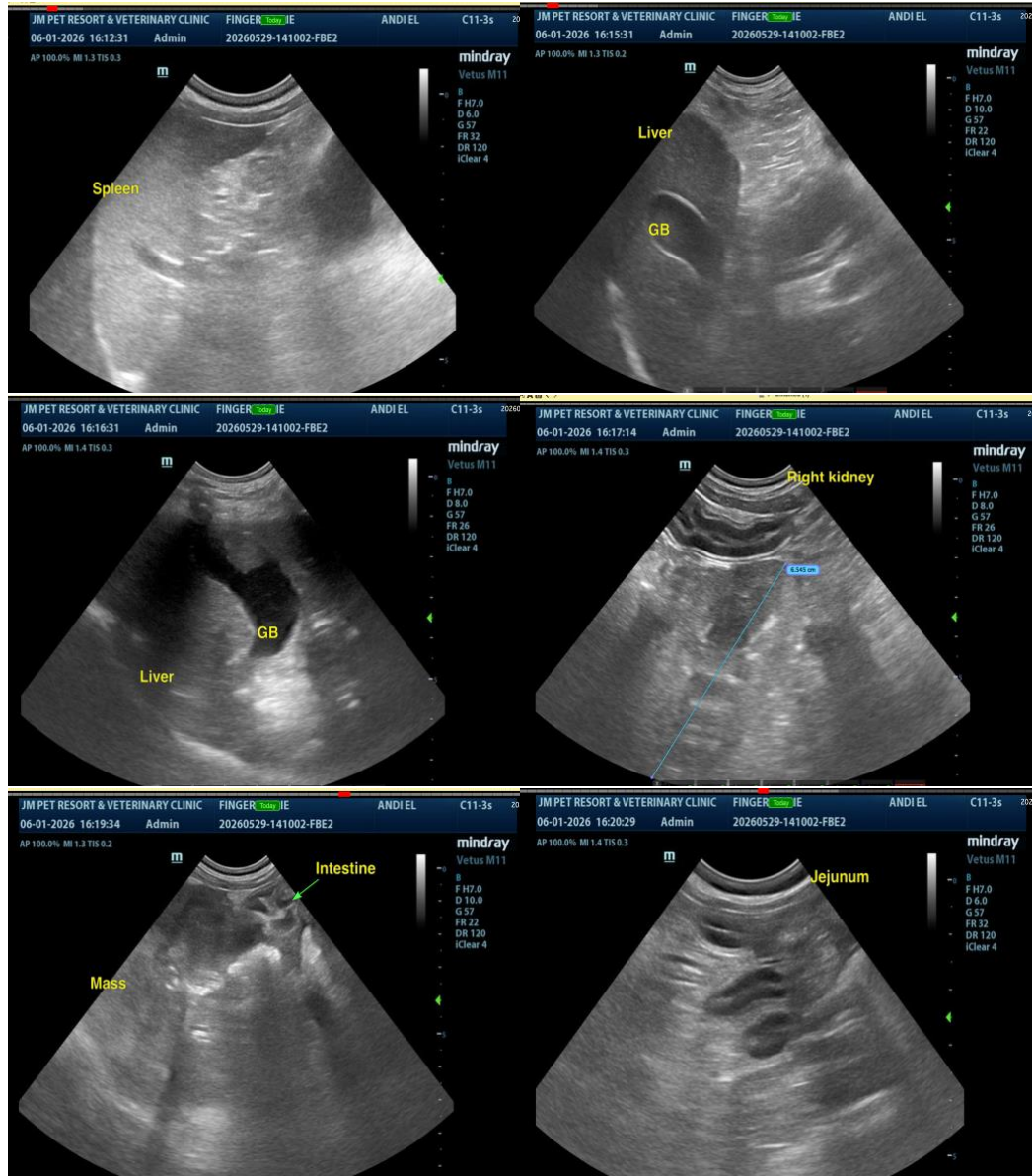
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

[info@SonoPath.com](mailto:info@SonoPath.com)