

**DATE**

3/29/22

PRESENTING CLINICAL SIGNS

2/2/22(poss started 1/16/22??)- recent history: p is straining to defecate (diarrhea to constipation), hiding, apparent 4x3cm "lipoma" R axillary, PD (3 + calculus / 2 + gingivitis), tartar in general. 3/25/33 o called patient ADR/not doing well, decreased appetite, recent dental (Dentist- no report?) No BM for 3 days, urinating everywhere. 3/28/33 o called, pt had a BM last night- straining to go BM outside then had an accident in the house. Patient had also vomited bile prior to bed, a couple times.

PATIENT

Afura Jennejahn

Current Medications: 2/21/22 Gabapentin 100mg BID PRN, Galliprant 20mg SID.

SPECIES

Canine

Lab Results: 2/02/2022: Chem panel: Creatinine- 1.9, Phosphorus- 2.4.

Urinalysis: pH- 9.0. 1/15/2021: Urinalysis: specific gravity- 1.014, pH - 8.0. 9/19/2019: Chem profile: MCV- 58.9 fL, MCH- 20.4 pg, RETIC HGB- 22.2 pg, MPV- 14.1 fL, ALKP- 15 U/L.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Shiba Inu

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

AGE

6/29/09

The left kidney has a normal shape and size (3.86 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. A small cortical cyst was noted and measured 0.43 cm. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

24.3 lbs

The right kidney has a normal shape and size (4.49 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands**HOSPITAL NAME**

Bel Air VH

The left adrenal gland is normal in size measuring 0.43 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Stevenson

The right adrenal gland is normal in size measuring 0.34 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

INVOICE

97910

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the

gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. While no focal lesions are observed there is a small shadowing object visualized in the gastric lumen. This object appears small and is not causing any obstructive process. Correlate with abdominal radiographs.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.32 cm). Visualized peristalsis appears appropriate. There is a focal section of small intestine that measured 4.79 cm in length where the bowel wall is thickened and measured up to 0.55 cm and irregular with complete loss of layering. The findings are most consistent with a focal bowel mass.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free abdominal fluid in the caudal abdomen near the urinary bladder. There are occasional, prominent mesenteric lymph nodes visualized. One lymph node is measured at 0.59 cm. The omentum appears of increased echogenicity around the bowel mass and enlarged mesenteric lymph nodes.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Focal area of thickened small intestine with complete loss of layering. The findings are most consistent with a focal bowel mass. Differentials include severe inflammation, infection and infiltrative neoplasia. A neoplastic process is suspected.
- Mild, mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

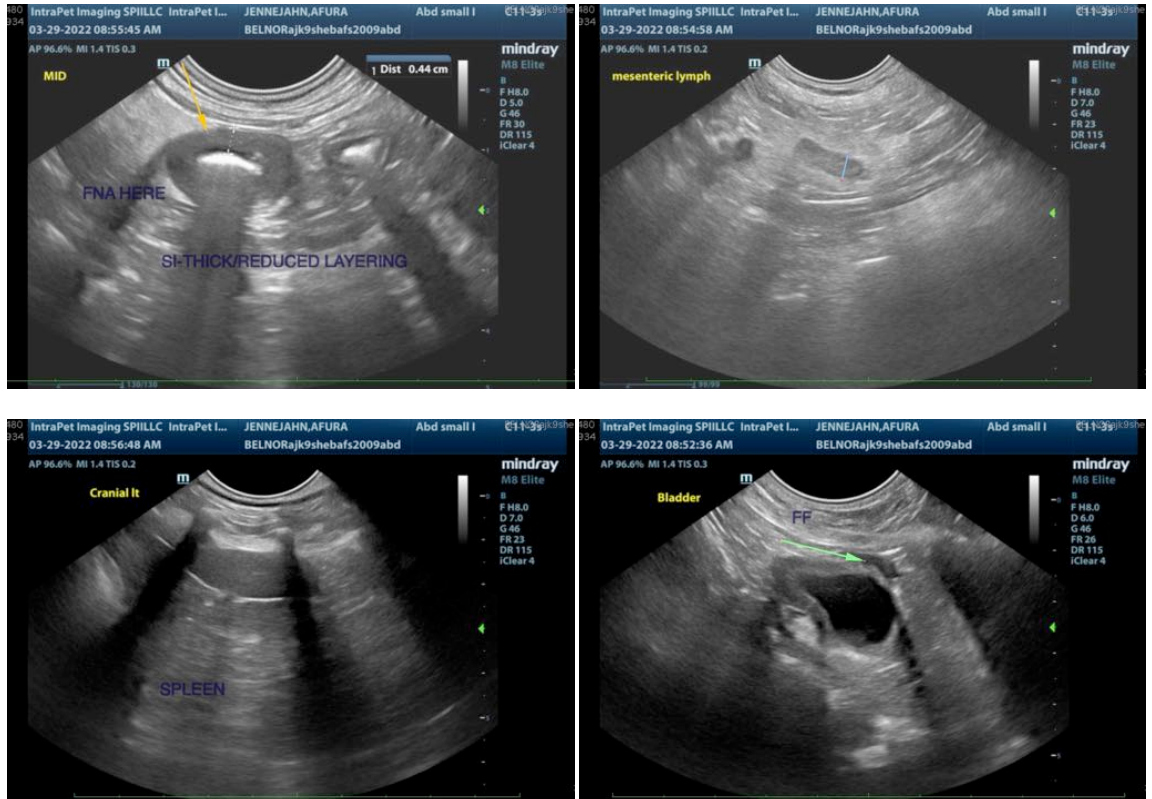
SECONDARY FINDINGS:

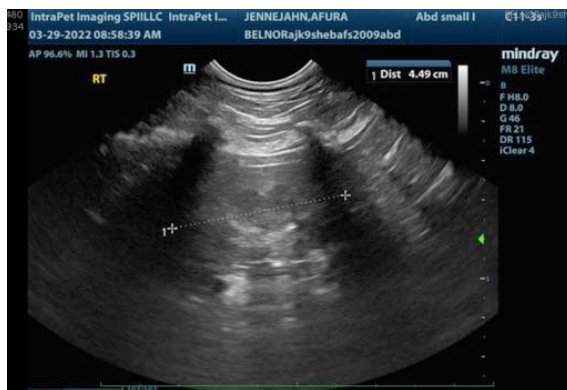
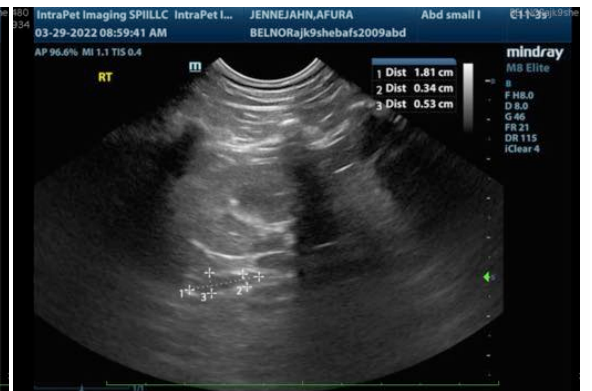
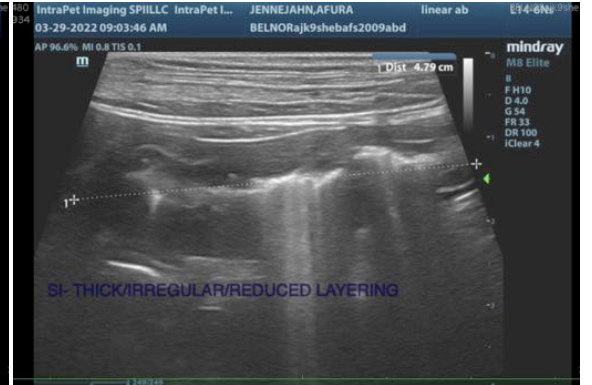
- Small shadowing object visualized in the gastric lumen. I recommend to correlate with abdominal radiographs.

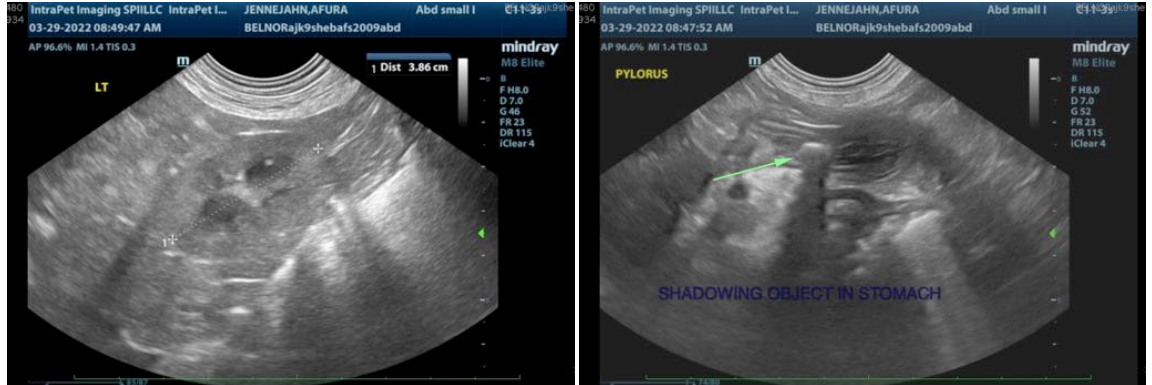
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal area of bowel that has an irregular wall that is thickened and has complete loss of layering. The findings are very concerning for a possible infiltrative bowel mass.

- I recommend a FNA of the bowel wall to see if a cytologic diagnosis can be obtained (see attached images).
- Recommend three view thoracic radiographs.
- If a cytologic diagnosis cannot be obtained I recommend surgery to biopsy +/- resect the abnormal area of bowel.







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.

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