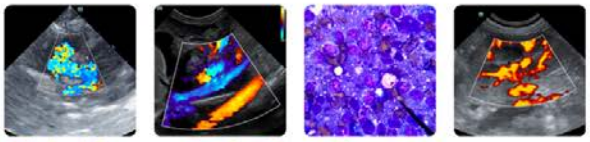


PATIENT

Vi Swanson

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

12 Years

WEIGHT

13.4 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Stephanie Cory

HOSPITAL NAME

Brighton Veterinary Clinic PC, Inc.

REFERRING VET

Dr. Stephanie Cory

INVOICE

75490

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Hx of long-standing IBD/lymphangiectasia, was well-controlled until last week when started vomiting and exhibiting abdominal pain. Can feel a 4 cm mass in caudodorsal abdomen on PE. CBC: Mild neutrophilia; Chem: wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall in the apical region appears mildly thickened with a smooth mucosal surface, measuring at 0.40 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (4.72 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.24 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.52 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.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

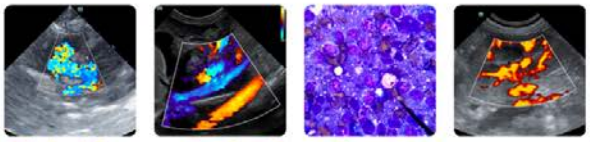
Spleen

The spleen is subjectively normal in size (1.1 cm), 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. There is a poorly defined hyperechoic region in the mid region of the liver measuring 3.5 cm x 1.7 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains mild/moderate fluid/gas. The gastric wall appears somewhat prominent and mildly thickened, measuring at 0.55 cm. In some views the muscularis layer is prominent. In other views there is slightly decreased detail of wall layering.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.52 cm. Jejunum wall measures 0.40 cm. Visualized peristalsis appears appropriate. There is a focal section of bowel most consistent with jejunum that exhibits progressive wall thickening and loss of layering, creating an area of approximately 3-5 cm with severe wall thickening, measuring at 0.76 cm with reduced/loss of wall layering.

There is a section of colon visualized that exhibits significant wall thickening and reduced detail of wall layering, measuring up to 0.66 cm, with intraluminal shadowing material. The very distal descending colon appears mildly thickened with intact wall layering, measuring at 0.25 cm.

Pancreas

The area of 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant diffuse lymphadenopathy. An occasional prominent lymph node is visualized. A lymph node near the stomach is visualized measuring 0.80 cm. The omentum is generally hyperechoic, particularly around the thickened sections of bowel.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened apical wall of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Ill-defined hyperechoic region in the mid liver – A benign lesion is suspected such as focal fibrosis or similar. An early neoplastic lesion cannot be ruled out.
- Prominent, mildly thickened gastric wall with a prominent muscularis layer – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Diffuse jejunal thickening with an area of focal thickening and loss of layering – Findings are most consistent with infiltrative neoplasia. Other differentials are possible.
- Focal thickening and loss of layering of the colon – Findings are concerning for infiltrative neoplasia. Severe focal colitis cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine is mildly diffusely thickened as would be expected with the previous diagnosis of IBD. There are some focal areas that exhibit more pronounced thickening and loss of layering,

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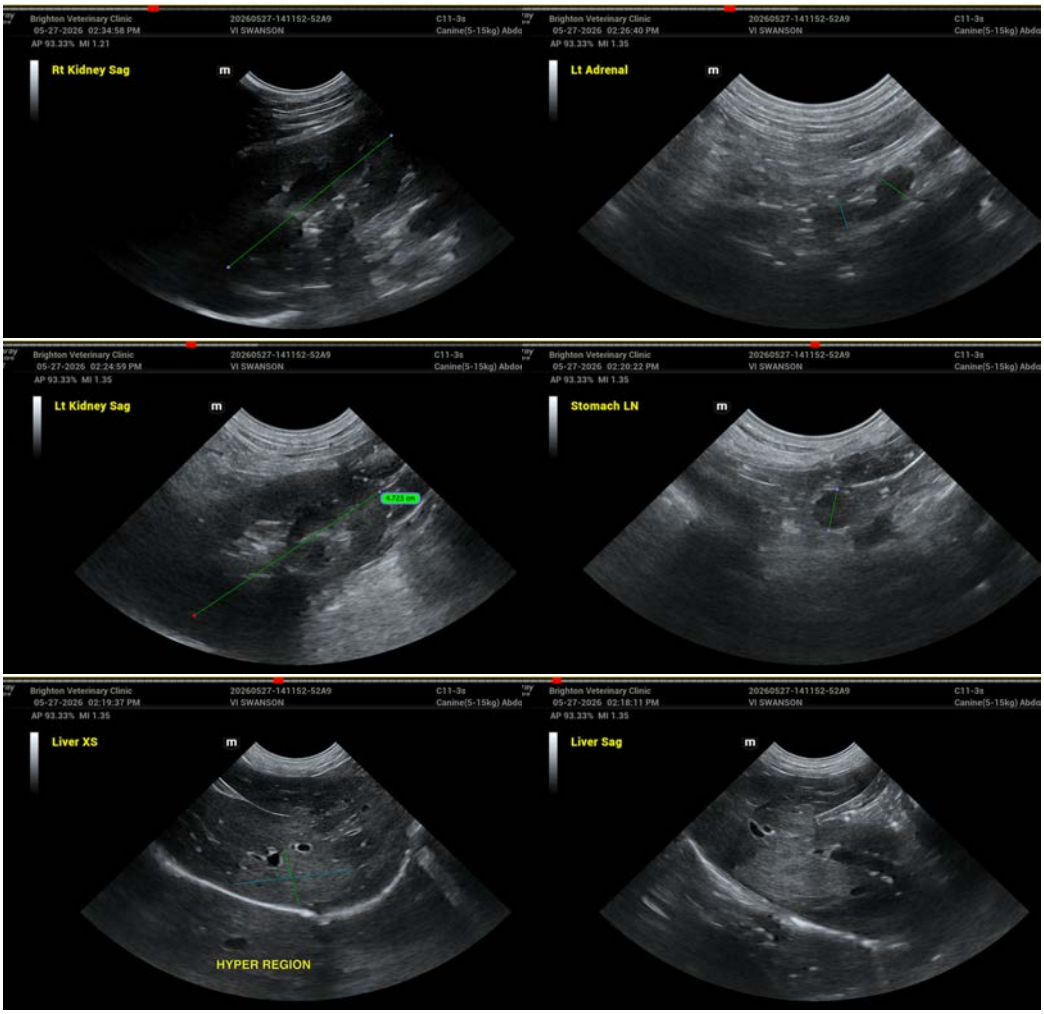
concerning for possible infiltrative disease such as round cell neoplasia, carcinoma, other. Recommend fine needle aspirate of the thickened area of bowel wall. There is a similar appearing area in the colon. The presence of multiple similar lesions could be concerning for multicentric disease, round cell neoplasia, etc. If a safe window for sampling is available, consider a fine needle aspirate of the thickened colon wall as well.

Some areas of the gastric wall appear mildly thickened. These changes are more consistent with gastritis at this time, but an early neoplastic process cannot be ruled out.

There is a poorly defined hyperechoic lesion in the liver that I suspect is too deep to easily sample. Recommend continued monitoring.

If a cytologic diagnosis cannot be obtained, recommend surgical biopsies.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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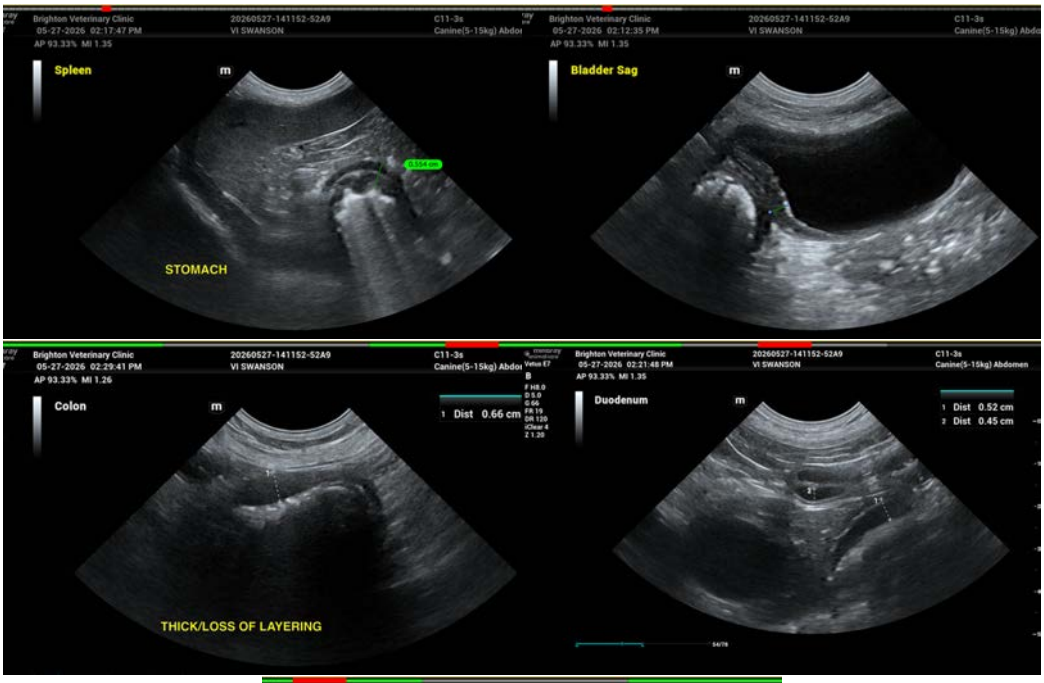

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com