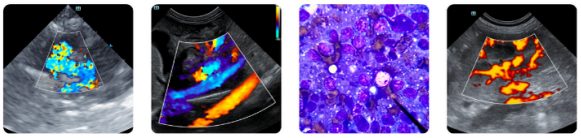

PATIENT

Chloe Bauman

SPECIES

Canine

BREED

Boston Terrier/Frenchie Mix

SEX

FS

AGE

9 years 8 months

WEIGHT

26.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Advanced Veterinary Care

REFERRING VET

Dr. Voigt

INVOICE

11898

DATE

5/7/2026

PRESENTING CLINICAL SIGNS

BCS 5/9. Weight loss, vomiting, splenomegaly, poss. liver mass? Gastric FB? Clinical findings: T-N abdo soft and non-painful, mild dehydration, lethargy. Vomiting frequency has increased-been going on for a month, but now pet is lethargic. No current medications.

Abnormal PE/Chem/CBC/UA Results: Alb 2.1; albumin/globulin ratio 0.60; Hgb 13.4; MCHC 31.7; WBC 21.6; Neuts 17.6; Monos 1.5; EOS 0.086; BUN 8. UA: Protein 1+.

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.

The left kidney has a normal shape and size (4.34 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 (4.57 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 0.49 cm at the cranial pole and 0.61 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 right adrenal gland is normal in size measuring 0.87 cm at the cranial pole and 0.73 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.

Spleen

The spleen is subjectively normal in size (1.87 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible 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.

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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.

Gastrointestinal

The stomach is moderately dilated with large 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. No masses or focal lesions were observed.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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 (0.42 in wall thickness) and the jejunum measured as normal (0.36 cm.) Visualized peristalsis appears appropriate. Theres a focal bowel mass visualized in the mid abdomen, exhibiting severe wall thickening and loss of layering. The mass effect measures 2.44 cm x 2.82 cm. The thickened bowel wall in this region measures at 1.51 cm in 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 visible/mildly mottled in the right limb. 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 significant lymphadenopathy. The omentum is hyperechoic around the bowel mass lesion.

ULTRASONOGRAPHIC FINDINGS

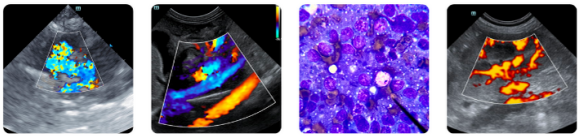
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Fluid distended stomach. Correlate with the feeding history. If the patient was adequately fasted this could represent delayed gastric emptying or a partial outflow tract obstruction.
- Focal bowel mass with severe wall thickening and loss of layering. Findings are most consistent with neoplastic lesion (round cell neoplasia, carcinoma, other.) A benign lesion is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a focal bowel mass lesion visualized. This is likely causing a partial obstruction and contributing to the vomiting reported. Recommend a fine needle aspirate of the bowel wall for cytologic evaluation. Based on these results, recommend consultation with a veterinary oncologist regarding treatment options and prognosis. Surgical resection could be considered for both diagnostic and therapeutic purposes, but more extensive disease is possible.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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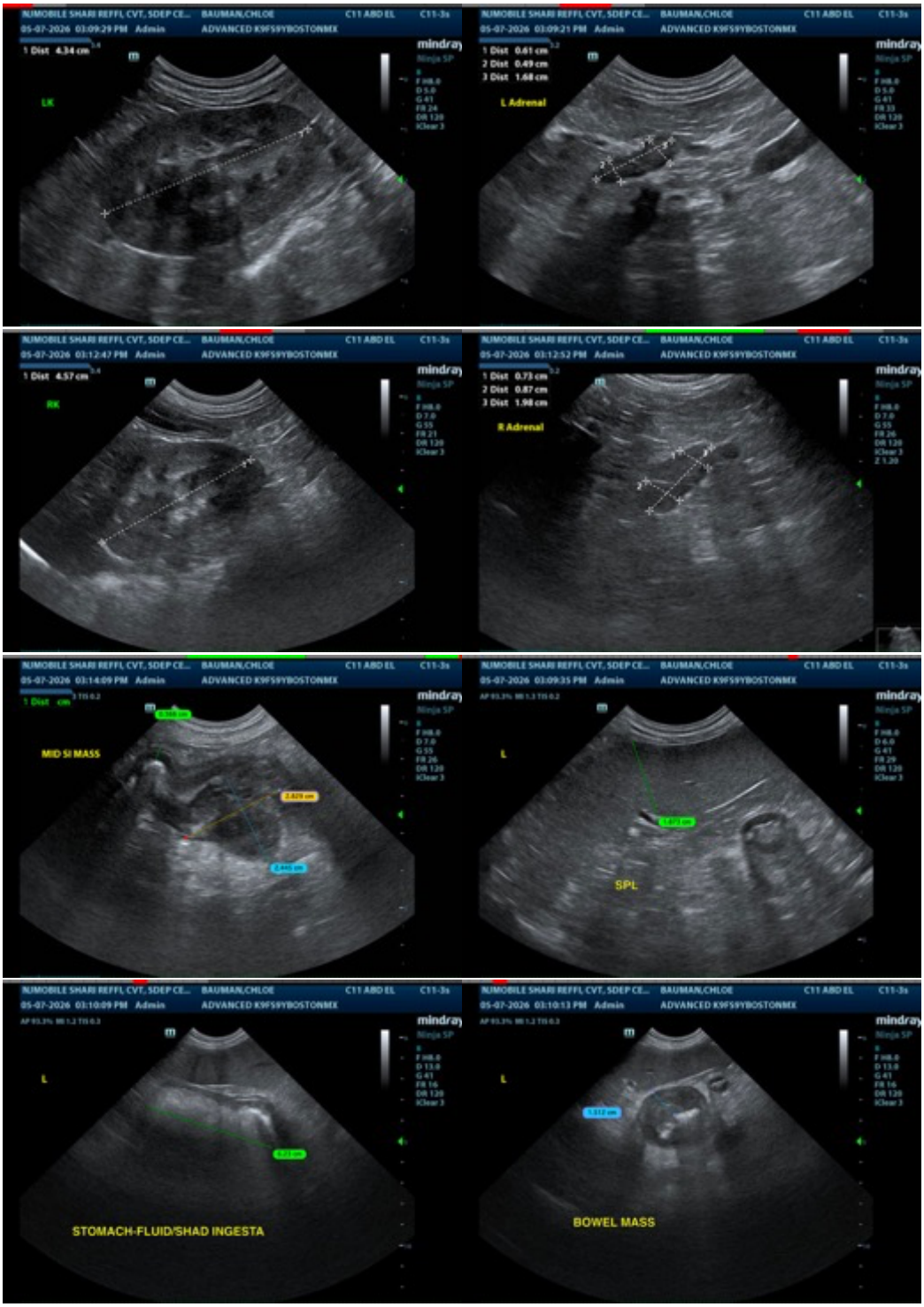

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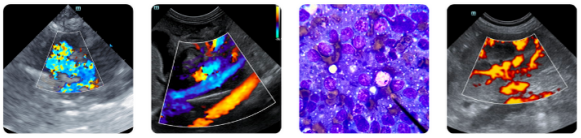

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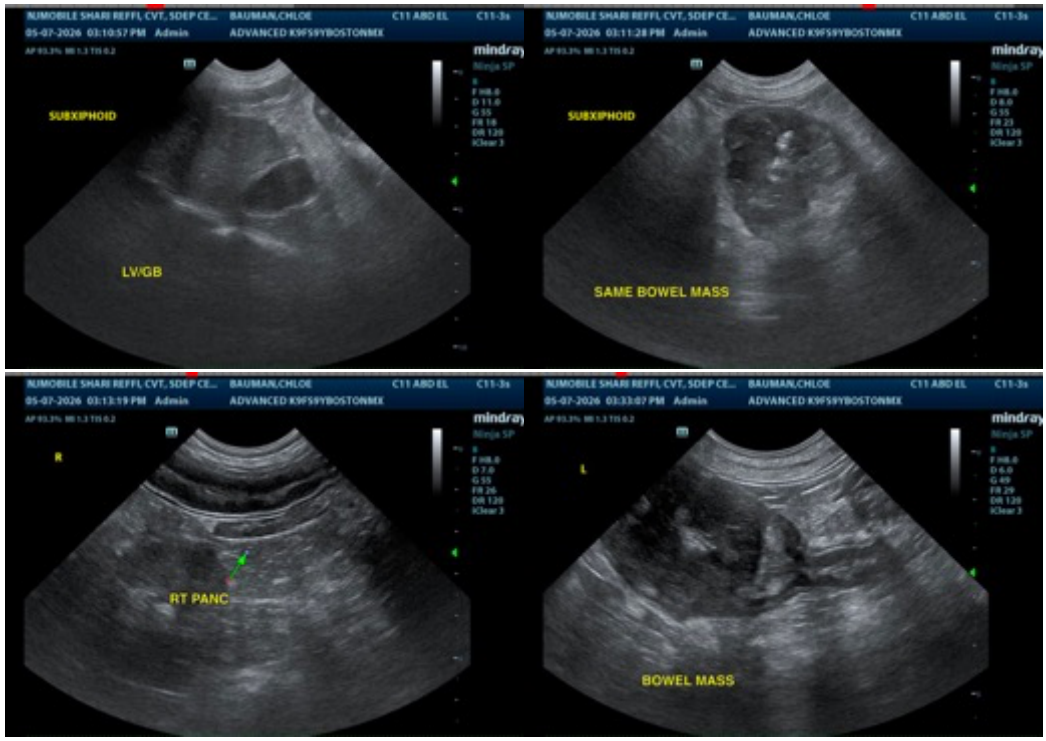

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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