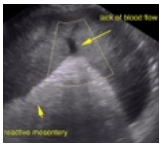
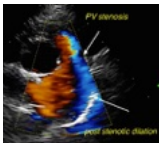
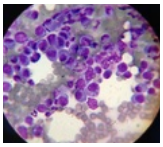
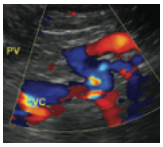

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rosta Fletcher

SPECIES

Canine

BREED

Mastiff

SEX

Neutered Male

AGE

6yrs

WEIGHT

93

INTERPRETED BY

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

IMAGING PERFORMED BY

Ukachi Ugorji, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Ukachi Ugorji, DVM

INVOICE

10402

DATE

8/10/2023

PRESENTING CLINICAL SIGNS

intestinal adenocarcinoma with angiolymphatic invasion, complete excision, via resection and anastomosis in July of 2022. Not been eating for 4-5 days,

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (7.59 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 (8.11 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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.

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 gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. 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 layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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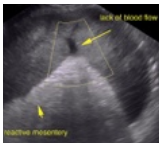
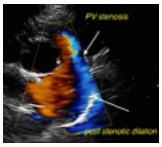
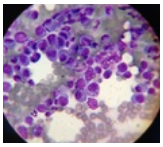
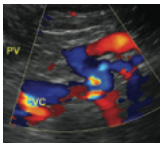

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The small intestine appears diffusely thicken, the small intestinal measurements varying from approximately 0.47 cm to 0.9 cm. The wall layering appears intact, but many areas appear to have lack of progressive motility and mild fluid dilation as well as significant corrugation with surrounding inflammation consistent with severe enteritis. No definitive focal mass lesions are observed. But many areas of small intestine appear significantly abnormal and are surrounded by echogenic fluid and hyperechoic mesentery.

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 prominent and mottled compared to the surrounding isoechoic 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 reveal a large amount of echogenic free abdominal fluid. No significant lymphadenopathy is noted. The omentum is severely hyperechoic particularly around some of the regions of thicken small intestine.

PRIMARY FINDINGS

- Prominent mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.
- Diffuse thickening of the small bowel with some focal areas of thickening. Many of which appear to have non progressive motility, corrugation, and surrounding inflammation. Wall layering remains intact and no focal mass lesions are observed.
- Large volume echogenic free fluid with hyperechoic mesentery. The diffusely hyperechoic mesentery and abdominal effusion are changes consistent with peritonitis (either infectious or inflammatory). Recommend fluid analysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious focal mass lesions are observed but many areas of the small intestine appear severely inflamed and thicken with surrounding echogenic material and mesentery. There is concern for current peritonitis (sterile or bacterial) as well as a possible neoplastic effusion/carcinomatosis. Recommend fluid analysis and cytology, +/- anaerobic and aerobic cultures as well as three view thoracic radiographs. If no focal mass lesion is observed to sample, then exploratory surgery may be necessary to further evaluate and biopsy the bowel looking for possible recurrence of the original adenocarcinoma. Other non-neoplastic differentials would include GI ulceration and perforation, severe gastroenteritis, ingested foreign material, etc.

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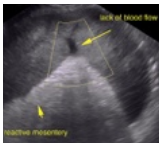
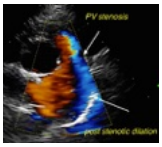
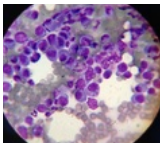
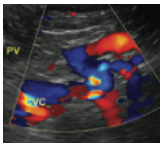

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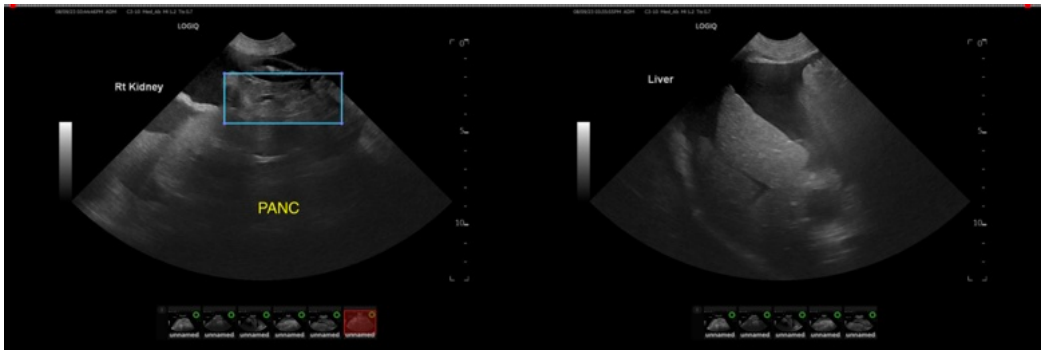

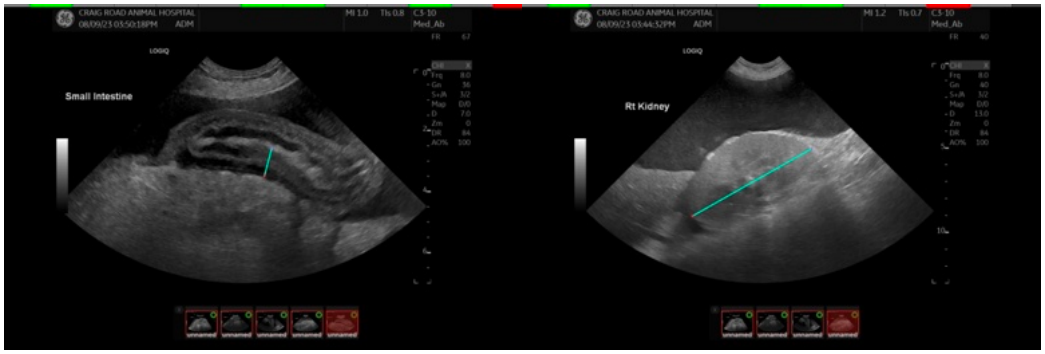

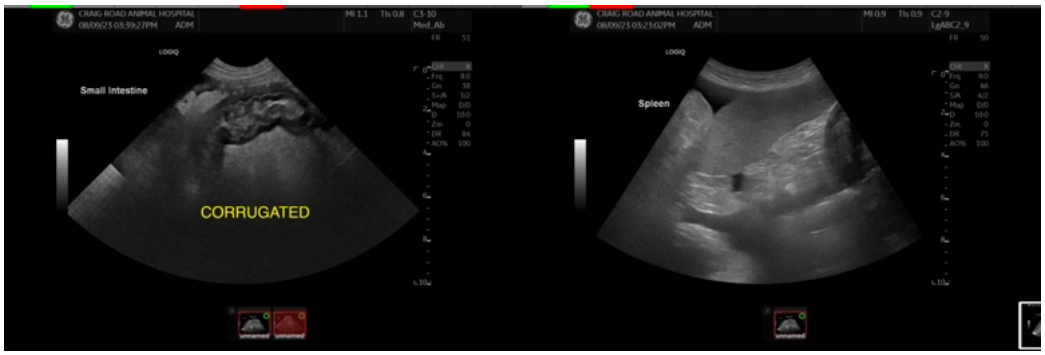

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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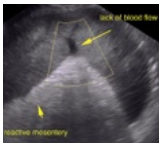
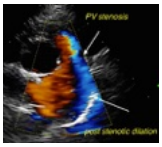
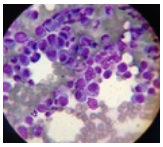
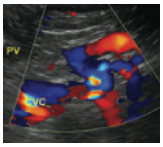

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can be of any further assistance, please contact me.

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