



PATIENT

Yator Jackson

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

13 Years 10 Months

WEIGHT

87.1 Pounds

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Sarah Green

INVOICE

36752

DATE

4/5/22

PRESENTING CLINICAL SIGNS

Lethargy, hyporexia x several days, vomiting this morning, pu/pd x 2 weeks
Abnormal PE/Chem/CBC/UA Results: slightly tense abdomen, intestinal gas and diarrhea, CBC, chem, T4 unremarkable, UA: usg =1.004, NSF otherwise

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass. A scant amount of anechoic fluid is observed dorsal to the urinary bladder.

The left kidney is within normal limits in size (8.86 cm) for the patient's weight and the capsule is smooth. However, the cortex is mildly hyperechoic (it is hyperechoic to the spleen) and a mild loss of the normal definition of the cortico-medullary junction is present. Pinpoint mineralizations are present within the cortex, as well as small, punctate, mineralizations of the diverticulae and pelvis. There is no evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney is within normal limits in size (9.00 cm) for the patient's weight and the capsule is smooth. Findings are similar to the left kidney.

Adrenal Glands

The left adrenal gland measures 0.79 cm at the cranial pole, 0.77 cm at the caudal pole, and 2.26 cm in length. Although no abnormalities are observed with its echogenicity or echotexture, it is mildly enlarged and "plump". Adrenal hyperplasia secondary to stress (chronic illness) and hyperadrenocorticism (HAC) are differential diagnoses.

The right adrenal gland was not visualized due to the large amount of gas in the surrounding gastrointestinal tract.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

The portion of the liver that is visualized does not show obvious abnormalities other than occasional hypoechoic nodules, which are most likely due to nodular hyperplasia. A few small, hyperechoic foci are also observed. Although obvious signs of neoplasia are not identified, subtle changes may be missed due to the large amount of gas in the surrounding intestines and stomach. The falciform fat is hyperechoic, which may be indicative of inflammation.

A small amount of echogenic material is visualized within the gallbladder, which is most likely clinically insignificant. The biliary system is otherwise within normal limits.

Gastrointestinal

The gastric wall is normal in thickness. There is no loss of definition of the normal architecture of the wall layers. The stomach is severely distended with gas, and a proper evaluation of the stomach is not possible.



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Although the small intestinal wall thickness is within normal limits, mild to moderate dilation of the intestines is observed throughout the abdomen; they are filled with ingesta and gas and have an abnormal peristalsis. The ingesta has a very granular consistency. Stippling and striations of the mucosa are observed; these become more severe as one moves in an aborad direction. The mesentery becomes increasingly hyperechoic as well.

SPECIES

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A mass is observed a few centimeters cranial to the urinary bladder. The mass appears to be comprised of a combination of an abnormal loop of jejunum, omentum, lymph nodes, and adhesions of other intestines. The mass measures 3.79 cm in diameter x 8.20 cm in length. As previously mentioned, the mesentery is severely hyperechoic. Hypoechoic, ill-defined soft tissue structures are scattered throughout the mesentery. The latter may be the body of the pancreas. Anechoic fluid is present surrounding the entire mass and cranial to the urinary bladder. Occasional hyperechoic nodules of variable size are also observed.

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The colonic wall is not thickened and mural detail is preserved.

Pancreas

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The left limb is heterogeneous with hyperechoic areas dispersed haphazardly throughout its parenchyma. Differential diagnoses include fibrosis due to previous episodes of pancreatitis, ischemia or amyloid deposition.

The right pancreas was not observed due to the large amount of gas in the surrounding gastrointestinal tract.

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A portion of the body of the pancreas may be incorporated within the jejunal mass, described above.

Other

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At least one very hypoechoic lymph node is observed, measuring approximately 1.34 cm in length x 7.5 mm in diameter amongst the hyperechoic mesentery.

Anechoic fluid is observed surrounding the urinary bladder, multiple loops of bowel in the caudal abdomen, as well as the spleen.

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ULTRASONOGRAPHIC FINDINGS

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- An intestinal adenocarcinoma and carcinomatosis are strongly suspected. Bloating and decreased peristalsis are likely occurring due to adhesions between the intestines, omentum, and possibly the body of the pancreas. This is most likely causing discomfort.
- Very mild degenerative changes of both kidneys, which are suggestive of age related degeneration.
- The enlarged, mildly plump left adrenal gland may be due to a benign adenoma or hyperplasia secondary to chronic illness, however, hyperadrenocorticism cannot be excluded. There are no signs of a mass. This is most likely an incidental finding.
- Nodular hyperplasia and fibrosis of the left limb of the pancreas are suspected. Nodular hyperplasia is considered a benign, age related change. Fibrosis may also occur as a result of age, in addition to previous episodes of pancreatitis. There are no signs of active pancreatitis.
- The hepatic changes are suggestive of nodular hyperplasia. Target lesions are not apparent, i.e. no obvious signs of neoplasia are observed.

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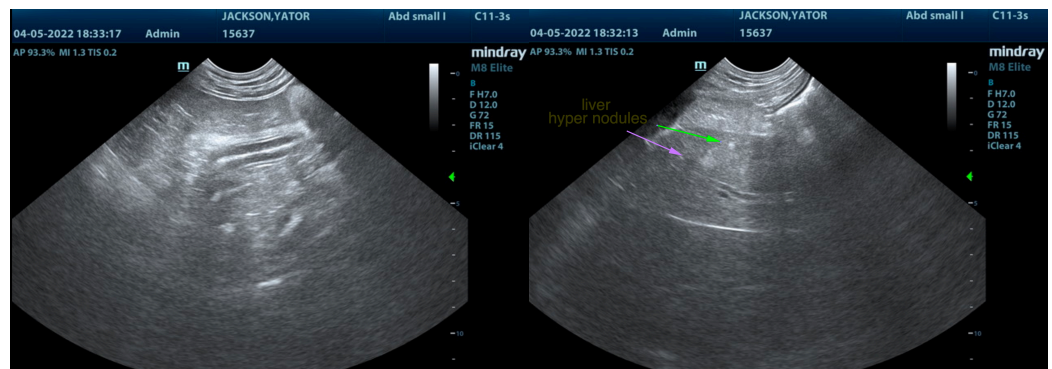
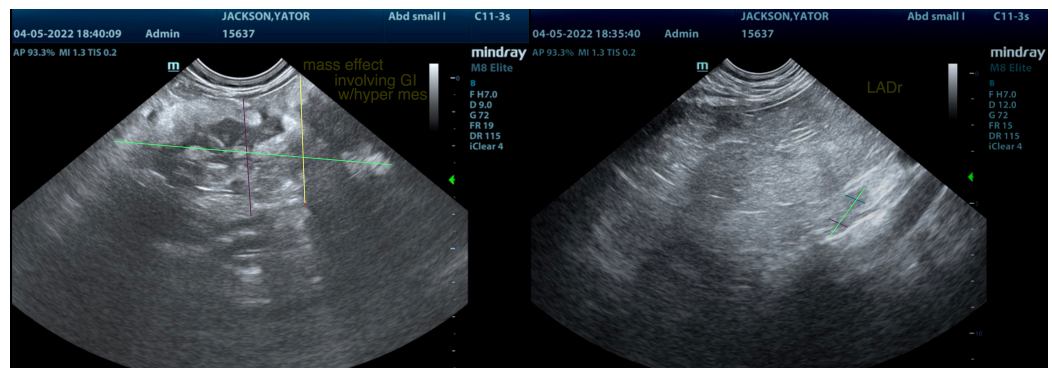
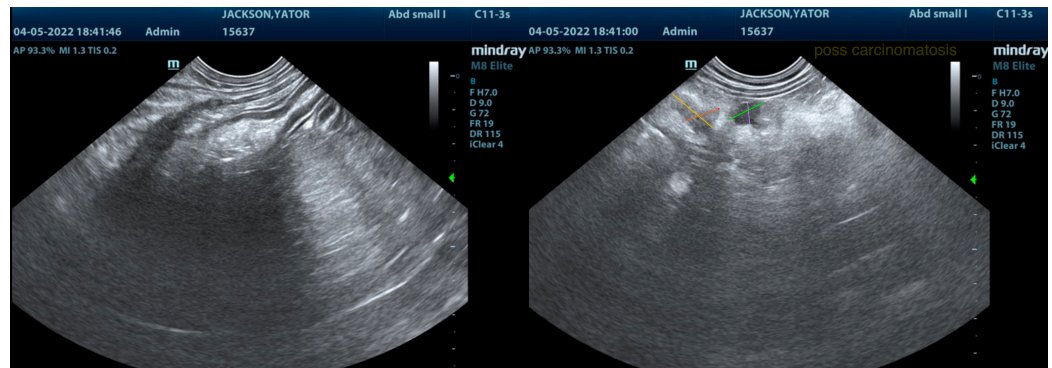
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the mass and surrounding structures (omentum, etc.) may be performed to achieve a definitive diagnosis. Colour Doppler is recommended to avoid vascularized areas.

If further diagnostics are not pursued, analgesics, including gabapentin, methadone or buprenorphine, and steroids may be administered to control pain. Simethicone may be give, as needed, to decrease bloating and discomfort.





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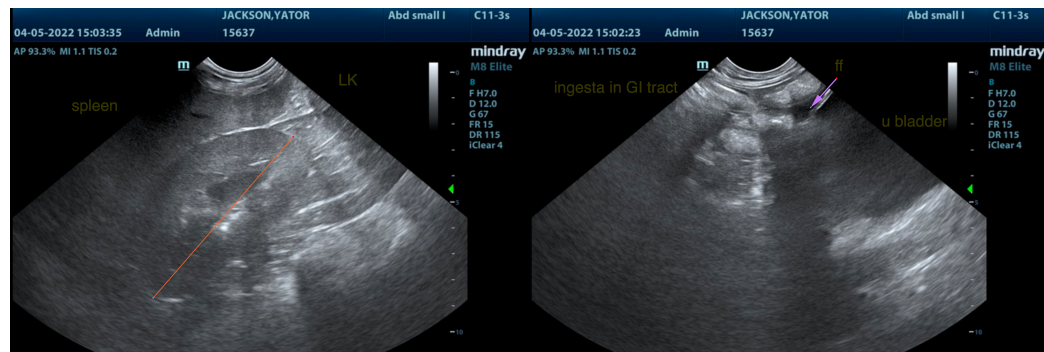
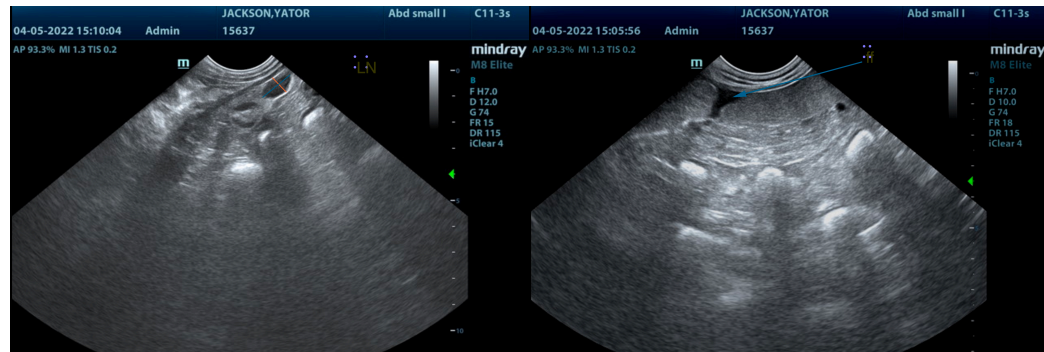
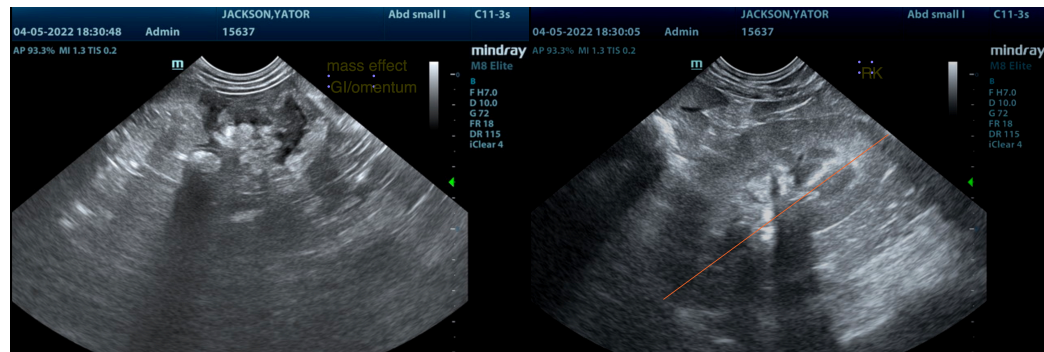
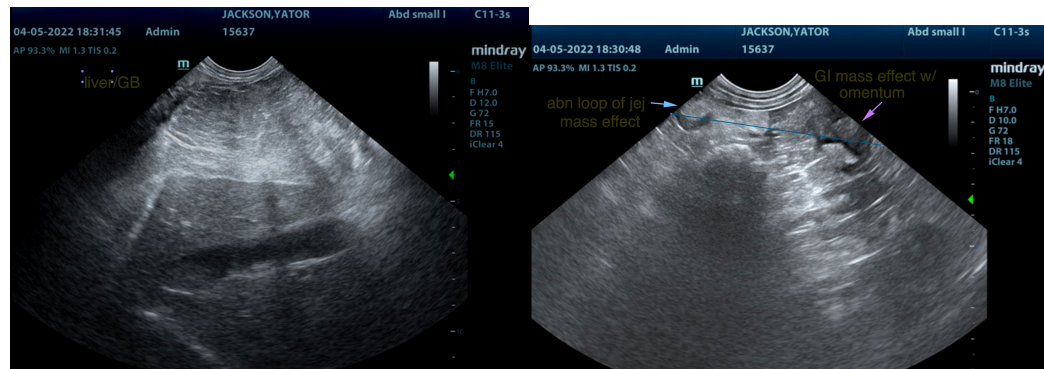
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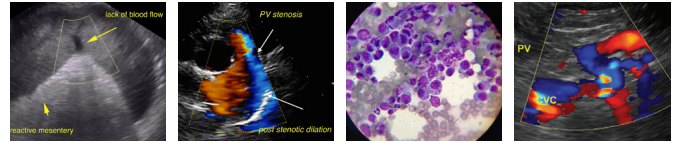
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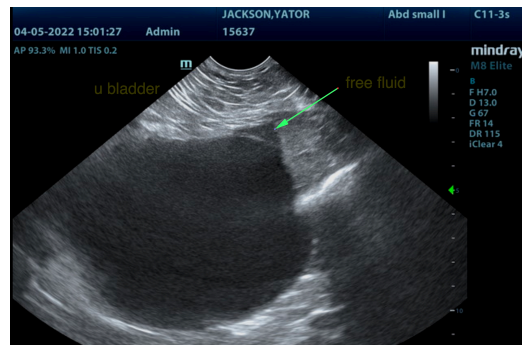
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com