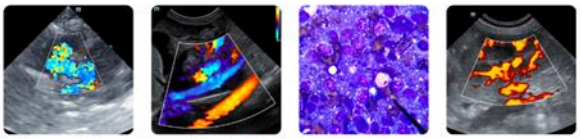


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT
Raizo Sproul

SPECIES
Canine

BREED
Staffordshire Bull Terrier

SEX
NM

AGE
7 years

WEIGHT
67.2 lbs.

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Rebecca Hamilton

HOSPITAL NAME
Santa Clara AH

REFERRING VET
Dr. Giddons

INVOICE
10509

DATE
1/6/25

PRESENTING CLINICAL SIGNS

Pet presented as ADR 0 Lethargic over past 3 hours, not wanting to eat, not wanting to walk or move. Pet did get 2 Blue Buffalo Chicken Jerky Bites, which he vomited up almost immediately, then went outside for an hour and just stood still. owner stated that Pet got a ham bone, but he did not eat it, and that Pet did eat the velcro off his bed 3 days ago.

Abnormal PE/Chem/CBC/UA Results: K: Low (3.2) Elevated RBC 9.09, and MPV 13.8, Low MCV 61.3, MCH 20.9, Neu 11.65, Lym 1.02, EOS 0.05. Small sharp FB that appears to be bone lodged in intestines- concerns with free fluid in abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.4 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

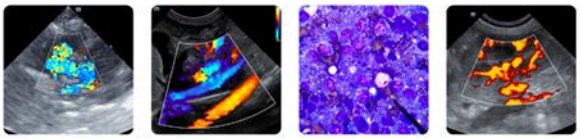
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact normal wall layering. The stomach contained a mild amount of anechoic fluid.

A large, midabdomen, irregular to proliferative intestinal mural mass was present, exhibiting marked mural hypertrophy, mural hypoechogenicity, and loss of intestinal mural detail, measuring ~6.0 cm in diameter with wall width measuring 2.3 cm. Associated segmental paralytic intestinal ileus was noted. Associated mural proliferation vs. surrounding hypoechoic to swollen mesenteric lymph nodes were present with a potential lymph node measuring 3.7 cm x 2.7 cm exhibiting a width: length ratio >0.5. Surrounding peri intestinal hyperechoic omentum was noted. Additional intestinal segments exhibited mild retained fluid and intact wall layering with normal-appearing jejunum wall width measuring 0.31 cm. The duodenum wall width measured 0.40 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No visualized significant peritoneal effusion was present. Associated mural proliferation vs. surrounding hypoechoic to swollen mesenteric lymph nodes were present with a potential lymph node measuring 3.7 cm x 2.7 cm exhibiting a width: length ratio >0.5. Surrounding peri intestinal hyperechoic omentum was noted.

ULTRASONOGRAPHIC FINDINGS

- Midabdomen intestinal mass with evidence of mural proliferation vs. surrounding hypoechoic to swollen mesenteric lymphadenopathy, associated regional peritonitis
- Adjacent intact segmental fluid-dilated intestinal segments
- Mild hypomotile stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass with evidence of mural proliferation and surrounding lymphadenopathy is consistent with likely aggressive neoplastic criteria, i.e., carcinoma, round cell neoplasia, or other. Significant inflammatory, infectious or granulomatous disease is thought less likely. Potential for intestinal or regional lymphatic necrosis is not definitively excluded. An obvious obstructive foreign body was not visualized. However, given the potential for PICA, a nonobvious to nonobstructive concurrent intestinal foreign body is not definitively excluded.

Assuming normal clotting status, FNA cytology of the intestinal mass wall and regional lymph node could be considered for further clarification. If a surgical or additional interventional procedure is a possibility, abdominal CT would be ideal for further clarification, assessment for metastasis, and surgical planning (assuming no evidence of pathology on three-view chest radiographs).

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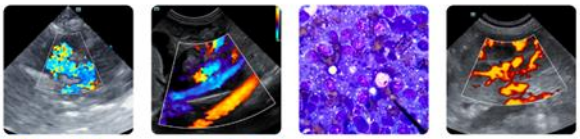

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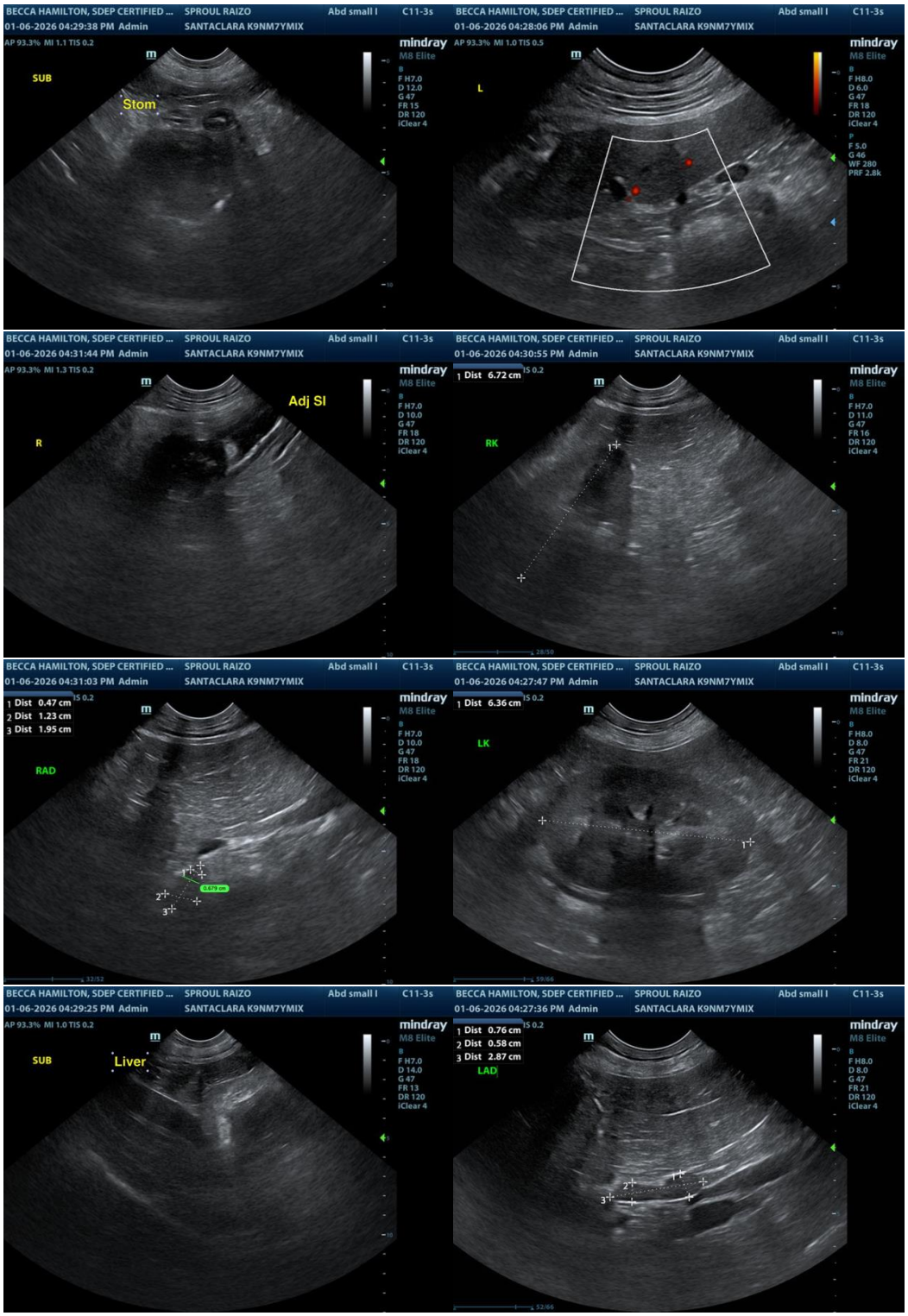

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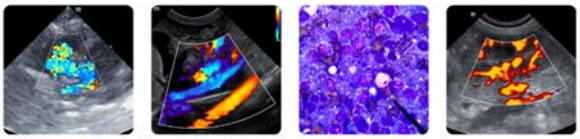

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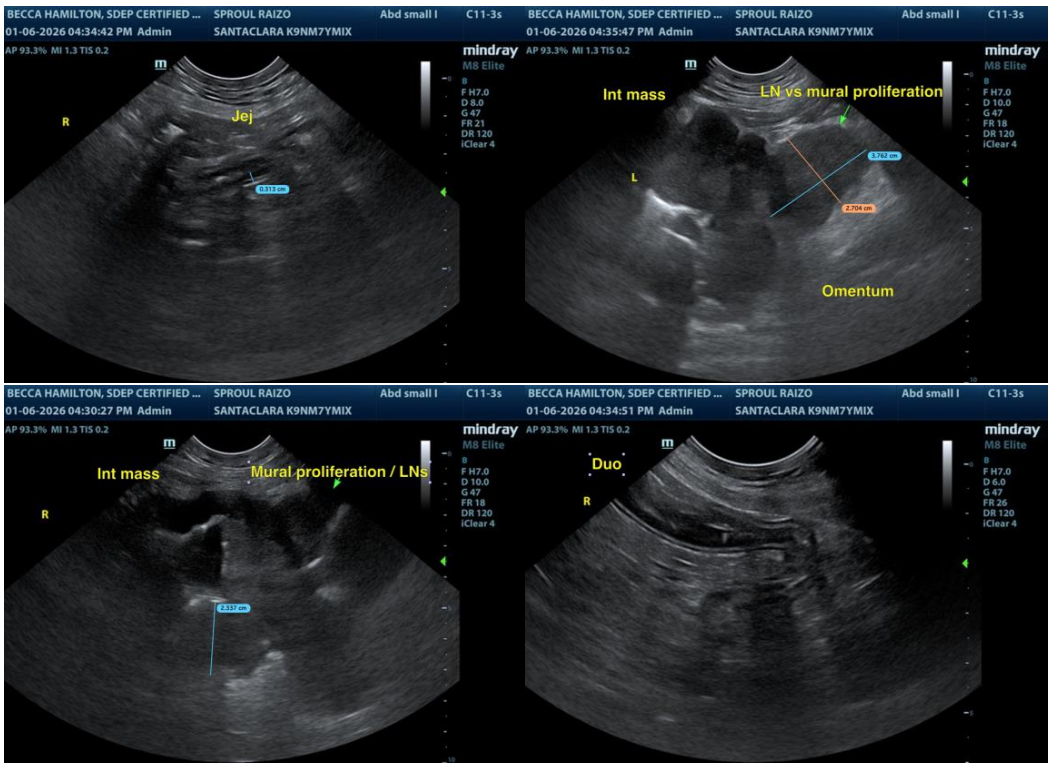

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com