



PATIENT PRESENTING CLINICAL SIGNS

Bridgette Babu Weight loss, intermittent vomiting, abdominal mass on palpation and radiographs.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine 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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Lab Mix The area of the aortic trifurcation was free of pathology.

SEX 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 6.5 cm in length. The right kidney measured 6.3 cm in length.

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Adrenal Glands

WEIGHT The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.68 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 2.3 cm length x 0.44 cm width at the caudal pole.

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INTERPRETED BY

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

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.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

BrodheadsVille VC

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.

REFERRING VET

Dr. Goldstein

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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A large, intestinal mural mass exhibiting marked mural hypertrophy, decreased to mild nonuniform mural echogenicity, and loss of discernable wall layering was present measuring potentially 10.0 cm in diameter with wall width measuring ~3.0 cm. The mass did not appear to be obstructive to intestinal flow. Adjacent segments of intestine exhibited intact, mildly prominent to thickened wall layering with

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mild subjective nonobstructive ileus. Adjacent mildly thickened intestine measured up to 0.43 cm in wall width. By comparison, normal-appearing small intestine measured 0.32 cm wall width.

The visualized colon exhibited normal wall layering containing formed to semi-formed fecal matter.

SPECIES

Canine

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.

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Free Abdomen

Mild surrounding nonuniform, hyperechoic omentum was noted primarily around the intestinal mural mass. No overt evidence of peritoneal effusion or visualized significant omental lymphadenopathy was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Mid-abdomen large intestinal mural mass- suggestive of jejunal involvement and sonographically consistent with neoplastic criteria, i.e., lymphoma, adenocarcinoma, stromal tumor or other possible, with non-neoplastic etiologies i.e., severe inflammation, granulomatous disease, etc., possible yet considered less likely
- Adjacent intact subjective mild thickened intestine exhibiting mild nonobstructive ileus
- Regional peri intestinal mild nonuniform hyperechoic omentum

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and with potential Benadryl pretreatment, FNA cytology of the intestinal mural mass could be considered for an initial assessment. No overt evidence of major organ metastatic disease was noted, although the possibility of early involvement of intestinal segments adjacent to the intestinal mural mass or early omental seeding cannot be definitively excluded.

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Assuming no evidence of pathology on three-view chest radiographs, exploratory laparotomy with gross inspection of the intestinal mural mass and adjacent intestinal segments with potential for biopsy and/or resection anastomosis of the intestinal mural mass and potentially adjacent abnormal intestinal segments is warranted. Alternatively, if possible, abdominal CT may be ideal for further clarification of the mass, assessment for nonobvious metastasis, and surgical planning with the potential for a surgical consult.

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SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

<https://sonopath.com/services/vetimaging/>

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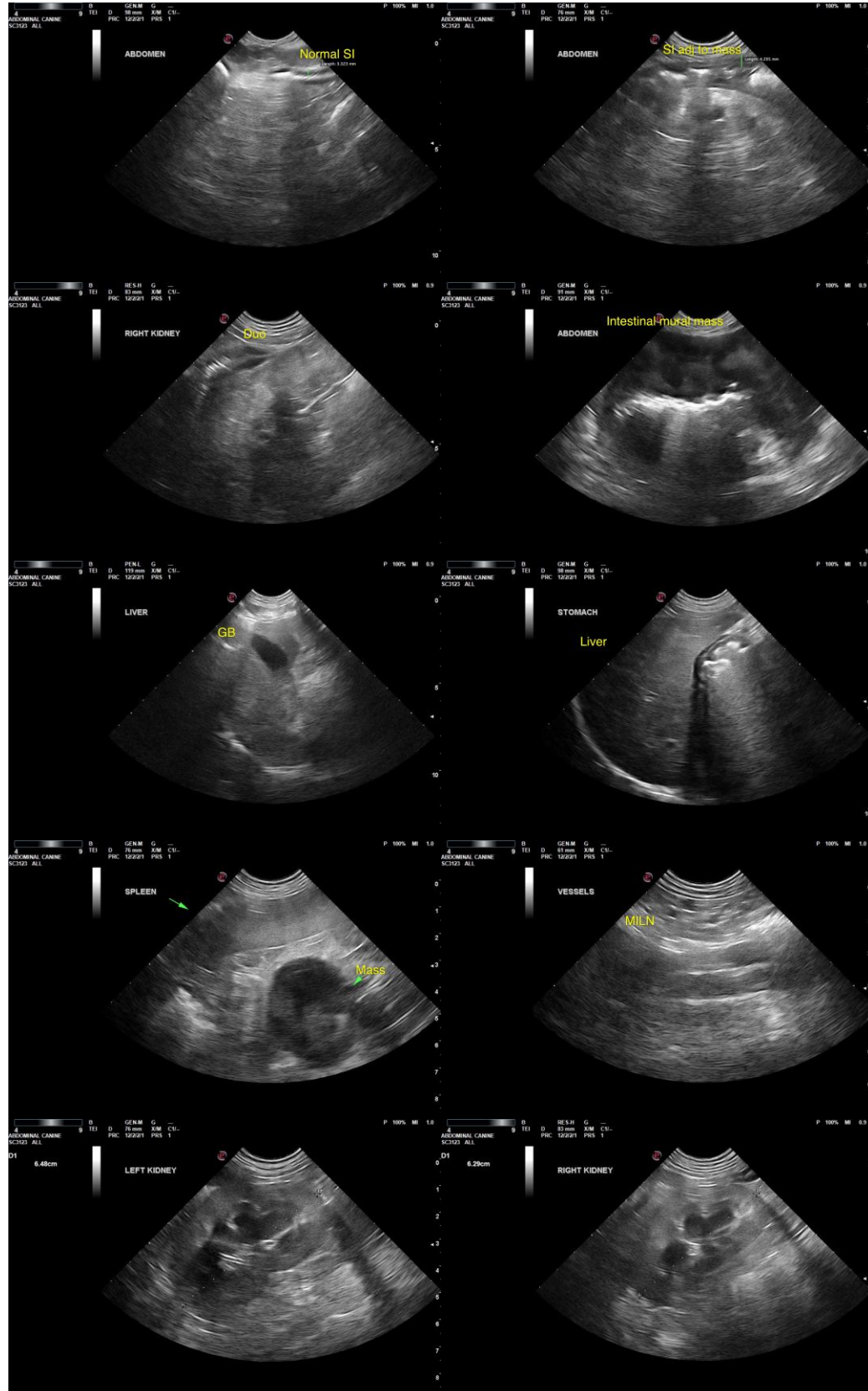
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

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