**PATIENT**

Herk Madsen

PRESENTING CLINICAL SIGNS

History: Black Thin Tar Stool, Diarrhea started Saturday, Sunday was the last time he ate, no Vomiting. Has gotten 1L SQ fluids and cerenia Hx of being on Carprofen.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PCV/TP (14%/5.2), Chem panel (kidneys + liver okay - decreased TP/ALB) Very lethargic with pale mm and tense abdomen when palpated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Pit Bull

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

SEX

MN

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 6.5 cm in length.

AGE

16yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

60.8lb

The area of the residual prostate was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.90 cm width in the cranial pole and 3.2 cm length. The right adrenal gland measured 0.81 cm width in the cranial pole and 2.1 cm length.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Sciortino

INVOICE

11204ag

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal**DATE**

07/26/2022

**PATIENT**

Herk Madsen

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic to nonshadowing ingesta with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.40 cm in width.

SPECIES

Canine

The small intestine presented intact yet prominent wall layering. A solitary nonhomogeneous spherical mass lesion originating from a focal segment of jejunum in the mid abdomen was present measuring approximately 2.4 cm in diameter. The mass extended outward from the intestinal wall without evidence of obstruction. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured up to 0.47 cm in width. The duodenum wall measured 0.54 cm in width.

BREED

Pit Bull

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

SEX

MN

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 was evident.

AGE

16yr

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

60.8lb

ULTRASONOGRAPHIC FINDINGS

- Solitary intestinal mass lesion
- Concurrent segmental intact yet mildly prominent small bowel walls
- Mild retained gastric ingesta/chyme
- Mild chronic renal changes
- Subtle hyperechoic splenic nodules-consistent with benign myelolipoma

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential intestinal bleeding secondary to the mass lesion is suspected. Considerations for this lesion may include neoplastic criteria such as adenoma, adenocarcinoma, stromal tumor, leiomyoma, granuloma or other. Potential for non-intestinal lesion impinging on the small intestine is considered less likely. Surgery could be considered if the patient's HCT can be stabilized via transfusion. No overt evidence of regional metastasis was observed.

HOSPITAL NAME

SVS Imaging QC

Three view chest radiographs are suggested if not done.

Empirically GI support and gastric protectants including sucralfate if not currently instituted is recommended.

REFERRING VET

Dr. Sciortino

INVOICE

11204ag

DATE

07/26/2022



PATIENT

Herk Madsen

SPECIES

Canine

BREED

Pit Bull

SEX

MN

AGE

16yr

WEIGHT

60.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

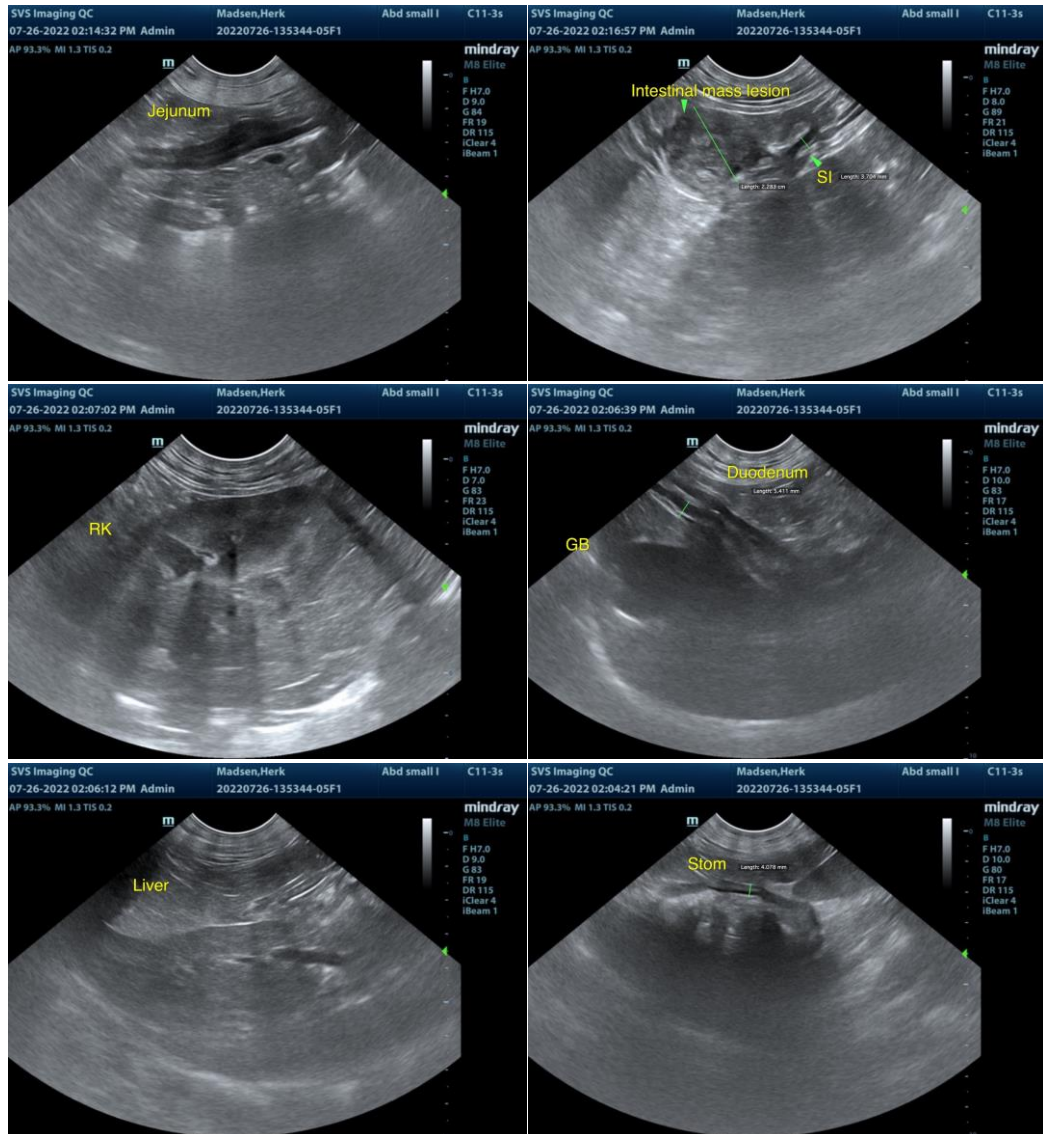
Dr. Sciortino

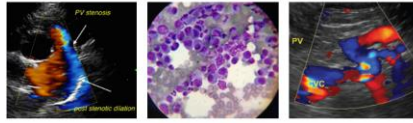
INVOICE

11204ag

DATE

07/26/2022





PATIENT

Herk Madsen

SPECIES

Canine

BREED

Pit Bull

SEX

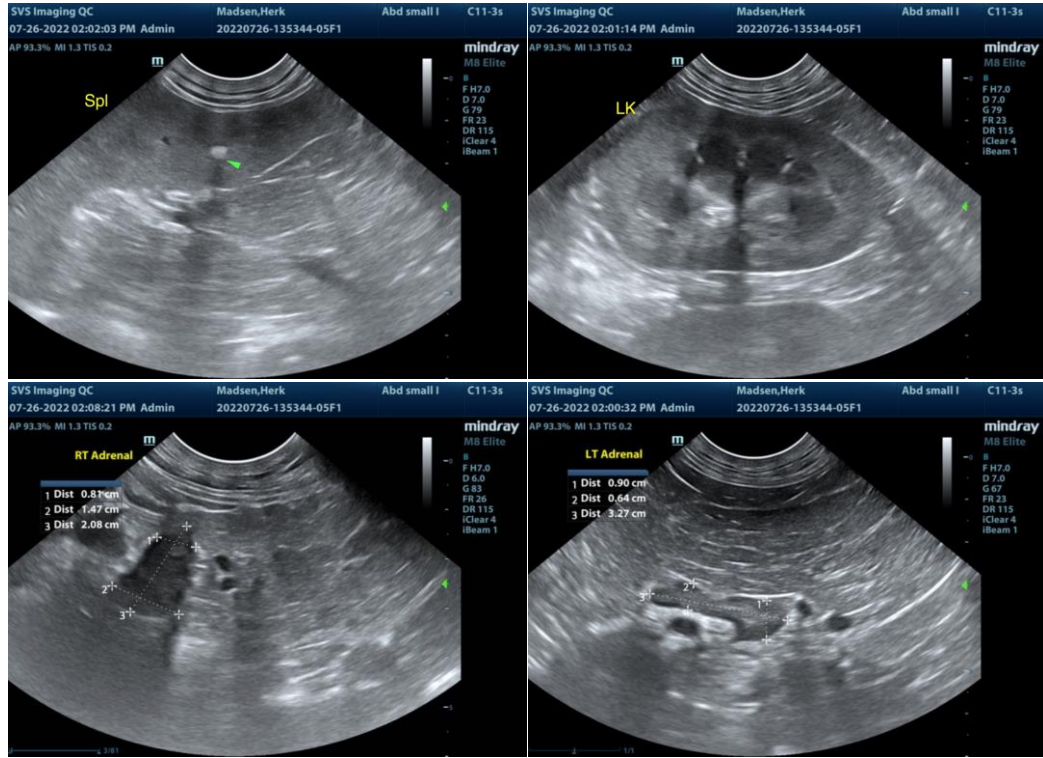
MN

AGE

16yr

WEIGHT

60.8lb



INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Sciortino

INVOICE

11204ag

DATE

07/26/2022

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