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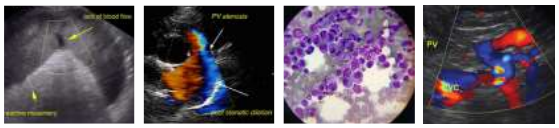


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Ruthie Feinman

SPECIES

Canine

BREED

Kelpie Mix

SEX

Spayed Female

AGE

14 years

WEIGHT

46 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam, SDEP Clinical Sonographer

HOSPITAL NAME

South Willamette VC

REFERRING VET

Dr. Willaman

INVOICE

12087

DATE

8/9/21

PRESENTING CLINICAL SIGNS

O noted drops of blood from rear quarters and dark stool, intermittent vomiting. Anal sacs, rectum, perineal area appear normal. P had been on carprofen for arthritis. It was D/C'd and sucralfate/omeprazole initiated. Hemoccult negative. Bleeding (unknown source) had stopped. Recheck of CBC - anemia persistent weight has dropped 2 lbs over 8 months, but O has been restricting food intake O was concerned that P was eating rocks. A single lateral radiograph taken. Small bleeding dermal mass on hindquarters noted- scheduled for excision
Abnormal PE/Chem/CBC/UA Results: regenerative anemia noted, chemistries from 6/18 all WNL single lateral abdominal radiograph - no radio-opaque FB noted emailing labs and radiograph

CBC-Hematocrit 34.5, Reticulocytes 305, WBC 16.6 with neutrophilia, Platelets 529, Previous unremarkable chemistry panel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No evidence of pathology in the area of the aortic trifurcation.

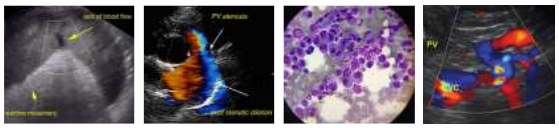
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm in length. The right kidney measured 5.2 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 2.5 cm length x 0.52 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 2.1 cm length x 0.44 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.



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Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement with symmetrical to mildly rounded ventrocaudal 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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. The gastric body wall width measured 0.52 cm.

The Intestine exhibited primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio. A segmental portion of the small intestine exhibited nonhomogeneous to mixed echogenic mural hypertrophy and loss of distinct wall layering subjectively within the mid abdomen. This segment of the intestine exhibited wall width up to 1.0 cm. Normal appearing duodenum and jejunum measured 0.45 cm and 0.39 cm wall width respectively.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Focally mid abdominal mesenteric lymph node suspected to be within the area of the abnormal intestine. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The lymph node measured 4.2 cm x 1.1 cm.

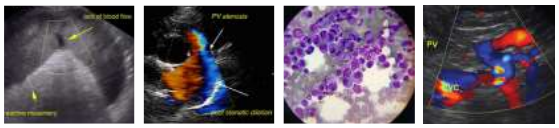
No evidence of effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Solitary small intestinal mass - neoplasia considered likely, adenocarcinoma, leiomyoma / leiomyoma sarcoma, lymphoma, mast cell neoplasia, or other possible, benign process such as severe inflammation or other are possible yet considered less likely, no overt evidence of associated peritonitis

- Associated focal mesenteric lymphadenopathy with peripheral perilymphatic omental reactivity - lymphoid hyperplasia, reactive lymphadenitis, or early primary vs. metastatic lymphadenopathy possible



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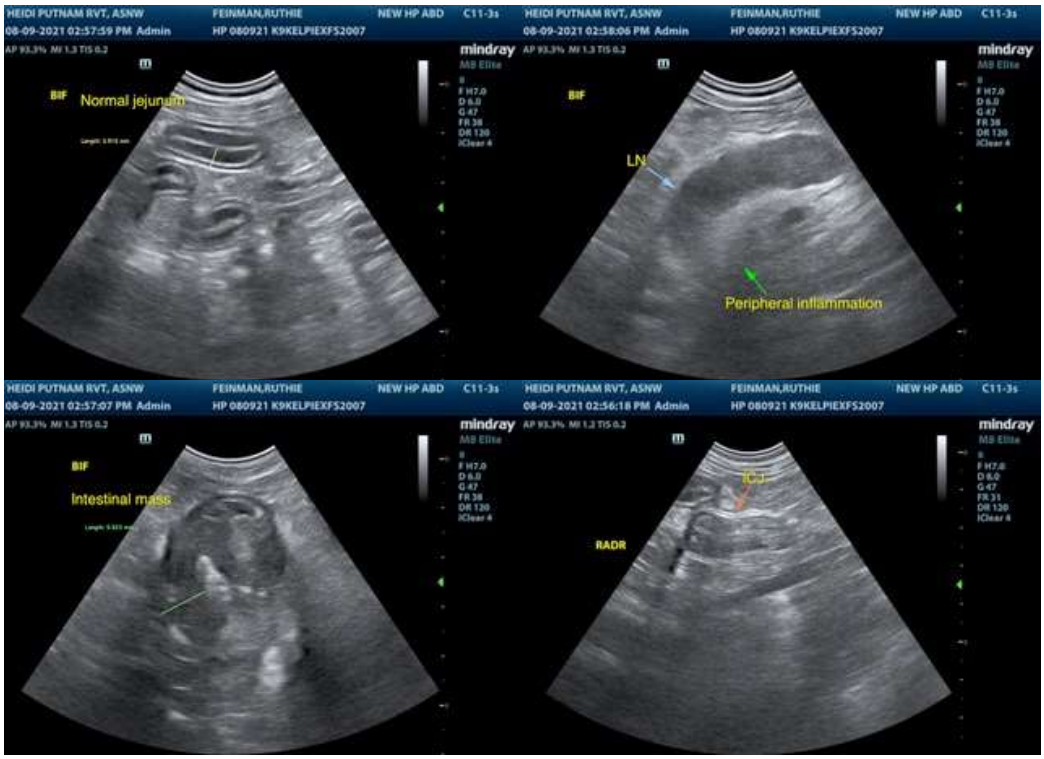
- Mildly heterogeneous spleen, suspect benign or age-related parenchymal changes with potential for hematopoiesis or hyperplasia given the anemia, no overt evidence of splenic neoplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs are recommended. FNA of the small intestinal mass and associated lymph node, assuming normal clotting status, may be considered. Depending on cytology, abdominal exploratory with bowel mass resection as well as lymph node resection and submission for histopathology could be considered, assuming no evidence of thoracic pathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.



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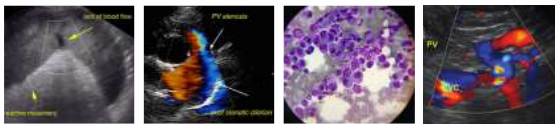

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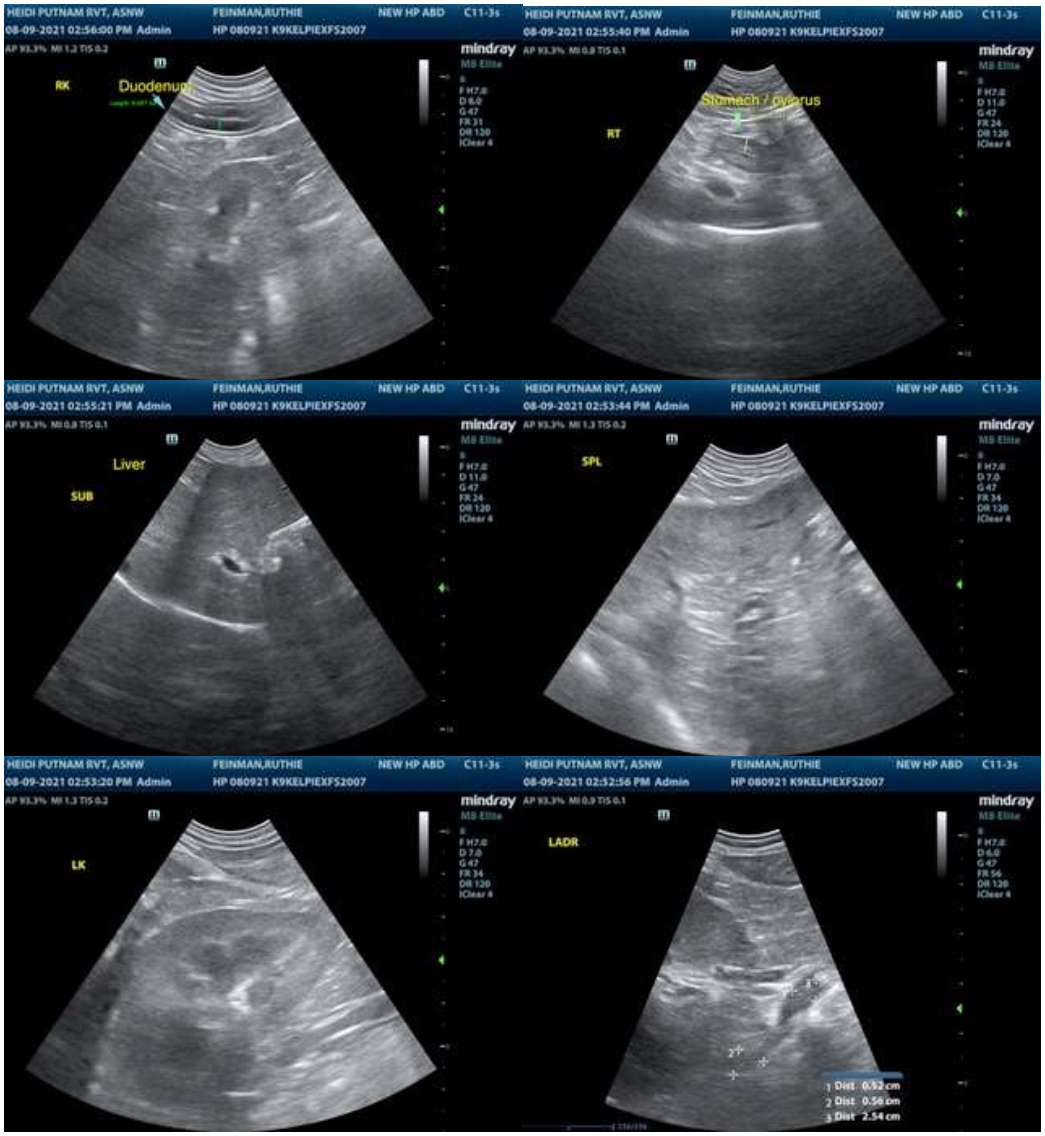

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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