


PATIENT PRESENTING CLINICAL SIGNS

Molly Lee History: History of diarrhea, lethargy, and weight loss. Heart murmur also auscultated on exam. Current med: metronidazole.

SPECIES Abnormal PE/Chem/CBC/UA Results: Calcium 8.7 and folate 7.35.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Urinary System
BREED

Mixed Breed

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Spayed Female

The left kidney is normal in size (4.59 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

10 years

The right kidney is normal in size (4.92 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

35.4 lbs

Adrenal Glands

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.53 cm at caudal pole) (1.88 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM (*Small
 Animal Internal Medicine*)

The right adrenal gland is mildly enlarged (1.20 cm at cranial pole) (0.89 cm at caudal pole) (2.15 cm in length) with a slightly irregular shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Vazquez

Spleen

The spleen is normal in size (1.75 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

 Animal General on
 Hudson

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Stefanie Lang

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

INVOICE Gastrointestinal

12027

The gastric lumen is mildly to moderately distended with echogenic fluid and small, mineralized fragments. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. In the midabdominal region, a 4.13 x 2.40 cm irregular, hypoechoic to heterogeneous mineralized mass appears to be arising from small intestine. The wall in this region is severely thickened (up

DATE

1.12.23

to 1.10 cm) with loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. The remaining bowel segments are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Midabdominal mass, suspected to be of intestinal origin. Neoplasia (i.e., adenocarcinoma, lymphoma, other) is suspected, with a lower possibility of a focal inflammatory process. Adjacent peritonitis is present.

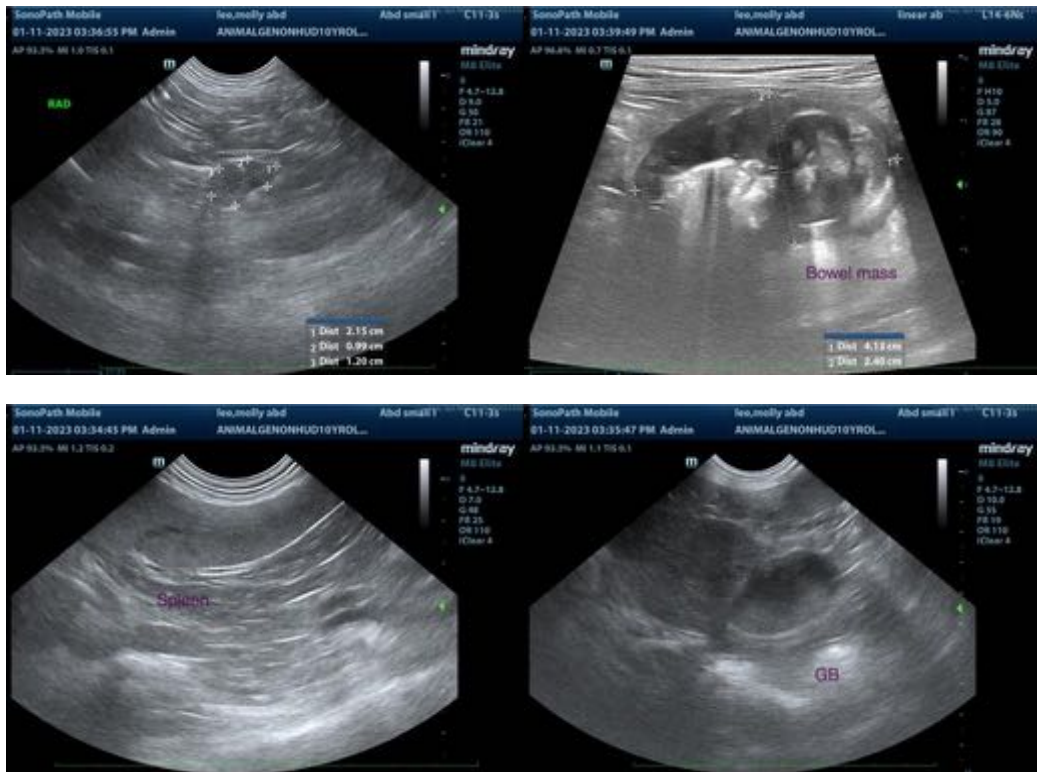
Secondary Findings

- Mild, bilateral age-related renal changes
- The mild right adrenomegaly may be secondary to early hyperplastic change or less likely, an emerging tumor.
- Nonspecific diffuse hepatopathy. Vacuolar hepatopathy (i.e., endocrine, idiopathic) is the top differential. However, inflammatory disease or other hepatopathies cannot be completely excluded. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine-needle aspirate of the midabdominal mass is recommended (if clotting status is normal.) If the cytology results are inconclusive, excisional biopsy of the mass with submission for histopathology can be considered, depending on the patient's cardiopulmonary status.
- Further recommendations should be based on the echocardiogram report.





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.

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