

**DATE**

12/14/21

PRESENTING CLINICAL SIGNS

History: 3cm mid abdominal mass noted at previous US, monitored in-house with minimal progression. P appears to be doing well per owner. Possible insulinoma.

PATIENT

Bruno Young

Current Medications: Prednisolone 5mg SID.
 Date of Previous IntraPet Ultrasound: 5-18-21.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

Boxer

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately 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

Male, neutered

The prostate is not definitively visualized due to its pelvic location.

AGE

2/15/13

The left kidney is normal size (6.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

75 lbs.

The right kidney is normal size (6.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.56 cm at caudal pole) (3.18 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.91 cm at cranial pole) (0.74 cm at caudal pole) (2.86 cm in length); normal shape; 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

Rachel Brillhart RDMS

Spleen

The spleen is normal in size (1.41 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Hickory VH

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. McCourt

INVOICE

12713

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The right limb is enlarged with slightly irregular peripheral contours. The parenchyma is diffusely heterogeneous bordering on nodular in appearance. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter). The mesentery effacing the serosal surface is slightly hyperechoic.

Free Abdomen

There is no evidence of free fluid.

Lymph Nodes

See *Other*.

Other

A 4.40 x 2.76 cm slightly irregular heterogeneous vascular mass is observed in the region of the mesenteric root. The mesentery effacing the serosal surface is hyperechoic.

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mass at the level of the mesenteric root, the origin of which is unclear. It may be arising from lymph node, mesentery, other. Differentials include neoplasia, granuloma, inflammatory focus, other. Mass is similar in size to the previous sonogram. Regional peritonitis is present.
- The pancreatic changes are consistent with age-related remodeling/fibrosis with suspected concurrent inflammation +/- nodular hyperplasia. Neoplasia is also possible.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the mesenteric mass and right limb of the pancreas (if accessible). Clotting times should be assessed prior to aspiration and 25 gauge needles should be used for the procedure. If cytology results are inconclusive and an aggressive approach is desired, an abdominal exploratory with mass removal and pancreatic biopsy can be considered.



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.

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