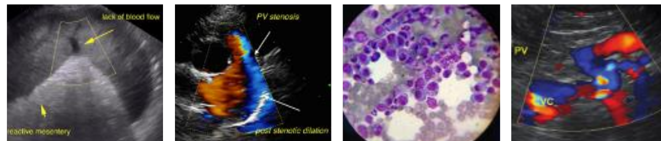


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Blue Cotto

SPECIES
Canine

BREED
Mixed

SEX
Neutered Male

AGE
6 years

WEIGHT
14.2 lbs

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

IMAGING PERFORMED BY
Dr. Gabriel Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Agnielis

INVOICE
10474

DATE
3/3/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral for abdominal ultrasound. Pt has history of intermittent vomits since November. 2021. He has been on medication, but symptoms are continue. Patient has been treated since November in different veterinarians, but symptoms continue. No information of medication was provided.

Abnormal PE/Chem/CBC/UA Results: March 3rd Chemistry: Amylase 2270 (500-1500) Lipase >6000 (200-1800) rest of Chem was unremarkable Previous bloodwork Objective* CBC: WNL CHEM : elevated AMYL (1642 U/L) & elevated LIPA (4415 U/L) PE: - Eyes, ears, nose, throught : normal - Muscoloeskeletal: normal - Cardiovascular: normal - Respiratory: normal - Digestive: normal - Urinary: normal - Neurologic: normal - Lymphatic: normal -General: weight loss *ASSESMENT* Diagnoses: Pancreatitis *PLAN* Abdominal ultrasound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The prostate is normal in size (1.00 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (4.55 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.

The right kidney presented normal size (4.67 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.

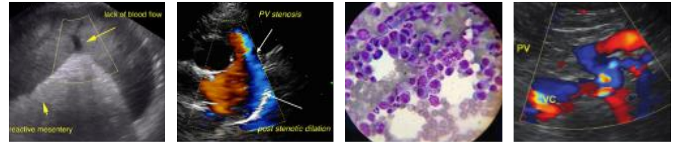
Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.47 cm at caudal pole) (1.67 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 caudal pole of the right adrenal gland is visualized and is normal size (0.31 cm in width); with normal shape, glandular echogenicity, and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.95 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.



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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. A moderate amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is minimally distended with fluid. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Approximately 1.50 cm from the gastroduodenal junction, a focal (2.57 x 2.56 cm) irregular circumferential duodenal mass is visualized. The wall in this region is severely thickened (up to 1.11 cm), irregular, and hypoechoic, with a complete loss of the normal layering pattern. The mesentery effacing the serosal surface of the mass is hyperechoic. The small intestinal segments beyond the mass effect are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The left and right limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is suspected trace free fluid. A few prominent lymph nodes are observed in the right cranial quadrant. In addition, a 1.64 cm mesenteric lymph node is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

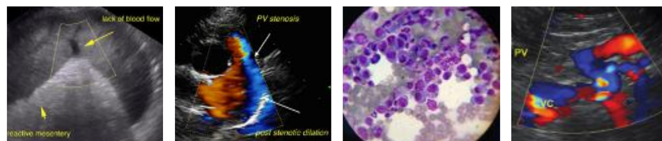
Focal proximal duodenal mass. Neoplasia (i.e., adenocarcinoma, lymphoma, leiomyosarcoma, leiomyoma) is the top differential. However, a severe inflammatory process cannot be completely excluded. Regional peritonitis is present. The adjacent lymphadenopathy could be consistent with reactive lymphadenopathy, lymphoid hyperplasia or infiltrative neoplasia.

Secondary Findings

Pancreatic remodeling +/- fibrosis. Concurrent low-grade inflammation may be present, particularly in light of the presence of the proximal duodenal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible a fine-needle aspirate of the duodenal mass is recommended (if clotting status is appropriate). If cytology results are inconclusive or if the mass is inaccessible, endoscopic or



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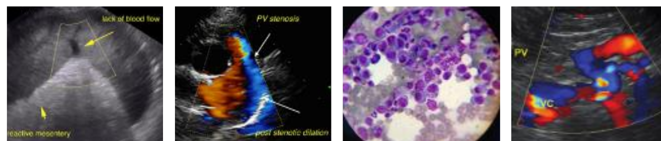
surgical biopsies may be warranted. Surgical biopsies are more likely to yield a definitive diagnosis.



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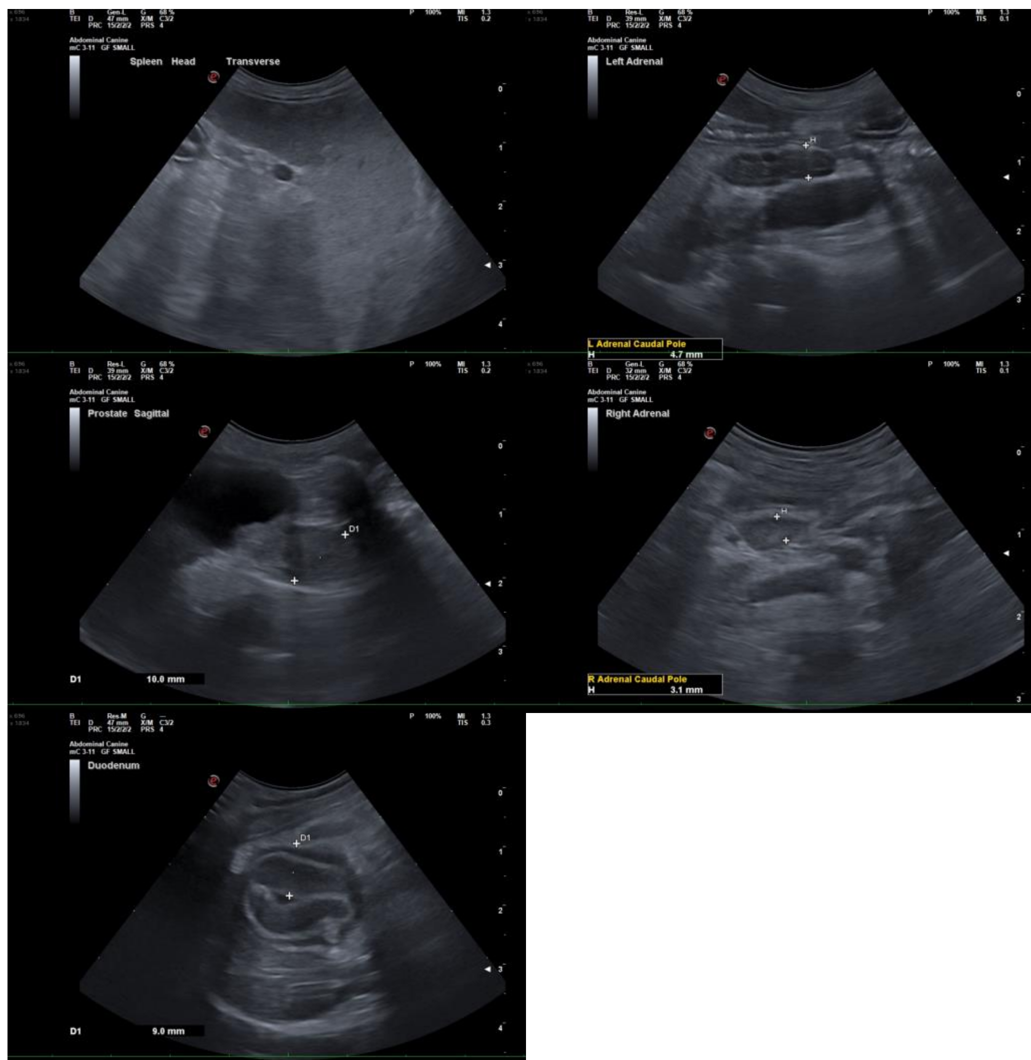

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com