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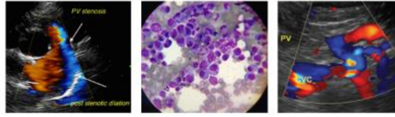


SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Jello James

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

8 years

WEIGHT

69 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake VH

INVOICE

11014

DATE

6/2/22

PRESENTING CLINICAL SIGNS

History: 4# weight loss in past 3 months. Hyporexia (40% usual portion), lethargy, vomiting EOD-E2days, increased thirst/freq urination for past 1 week.

Abnormal PE/Chem/CBC/UA Results: Pyrexia T=103.7F MM pk, tachy est 10-12% dehydration, hyponatremia Na=135 mmol/L (144-160) K=2.9(3.5-5.8) USG=1.011, NSF on sediment (low colony count urine C&S pending). NEG 4dx RT lateral/VD thoracic and abdominal radiographs-Hepatomegaly R/O-liver mass/changes, R/O-renal changes/pyelonephritis/renomegaly, R/O-abdominal mass

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. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.17 cm in length); normal shape and architecture with smooth peripheral margins. 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 hydroureter.

The right kidney is normal size (7.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.40 cm at caudal pole); 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.

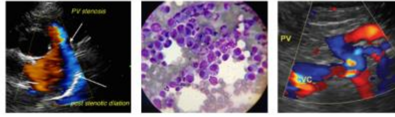
The right adrenal gland is normal size (0.82 cm at cranial pole) (0.72 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.96 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 2.32 x 1.68 cm hypoechoic nodule/mass is observed at the lateral aspect. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with irregular peripheral contours. Throughout the liver, irregular, varying sized, heterogenous masses are observed, many of which distort the splenic capsule. The largest mass measures >8 cm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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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.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. An approximately 6.46 x 3.70 cm irregular, focal, small intestinal mass is observed in the right midabdomen. The wall in this region is severely thickened (up to 1.54 cm) and hypoechoic to heterogenous with a complete loss of the normal layering pattern. In the remainder of the small intestine, the lumen is not dilated and the wall is 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 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 evidence of free fluid. A 2.29 x 0.84 cm medial iliac lymph node is visualized on the left side.

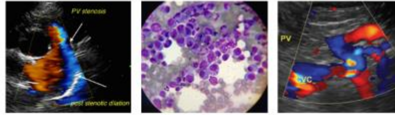
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Multifocal hepatic masses. Neoplasia (i.e., sarcoma, adenocarcinoma, round cell neoplasia) is considered likely with a lower possibility of multifocal inflammatory disease.
- Bowel mass. Again, neoplasia (i.e., adenocarcinoma, round cell tumor) is considered likely, with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous).
- The splenic nodule/mass may represent a metastatic lesion or a benign process (i.e., focus of extramedullary hematopoiesis, lymphoid hyperplasia, or similar).

Secondary Findings

- Bilateral, minor age-related renal changes
- The prominent medial iliac lymph node is likely reactive, with a lower possibility of infiltrative neoplasia.



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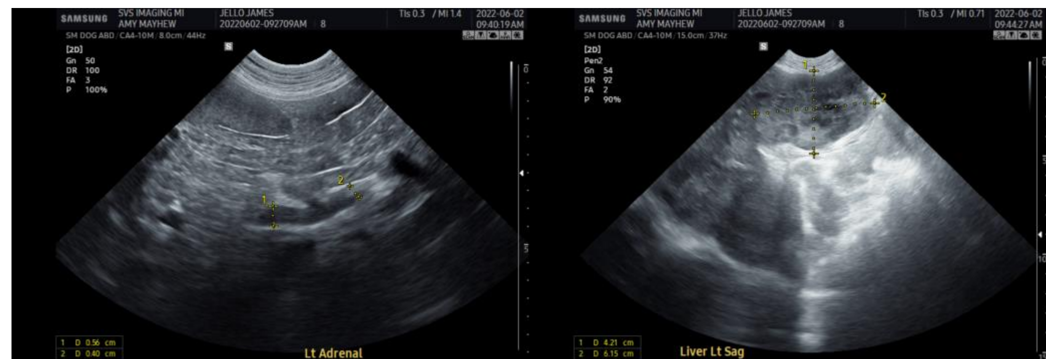
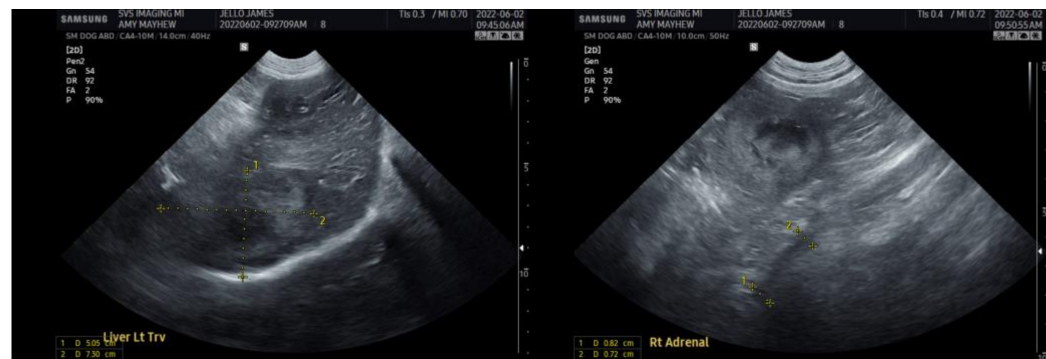
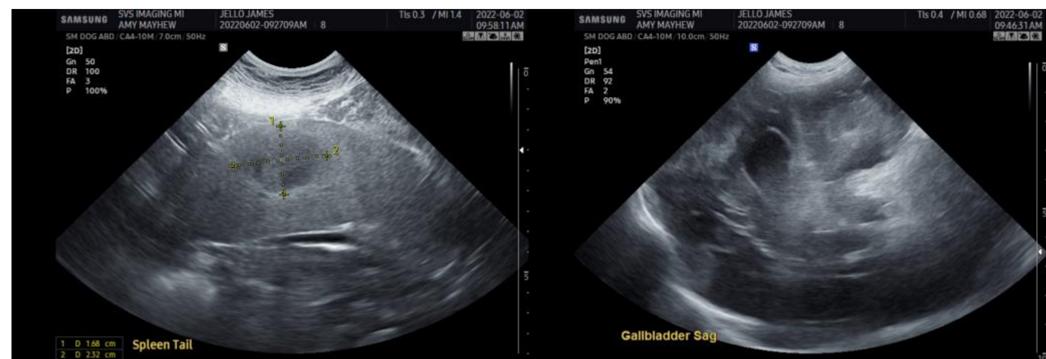
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

Fine-needle aspirates of the hepatic, splenic and bowel mass, can be considered if clotting status is appropriate. Twenty-five gauge-needles should be used. However, given the likelihood of multiorgan neoplasia, the prognosis is considered guarded for this patient and palliative/symptomatic care should be considered.







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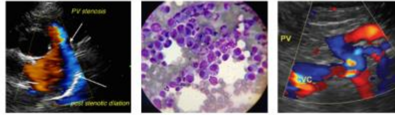

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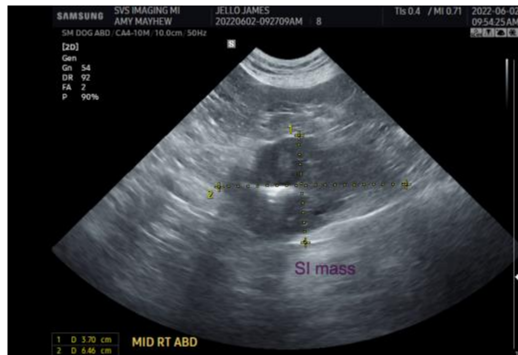

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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