**DATE PRESENTING CLINICAL SIGNS**

9/30/21

History: Presenting Complaint: Lethargic; Appetite Decreased; Vomiting; Stools/Motions/Feces Abnormal. Date: 09-28-2021. Notes: Went to rDVM today for decreased appetite and depression/lethargy and diarrhea; palpable mass in abdomen. rDVM unable to do radiographs so referred for workup. Assessment: Ascites, r/o Abdominal neoplasia, Lymphoma, Nephrotic syndrome/Kidney failure, Congestive heart failure, Right heart failure, Chronic liver failure/Portal hypertension, PLE, Peritonitis. Plan: Recommend to Owner Hospitalization, IV catheter, fluid therapy, and further treatment as needed.

PATIENT

Walker Hockman

SPECIES

Canine

Current Medications: Cerenia, Doxycycline, Buprenex, Acepromazine.

BREED

Boxer

Lab Results: Hematocrit is low normal, mild azotemia, normal liver values, normal albumin.

Radiographs: Xray Abdomen 2 View - Very poor serosal detail; unable to clearly visualize organs in cranial and mid abdomen. Suspect large amount fluid present in abdomen. No metastasis suspected in lungs.

SEX

Male, intact

Ultrasound - Effusion Check Small amounts free fluid.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

AGE

9/28/13

Sedation: Acepromazine in hospital.

Stat Report: STAT report not requested by the veterinarian.

WEIGHT

76.6 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. A urinary catheter is visible within the lumen. There is no obvious evidence of cystic calculi.

The prostate is enlarged (5.19 cm in width) with an irregular shape. The parenchyma is diffusely heterogeneous with ill-defined, cavitated regions. A urinary catheter is visualized coursing through the prostatic urethra.

The left kidney is normal size (7.60 cm in length) with a slightly irregular shape. 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.

The right kidney is normal size (7.31 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.

Adrenal Glands

The region of the adrenal glands is evaluated. However, the glands are not definitively visualized due to diffuse abdominal pathology.

Spleen

The spleen is normal in size (1.35 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.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Martinoli

INVOICE

11931kk

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 small amount of aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 is normal to borderline thickened (up to 0.49 cm) in some segments with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is largely obscured by the diffuse abdominal pathology. No obvious abnormalities are seen.

Free Abdomen

A moderate to large amount of echogenic free fluid is observed within the abdomen. The mesentery is diffusely nodular/irregular and appears aggregated in the left abdomen. There is ill-defined/irregular hypoechoic tissue interspersed within the mesentery. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious chamber enlargement. The abdominal caudal vena cava is not overtly dilated.

The testicles are subjectively normal in size with smooth peripheral contours and homogeneous parenchyma. No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The mesenteric changes (and associated free fluid) are concerning for a neoplastic process (i.e., carcinomatosis). Severe inflammation (i.e., sterile panniculitis) cannot also not be completely excluded.

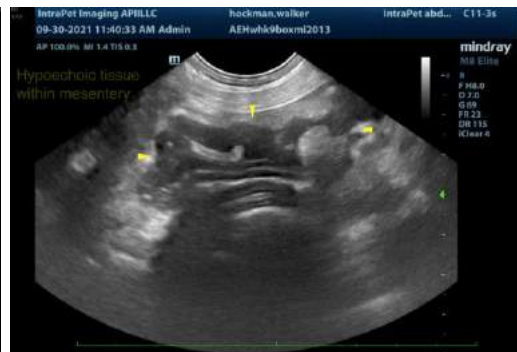
Secondary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia with parenchymal cysts. Concurrent bacterial prostatitis is also possible. Correlation with clinical findings is recommended.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Minor, age-related renal pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirations of the mesentery and free abdominal fluid are recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytology is inconclusive, surgical biopsies may be

necessary to get a definitive diagnosis.





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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