

PATIENT PRESENTING CLINICAL SIGNS

Nala Duffield 1 week history of anorexia and vomiting. Seen at CVRC on 11/17 and given Cerenia, SQ fluids and Gabapentin. Since Cerenia, no vomiting noted, but continues to be hyporexic.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *Urinary System*

BREED The urinary bladder wall is 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.
Husky

SEX The left kidney is normal size (5.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
Female, spayed

AGE The right kidney is normal size (5.95 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A cortical infarct is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.
4/4/2015

WEIGHT *Adrenal Glands*
55 lbs.

INTERPRETED BY

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

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.41 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 (0.65 cm at cranial pole) (0.53 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.

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Spleen

The spleen is normal in size (2.27 cm in width at the level of the hilus) with a normal capsular contour and a coarse echotexture. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

DATE The gastric lumen is mildly distended with ingesta. 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
11/29/22



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dilated. In the caudal abdomen, an approximately 6 cm irregular hypoechoic to heterogeneous mass appears to be arising from the jejunum. The mesentery surrounding the mass is hyperechoic. The remaining small intestinal segments are normal in thickness with retention of the normal layering pattern. The colonic wall is normal. No obvious obstructive disease is noted.

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

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Caudal abdominal mass, suspected to be of jejunal origin. Neoplasia (i.e., adenocarcinoma, lymphoma, other) is suspected. However, a severe inflammatory process (i.e., secondary to a perforated foreign body) cannot be completely excluded. Adjacent peritonitis is present.

Secondary Findings:

- Minor, bilateral, age-related renal changes with a right cortical infarct.

*A fine needle aspirate of the Lowell mass was performed at the end of the study (using a 25 gauge needle) without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If cytology results are inconclusive, an abdominal exploratory with mass removal and submission for histopathology can be considered.



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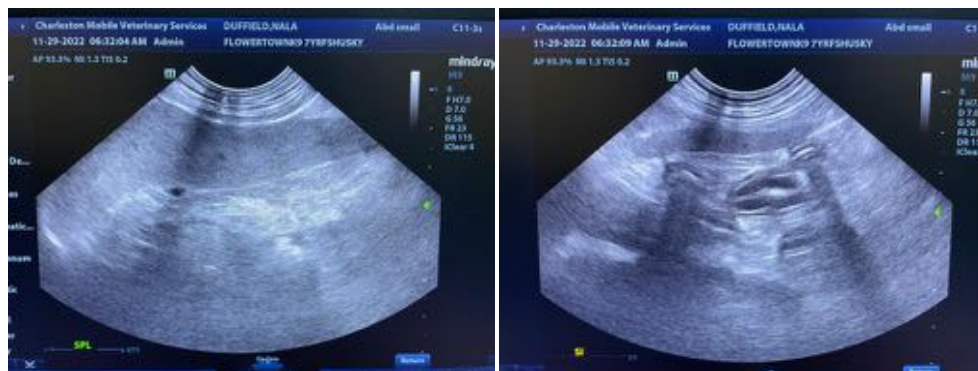
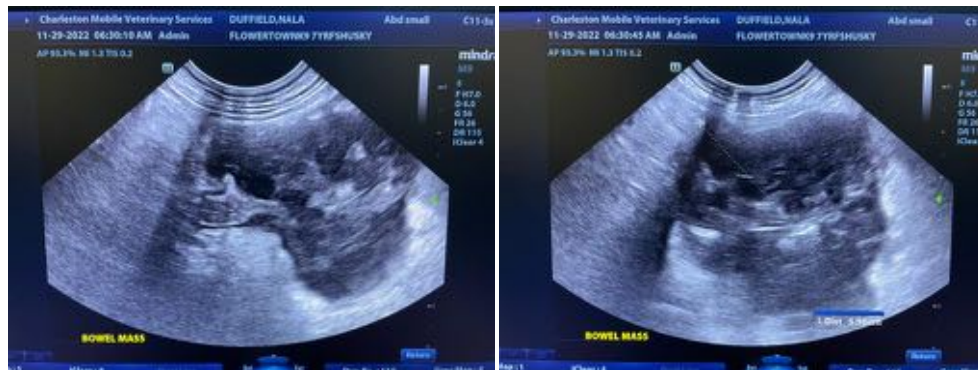
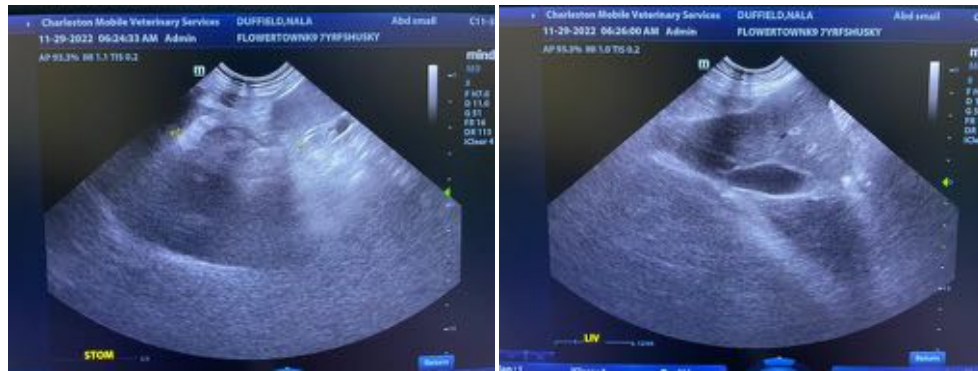
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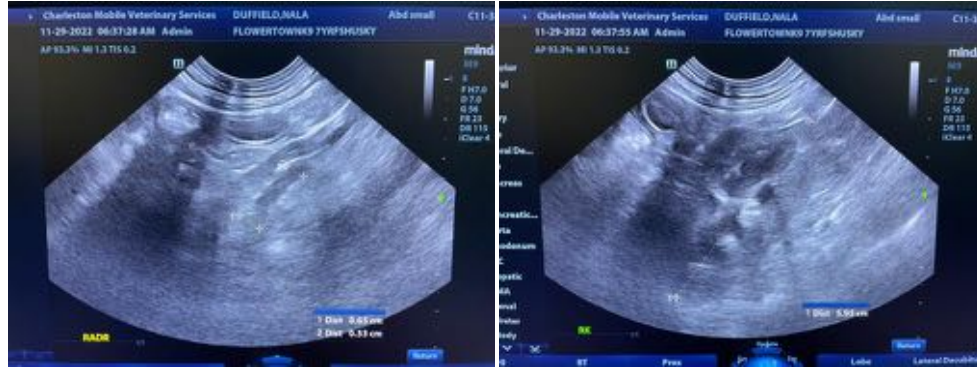
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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