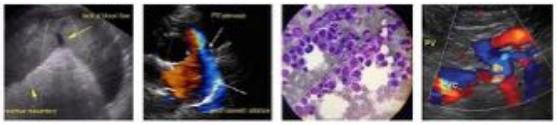


PATIENT

Colbie McIntosh

SPECIES

Canine

BREED

Border Collie mix

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

20.1 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties East Hamilton PH

REFERRING VET

Dr. Reza

DATE

7/18/22

PRESENTING CLINICAL SIGNS

History: NSF, dark tar colored stool. Gabapentin, Metronidazole, sucralfate. Highly anxious and tense in clinic and during ultrasound.
Abnormal PE/Chem/CBC/UA Results: Elevated : Neuts, mono, glob low T4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is subjectively normal size with a normal shape and architecture and smooth peripheral contours. 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.

The right kidney is normal size (6.01 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.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.56 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

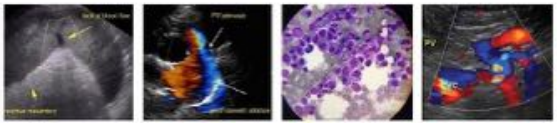
The spleen is normal in size (1.93 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogeneous in appearance with at least one small hyperechoic nodule. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. In the right cranial quadrant, a focal segment of small intestine (which is thought to be duodenum), is severely thickened (up to 1.93 cm) and irregular with a loss of the normal layering pattern. The thickening/mass effect appears to extend through the serosal surface. The lumen in this region is mildly to moderately fluid distended and hypomotile. The mesentery effacing the serosal surface in this area is hyperechoic. The remaining small intestinal segments are



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normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

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 obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

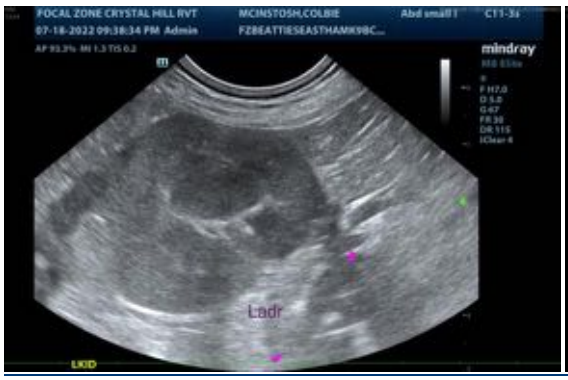
- A focal small intestinal mass effect (suspect duodenal). Neoplasia (i.e., adenocarcinoma, lymphoma) is suspected with a lower possibility of a severe focal inflammatory process. Adjacent peritonitis is present.

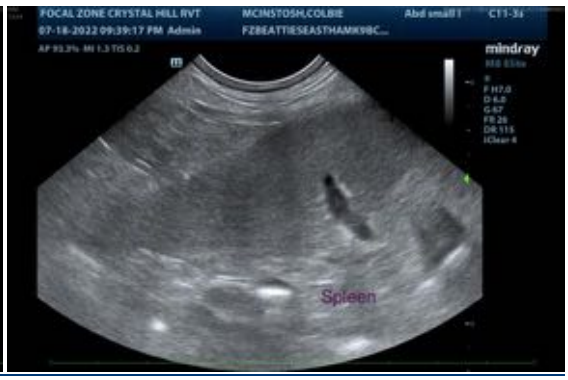
Secondary Findings:

- Minor age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirate of the small intestinal mass effect can be considered. However, the lesion may not be accessible for aspiration. Therefore, an abdominal exploratory with mass removal or biopsy of the mass effect can be considered. If surgery is pursued, consider referral to a board-certified surgeon due to the potential for perioperative complications (i.e., pancreatitis). In the meantime, continued symptomatic care is recommended.





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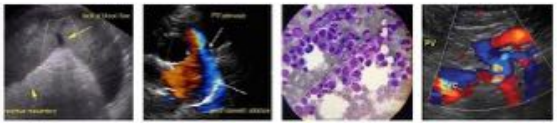

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289-808-2608 infoethefocalzone.com

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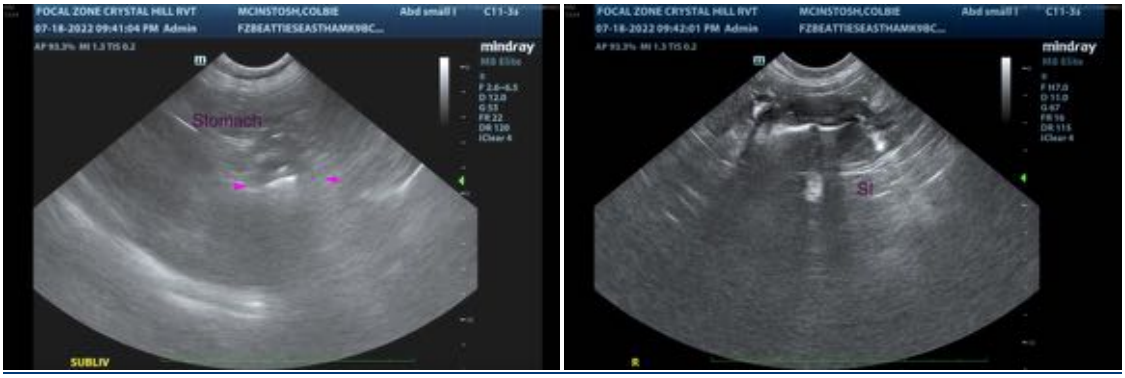

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com

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