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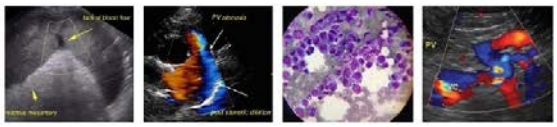


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Taylor Prior

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11 Years

WEIGHT

25 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Stoney Ridge AH

REFERRING VET

Dr. Brooks

INVOICE

42749

DATE

11/11/22

PRESENTING CLINICAL SIGNS

Original exam Oct 21, - Owner noted intermittent vomiting of about 1 mos duration. Was only in am and yellow fluid or bile Owner felt it might be due to stress from chirping fire alarms. Oct 21 PE- abdomen comfortable, no abnormalities felt. However, concern low grade uveitis L eye. R/O stress/ bilious vomiting- recommend Famotidine 10 mg q24h and feed at night Nov 8 exam- owner notes increase in vomiting, now daily or every other day and reduction in appetite. DId give pepcid and try to feed late. Now remembers she might have eaten a popsicle stick and plastic wrapper Nov 8 PE- weight has decreased 2 kg Abdomen is uncomfortable on palpation especially cranially. Looks muscle wasted in face and spinal muscles. LN all palp WNL. anals palp WNL. Mammary chain/inguinal fat pad- 1 soft sq lump that is unchanged in the last year ate i/d stew low fat eagerly in clinic. Cerenia injection 1mg/kg Nov 9- baseline radiographs - No obvious FB and no obvious obstructive pattern. Stomach wall possibly thickened with more prominent rugal folds, normal position. Concern possible mild effusion R cranial abdomen- focal loss of serosal detail. Concern mass effect right mid abdomen behind ribcage- intestines look displaced caudally and colon looks displaced caudally and ventrally. (severe spinal O/A with bridging spondylosis all lumbar vertebrae incidentally) meds: cerenia, sulcrate, gabapentin Abnormal PE/Chem/CBC/UA Results: mild increase alkp 199 (5-160) mildly reduced Creat, BUN, Chloride - likely due to muscle loss and decreased food/ protein intake and vomiting cPLI was WNL rads: Nov 9- baseline radiographs - No obvious FB and no obvious obstructive pattern. Stomach wall possibly thickened with more prominent rugal folds, normal position. Concern possible mild effusion R cranial abdomen- focal loss of serosal detail. Concern mass effect right mid abdomen behind ribcage- intestines look displaced caudally and colon looks displaced caudally and ventrally. (severe spinal O/A with bridging spondylosis all lumbar vertebrae incidentally)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 7.44 cm. The left kidney measures 6.48 cm.

Adrenal Glands

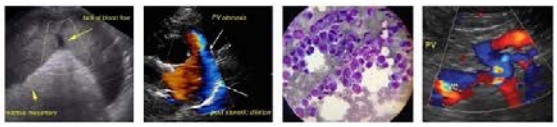
The right adrenal gland is normal in size (2.43 cm long x 1.22 cm at the cranial pole and 0.36 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.15 cm long x 0.54 cm at the cranial pole and 0.36 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver



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The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach is unable to be fully evaluated in these images. See other.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas is unable to be fully evaluated in these images. See other.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

Other

In the cranial abdomen, caudal to the liver, extending medial to the spleen, there is an amorphous heterogeneous, primarily hypoechoic, nodular appearing mass of tissue surrounded by hyperechoic, hyperreactive/enhanced fat and mesentery. The origin of this mass is not able to be determined, but differentials include pancreas, stomach, lymph node, other.

PRIMARY FINDINGS

- Amorphous, heterogeneous cranial abdominal mass of unknown origin – Possible origins include pancreas versus GI versus lymph node. Differentials include primarily infiltrative neoplasia, given the amorphous appearance and lack of normal architecture. A benign inflammatory change (i.e., marked severe pancreatitis) is possible but considered less likely.

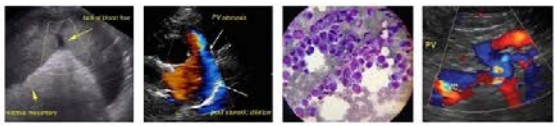
SECONDARY FINDINGS

- Age related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the cranial abdominal mass could be considered if patient's coagulation status is appropriately. Alternatively, an abdominal CT scan could be considered for more definitive origin identification of the mass. Or, if a less aggressive approach is elected, supportive/symptomatic medical management, as would be implicated with acute pancreatitis, could be considered with recheck ultrasound/monitoring of the cranial abdomen for changes. In that case, recommendations include fluid



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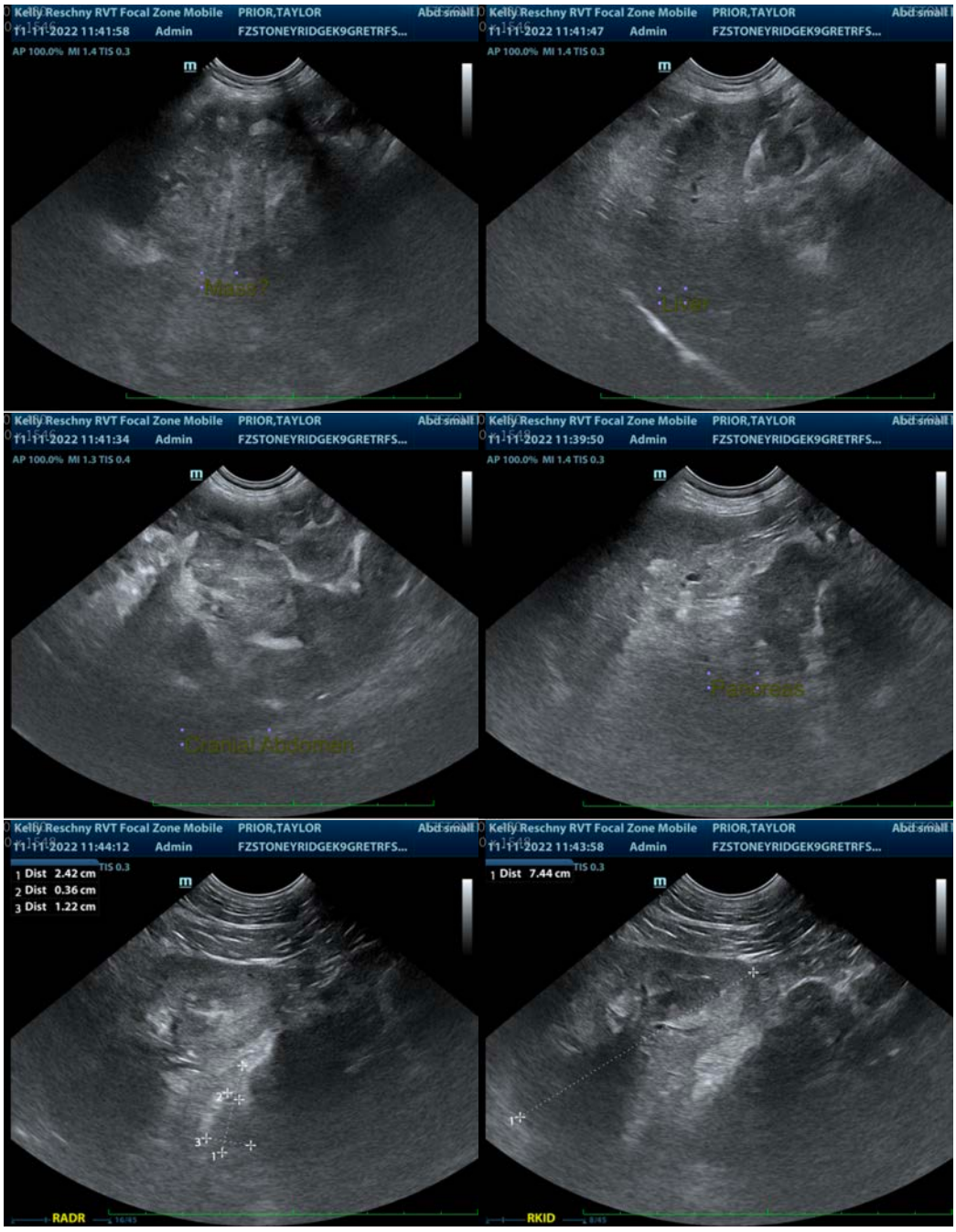
therapy, antiemetics, gastroprotectants, appetite stimulants, or nutritional support as needed, pain management, broad-spectrum antibiotics, etc.



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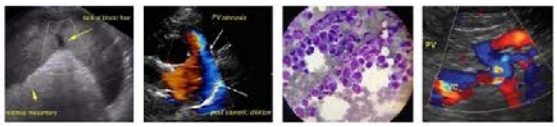

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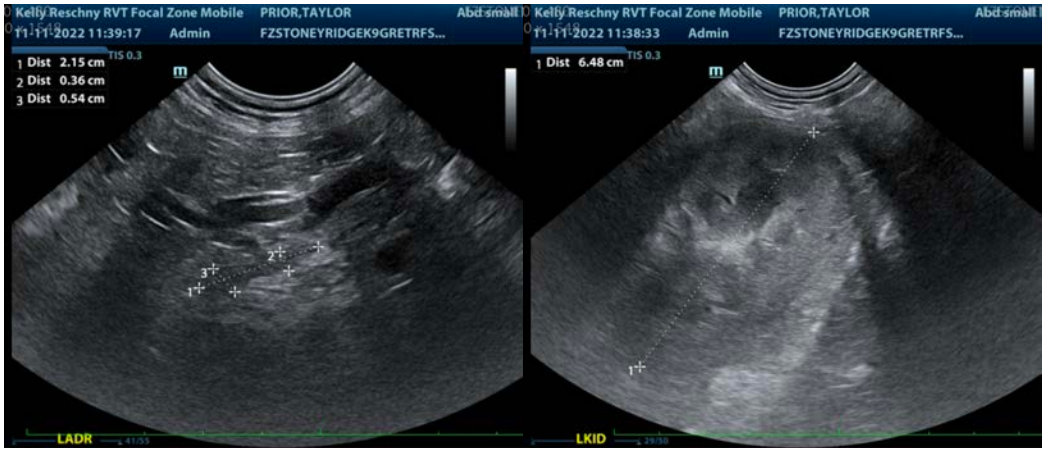

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com