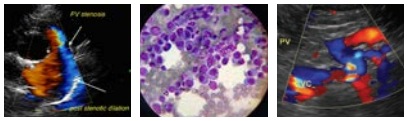
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/2/23

PATIENT

Dream Koellner

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

1/21/11

WEIGHT

54.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Prime Care AH

REFERRING VET

Dr. Martin

INVOICE

44667

PRESENTING CLINICAL SIGNS

Seizure activity started 3 months ago full seizures as of 1 week ago, loss of appetite. V/D started 1/28/23 - Kepra stopped 1/28/23

Current Medications: Keppra 500mg 1 PO q 8 hrs started 1/26/23
Lab Results: See attached.
Radiographs: NSF.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested/Approved.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses or inflammatory changes. Small pinpoint mineral foci that appear to be potentially embedded within the mucosa of the bladder multifocally. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (6.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (5.99 cm), shape and echogenicity. A small cortical cyst is noted at the caudal pole. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (2.32 cm long x 0.61 cm at the cranial pole and 0.53 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 (2.85 cm long x 0.61 cm at the cranial pole and 0.60 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

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 wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

In the cranial abdomen, there is a focal bowel loop with a concentrically thick, hypoechoic wall and loss of layering. The wall measures approximately 1.0 cm thick. There are several images where integrity of the wall is questioned, and the mass is surrounded by a small amount of free fluid as well as markedly hyperechoic, enhanced mesenteric fat suggesting a focal peritonitis.

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

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

A small amount of free fluid is noted throughout the abdomen, primarily around the bowel mass as described above.

Mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

Diffusely enhanced hyperechoic mesenteric fat is noted throughout the abdomen, predominantly around the bowel mass and the enlarged lymph nodes.

PRIMARY FINDINGS

- **Bowel mass** – concerning for infiltrative neoplasia, with lymphoma being the top differential, given the concurrently enlarged lymph nodes. Bowel wall integrity is questionable with some concern for possible perforation and definitely evidence of focal peritonitis around the bowel mass.

- **Aggressive mesenteric lymph nodes –** most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

SECONDARY FINDINGS

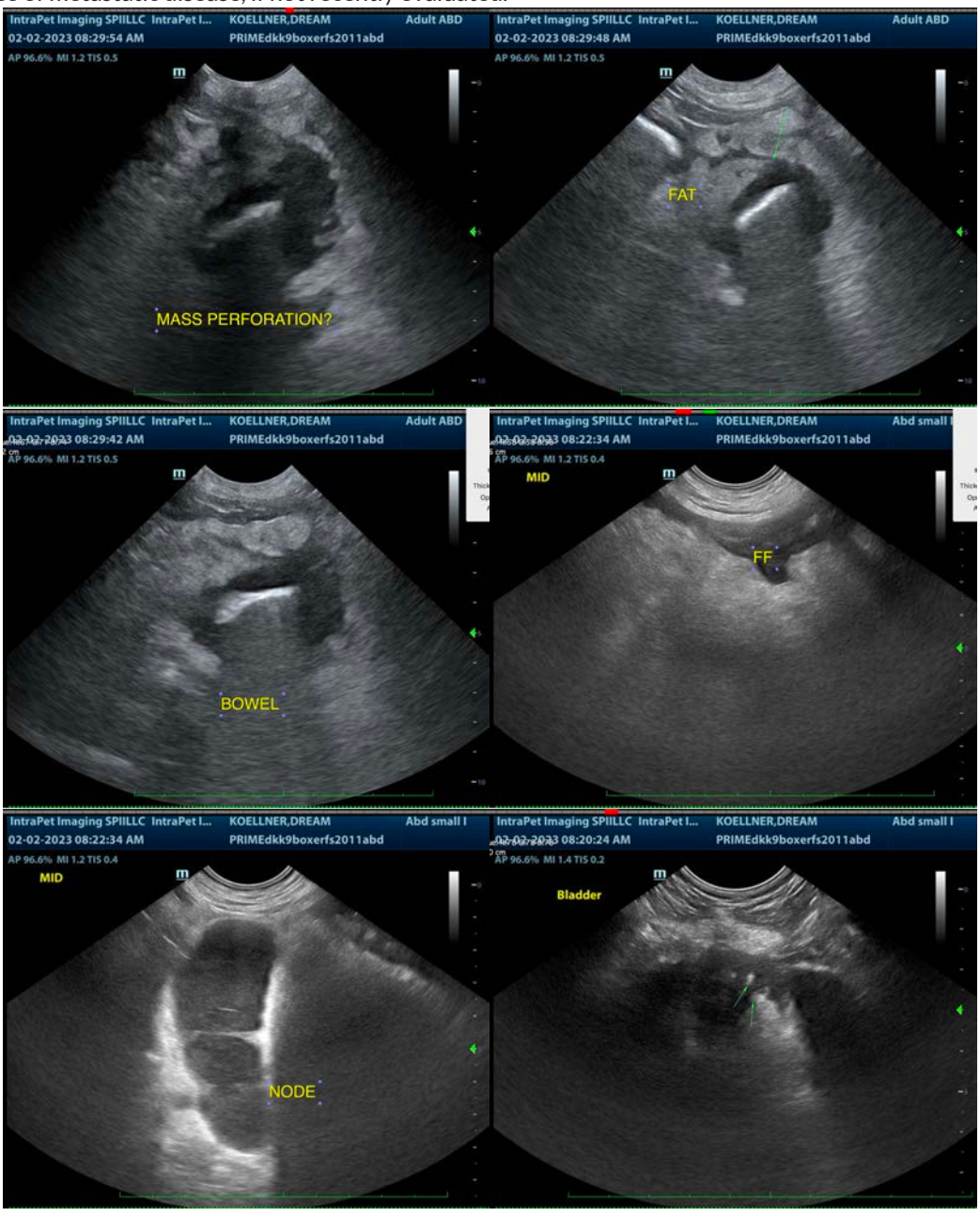
- Pinpoint urinary bladder mineral debris embedded within the wall

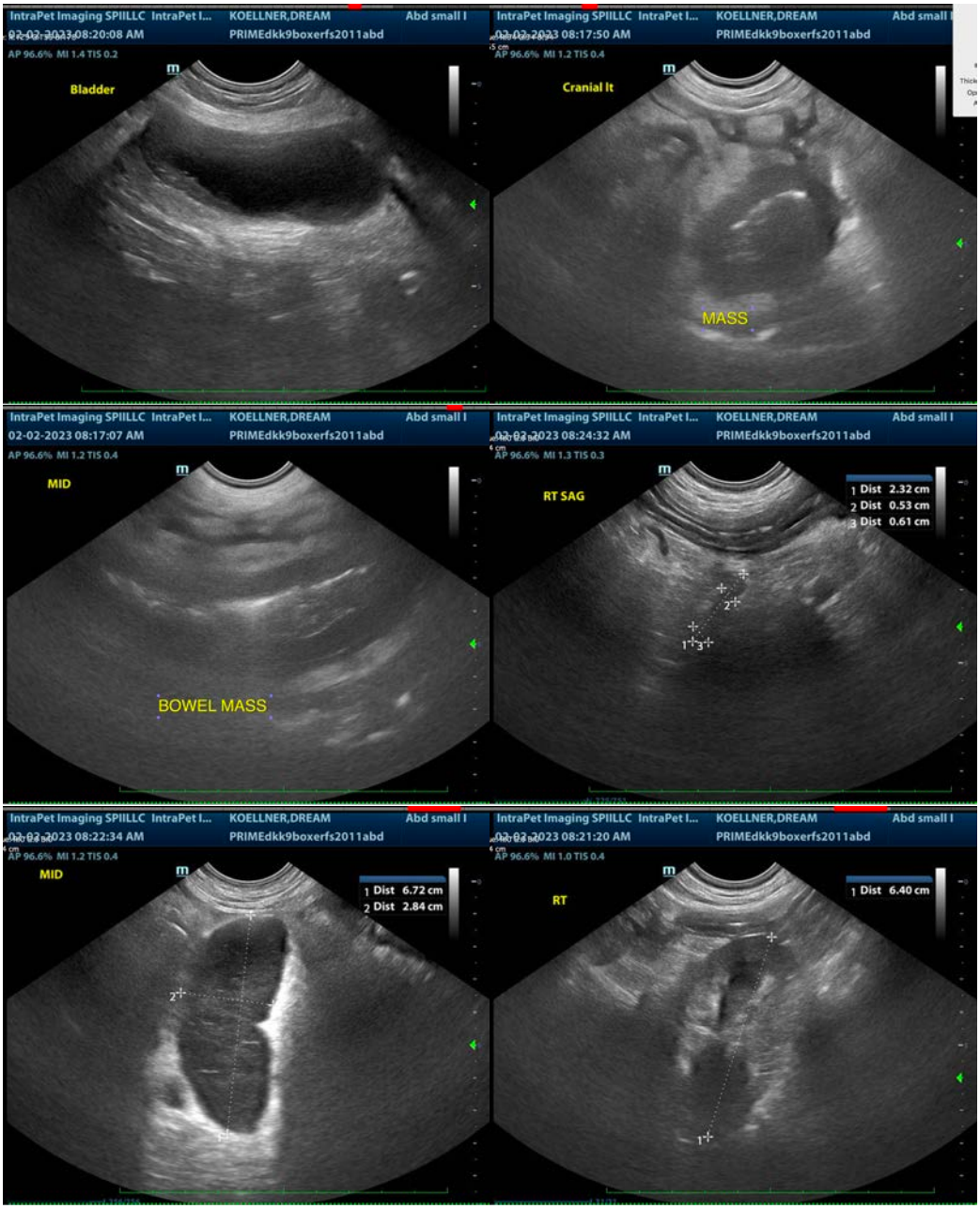
- Incidental cortical cyst in the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lymphoma is the top differential for this patient's abdominal changes and could potentially be resulting in the reported seizure history as well. Diagnosis could hopefully be obtained via fine needle aspirates of the enlarged mesenteric lymph nodes +/- the bowel mass if patient's coagulation status is appropriate. However, sampling of the free abdominal fluid to look for evidence of a septic abdomen is also recommended as soon as possible, because if a bowel mass has ruptured, then exploratory laparotomy is obviously warranted versus fine needle aspirates. Additionally, if not recently evaluated, 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.

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Bladder
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2 Dist 0.53 cm
3 Dist 0.61 cm
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MID
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2 Dist 2.84 cm
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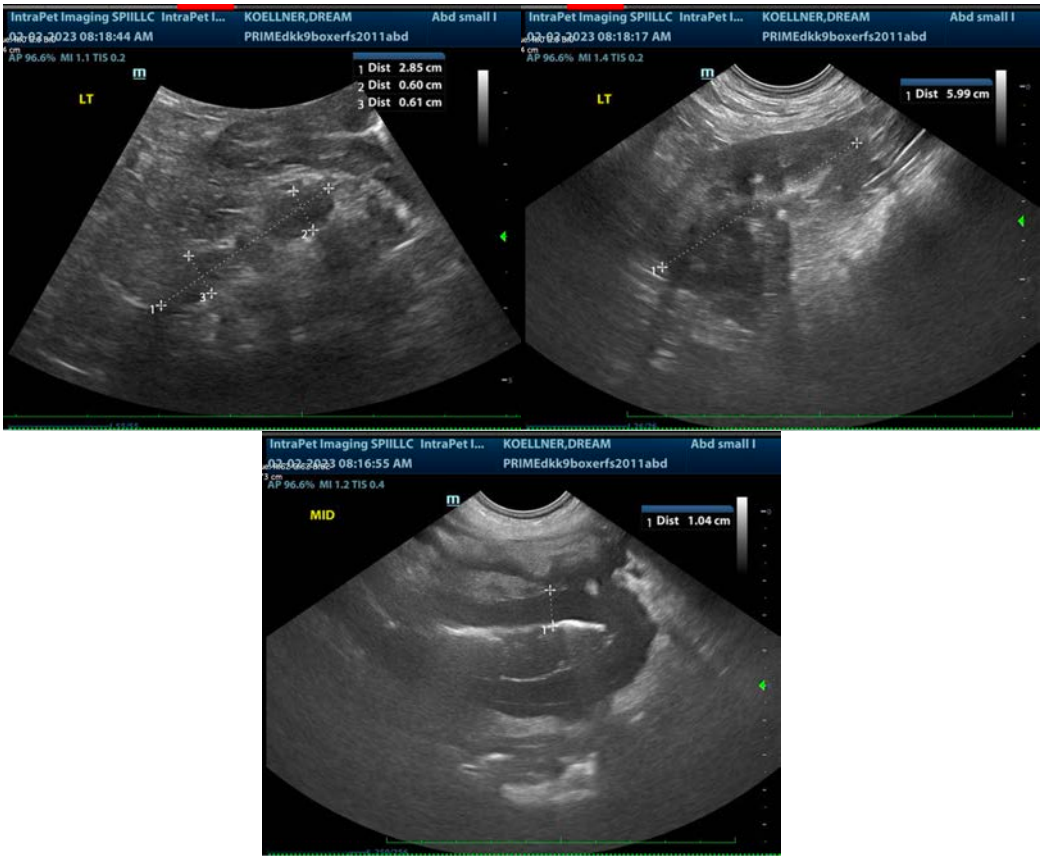
RT
1 Dist 6.40 cm



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