IMAGING PERFORMED BY

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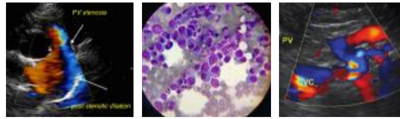


SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE

5/19/22

PATIENT

Cody Conrad

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

4/20/13

WEIGHT

59 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Bottaro

INVOICE

37788

PRESENTING CLINICAL SIGNS

Severe recent weight loss. Was at e-clinic on Sunday for vomiting. Abdominal rads had severe loss of serosal detail. Fast scan - no free fluid but they said spleen looked abnormal. Vomiting has since resolved. P not eating. Loose stools.

Current Medications: No known medications.
Lab Results: SDMA 19 (0-14), Alb 1.9 (2.2-3.9), ALKP 500 (23-212), Na 143 (144-160), USG 1.019, Cocci bacteria in urine.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is only mildly distended with anechoic contents, resulting in a diffusely thick wall measuring 0.85 cm thick. 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.

The right kidney is normal in size (7.9 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (7.39 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (2.8 cm long x 0.87 cm at the cranial pole and 0.83 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 (2.7 cm long x 0.99 cm at the cranial pole and 0.77 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. 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

There is a very large, at least 13 cm in diameter, irregular, heterogeneous mass with large cavitations in the mid abdomen, which appears to encompass/include bowel wall. However, a definitive origin of the wall cannot be determined.

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

There is a large amount of free fluid present in these images with an echogenic hazy appearance to the fluid, indicating a possible cellular nature, as well as clumped, hyperechoic mesentery throughout the abdomen. These changes combined with the large mass make full visualization of some of the normal anatomy difficult.

There is no apparent lymphadenopathy.

No pericardial effusion is noted in the provided images.

PRIMARY FINDINGS

- Large, heterogeneous, cavitated mid abdominal mass that appear associated with bowel – Top differential includes infiltrative neoplasia such as round cell neoplasia, carcinoma or sarcoma.

- Free fluid and hyperechoic mesentery surrounding the mass – concerning for concurrent peritonitis.

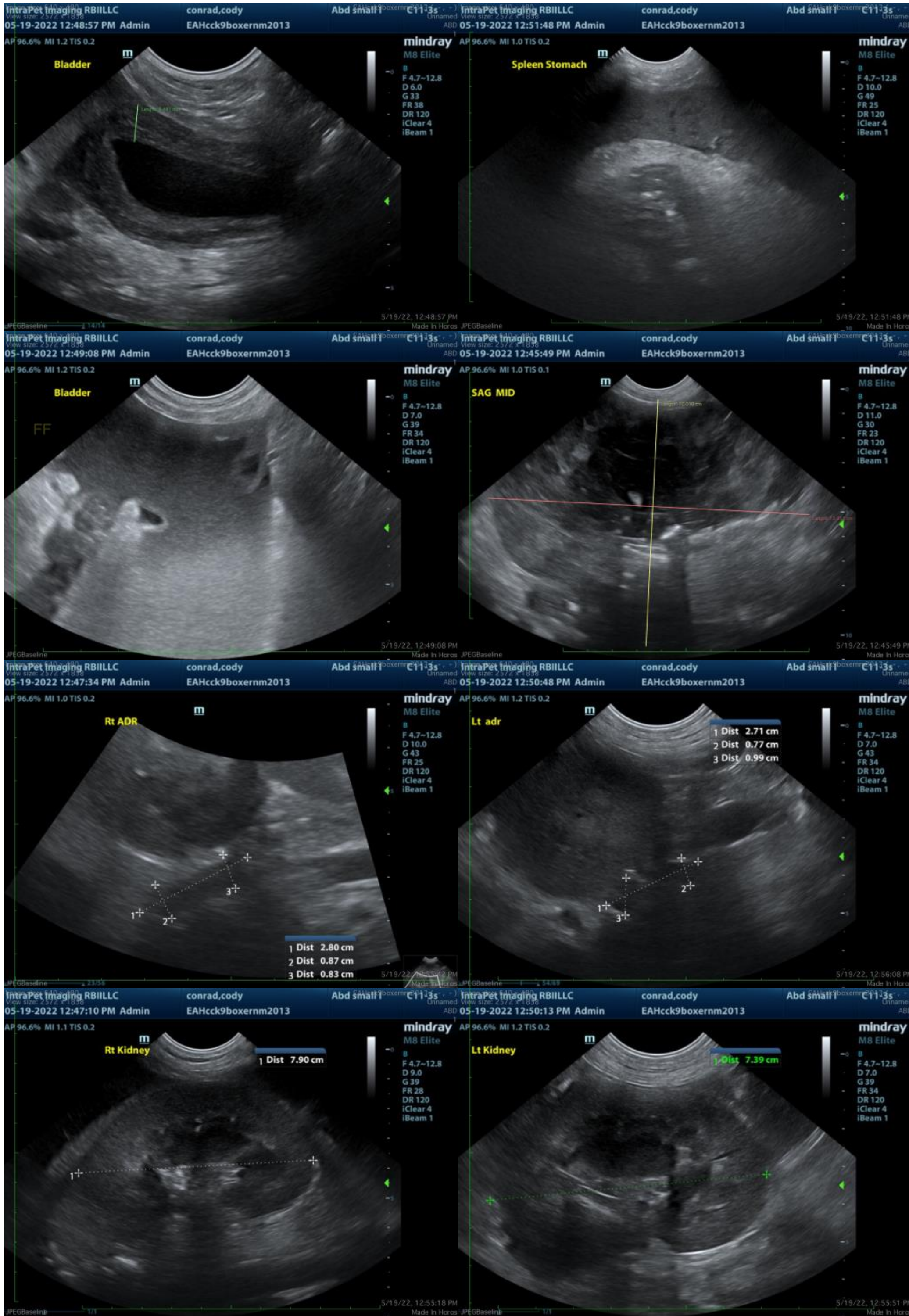
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

SECONDARY FINDINGS

- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already evaluated, 3-view thoracic radiographs are recommended to further assess possible metastatic disease. Sampling of the free abdominal fluid is recommended for cytology +/- culture to rule out a septic abdomen, given the concern that this mass is associated with the bowel. If cytologic evaluation of the fluid does not reveal a diagnosis of neoplasia, a fine needle aspirate of the mass and/or spleen could be considered, if patient's coagulation status is appropriate. Alternatively, exploratory laparotomy could be considered for an excisional biopsy of the mass with a pre-surgical CT scan being considered a reasonable approach for better surgical planning.



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Bladder
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F 4.7~12.8
D 6.0
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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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