

**DATE**

5/12/22

PRESENTING CLINICAL SIGNS

History: Vomiting and weight loss for several weeks. BW shows mild anemia, concern for neoplasia/chronic disease, etc. Abdominal rad show concern for FB.

PATIENT

Sammy Itze

Current Medications: None.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

4/18/2010

WEIGHT

17.4 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Banfield Towson

REFERRING VET

Dr. Culbertson

INVOICE

15136

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. The region of the trigone and visible pelvic urethra were normal. A slight amount of sediment was noted.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.9 cm. The left kidney measured 5.03 cm.

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.64 cm x 0.46 cm at the caudal pole and 0.54 cm at the cranial pole.

The **left adrenal gland** was mildly enlarged and slightly irregular, measuring 2.87 cm x 0.81 cm at the caudal pole and 0.57 cm at the cranial pole. There is a minor out-pocketing of the left adrenal at the level of the phrenic vein.

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not

clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

A minor amount of fluid accumulation was noted in the **stomach** and pylorus. Minor mucosal remodeling was noted in the pyloric outflow, possible underlying microulcerative disease. The intestine revealed a mixed hypoechoic undifferentiated mass (3.85 cm). The intestinal mass appeared to be concentric and focal. Regional inflammation was noted around the intestinal mass. The remainder of the GI tract appeared unremarkable. The mass appears to be jejunal in location.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

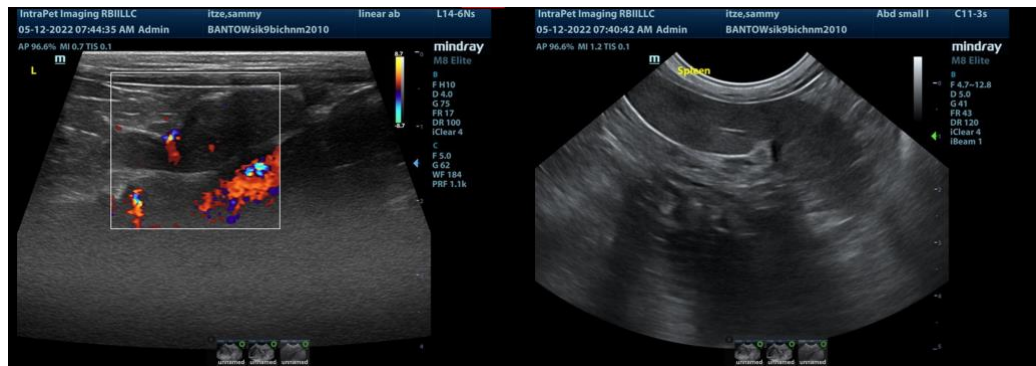
ULTRASONOGRAPHIC FINDINGS

- Intestinal mass, mild gastritis pattern
- Irregular left adrenal gland
- Spleen, micronodular hyperplasia
- Slight urinary bladder sediment
- Age-related hepatic and renal changes

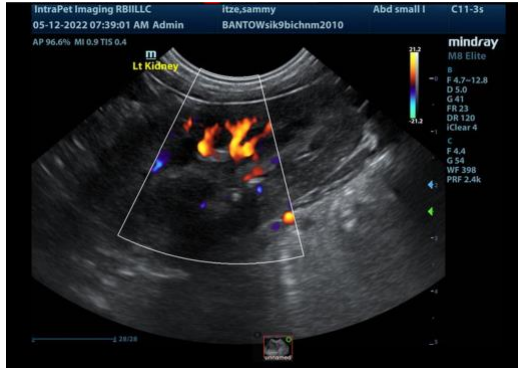
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a minor out-pocketing of the left adrenal at the level of the phrenic vein. I am concerned for invasion. I recommend exploratory surgery in this patient after three-view chest radiographs with expectations of intestinal resection anastomosis and left adrenal removal. Gastric inspection should also be considered to assess for microulcerative disease and biopsies. Screening FNAs of the intestinal mass, spleen and liver could be considered as well.

Differentials on the intestinal mass include leiomyosarcoma, carcinoma or lymphoma, granulomatous disease is unlikely. Left adrenal differentials include hyperplasia, emerging pheochromocytoma or adenocarcinoma. The anemia is likely deriving from intestinal blood loss.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com