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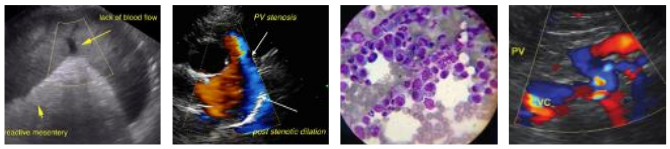
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Addison Denicola

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

6 Years

WEIGHT

60 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

INVOICE

16709

DATE

7/21/22

PRESENTING CLINICAL SIGNS

History: abdominal mass found during exam by rDVM. Anorexia, vomiting, Rads show intestines bunched mid abdomen. On enrofloxacin.

Abnormal PE/Chem/CBC/UA Results: n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with mild chronic cystitis. Technically transitional cell carcinoma cannot be ruled out with=out histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.76 cm. The right kidney measured 6.75 cm.

Adrenal Glands

Both **adrenal glands** were 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 2.23 cm x 1.31 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 2.21 cm x 0.5 cm at the caudal pole and 0.62 cm at the cranial pole.

Spleen

The **spleen** was mildly enlarged with subtle micronodular changes. This is a reactive state or potential related round cell neoplasia. Cranial folding of the spleen was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was empty. The mid small intestine revealed a 6.0 cm x 4.5 cm peripherally inflamed and undifferentiated mass, appeared to be jejunal. Regional peritonitis was noted with ill-defined surrounding mesentery.

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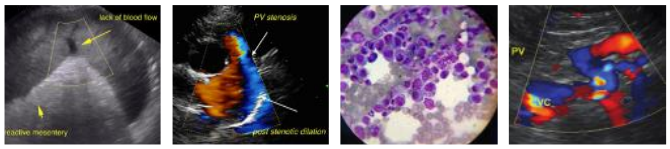

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Pancreas

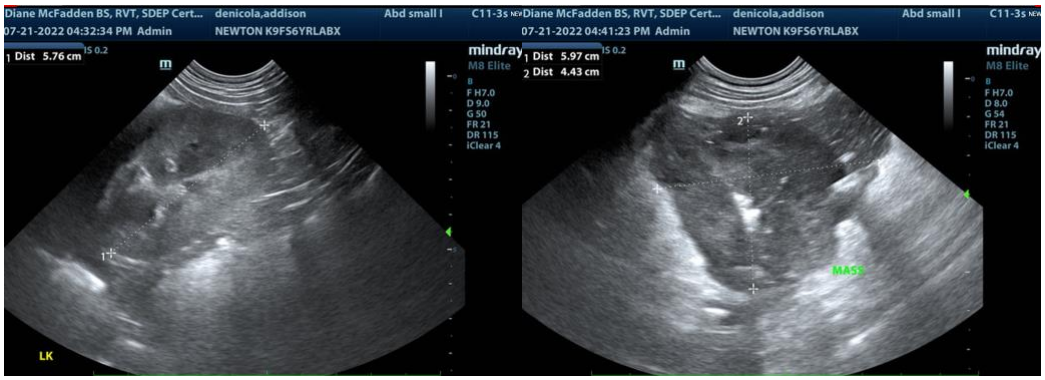
Some heterogeneous **pancreatic** changes were noted yet likely inflammation extending from the intestinal pathology.

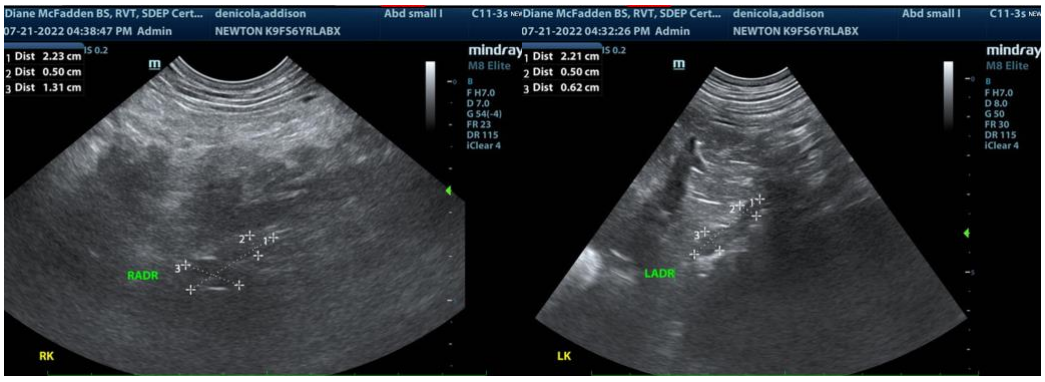
ULTRASONOGRAPHIC FINDINGS

- Intestinal mass with potential splenic involvement
- Heterogeneous pancreatic changes
- Cystitis bladder pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Extension of the mass into the regional omentum does not allow for a clean resection in this patient. FNA of the spleen and intestinal mass is recommended. Exploratory surgery with expectations toward intestinal resection, anastomosis and splenectomy could be considered, however, as the mass is partially obstructed with a static chyme pattern prior to the mass. However, adjunctive chemotherapy would be necessary. Round cell neoplasia is suspected. Leiomyosarcoma is possible. Carcinoma is less likely.





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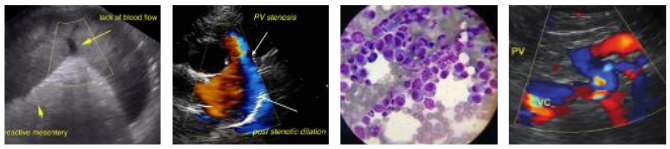

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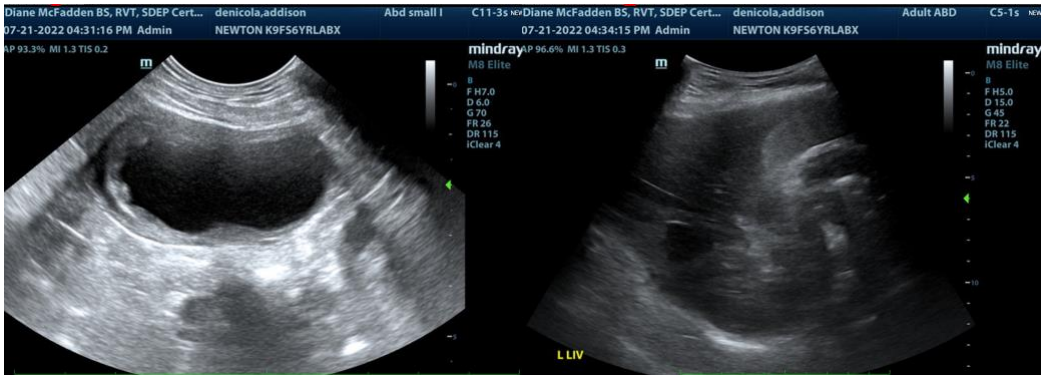

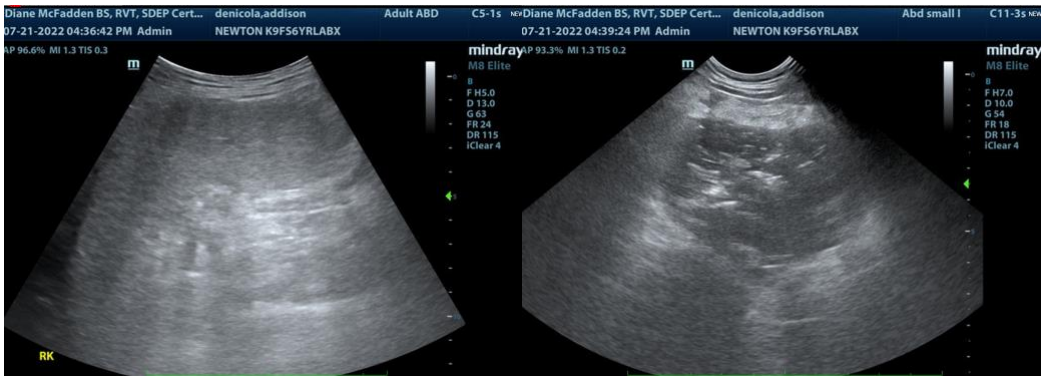

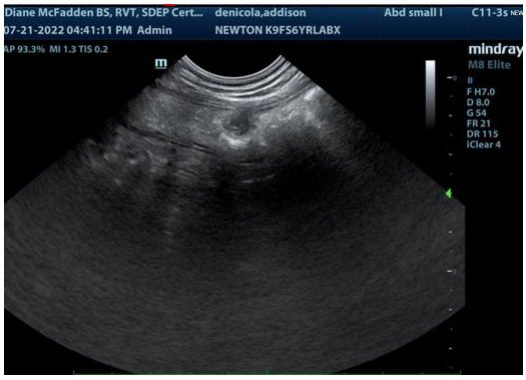

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com